“Sometimes the People Giving the Care Get a Little Overlooked”: Athletic Trainers’ Personal Use of Psychosocial Strategies and Interactions with Mental Performance Consultants

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I am submitting herewith a dissertation written by Alexander Bianco entitled "Sometimes the People Giving the Care Get a Little Overlooked": Athletic Trainers’ Personal Use of Psychosocial Strategies and Interactions with Mental Performance Consultants." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Kinesiology and Sport Studies.

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“Sometimes the People Giving the Care Get a Little Overlooked”: Athletic Trainers’ Personal Use of Psychosocial Strategies and Interactions with Mental Performance Consultants

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Abstract

In National Collegiate Athletic Association Division I (NCAA DI) athletic departments, athletic trainers (ATs) must navigate an array of stressors in the workplace, and are effectively performers themselves (Estock & Simon, 2018, Mazerolle et al., 2013). While ample research has been conducted on the stressors that ATs experience (see Oglesby et al., 2020) there has been limited work surrounding how ATs can best navigate this environment. Therefore, the purpose of the current investigation was to explore NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance. Twelve NCAA DI ATs participated in a series of two semi-structured interviews. Thematic analysis (Braun & Clarke, 2006) resulted in the construction of eight themes. It was found that the stress and pressure that ATs experienced stemmed from a “pressure culture” that is associated with athletic training in the NCAA DI environment. Participants reported using a variety of psychosocial strategies to manage their stress, improve their well-being, and their enhance performance; however, the use of these techniques was inconsistent and, in some cases, incomplete. While ATs did not formally use sport psychology services, some did reflect on their learning of psychosocial strategies to improve their well-being and performance during informal interactions with an MPC. Participants recognized that they could experience personal benefits from more consistent interactions with MPCs, such as learning more complex psychosocial strategies and reducing the incidence of burnout. Unfortunately, participants recognized that certain factors were impeding interaction between ATs and MPCs, most notably limited access to MPCs. It was believed that multiple factors, including fully integrating MPCs into athletic departments, would encourage more interaction between ATs and MPCs. Overall, it is important to reframe the scope of sport psychology services and recognize that informal interactions (e.g., “friendly talks”) between
professionals can be powerful. Additionally, it is essential that NCAA DI programs not just hire MPCs but adhere to an organizational structure that allows for consistent interaction and collaboration between professionals.
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CHAPTER 1

Introduction

In the National Collegiate Athletic Association Division I (NCAA DI) environment, athletic trainers (ATs) play an essential role in promoting optimal injury prevention and rehabilitation outcomes for student-athletes (Clement & Arvinen-Barrow, 2013). Due to the wide range of responsibilities that NCAA DI ATs have, this population should be considered performers in and of themselves. Furthermore, the array of stressors and pressure that this population experiences appears to be contributing to burnout (Oglesby et al., 2020). Therefore, it is likely that NCAA DI ATs would benefit from the personal use of psychosocial strategies and sport psychology services in a manner similar to other performers (Gustafsson et al., 2017; Olusoga et al., 2019; West et al., 2018). While previous researchers have provided some understanding of physicians’ (Stefanidis et al., 2015) and coaches’ (Sheehy et al., 2019; Thelwell et al., 2008) personal use of psychosocial strategies and sport psychology services, NCAA DI ATs’ experiences have yet to be explored in depth. Therefore, in this study I investigated NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance.

Brief Literature Review

Athletic trainers (ATs) are medical professionals who guide individuals through injury prevention and injury rehabilitation procedures for acute and chronic injuries, as well as medical conditions (e.g., asthma; National Athletic Trainers’ Association [NATA], n.d.a). While ATs work in a variety of settings, the majority are employed by National Collegiate Athletic Association Division I (NCAA DI) universities (Baugh et al., 2020; NATA, 2018). In the NCAA DI environment, ATs serve as an essential member of sports medicine staffs and have a wide
variety of responsibilities. Specifically, NATA outlines eight competencies that ATs must demonstrate: Evidence-based practice, prevention and health promotion, clinical examination and diagnosis, acute care of injury and illness, therapeutic interventions, psychosocial strategies and referral, healthcare administration, and professional development and responsibility (NATA, 2011).

While NCAA DI ATs are tasked with keeping performers (i.e., student-athletes) healthy, when considering the array of pressing responsibilities that this population has, they should be considered performers themselves. Additionally, ATs must often perform their duties in high pressure scenarios, such as when athletes experience traumatic injuries (Estock & Simon, 2018). Outside of these core responsibilities, NCAA DI ATs must also manage external pressure from coaches and administration regarding injury designations and timelines (Goodman et al., 2017). Furthermore, long hours and rapidly changing workplace schedules promote an undesirable work-life balance among NCAA DI ATs (Mazerolle et al., 2018).

There is evidence that the confluence of factors described above contributes to burnout among NCAA DI ATs (Naugle et al., 2013; Oglesby et al., 2020). In fact, Estock & Simon (2018) found that, out of 1007 ATs (399 worked at the collegiate level), 38.3% were experiencing high levels of at least one symptom of burnout (i.e., reduced perceptions of personal accomplishment, emotional exhaustion, depersonalization). In ATs, a heightened burnout level has shown to contribute to both physical (e.g., high blood pressure) and psychological (e.g., irritability) stress symptoms (Oglesby et al., 2020). Additionally, NCAA DI ATs have reported that burnout results in reduced job satisfaction, which can lead to attrition from the profession altogether (Goodman et al., 2010). Finally, it stands to reason that ATs who experience burnout provide worse care to the student-athletes in their care (Dewa et al., 2017).
With all of this in mind, it is important to consider strategies that can be used by NCAA DI ATs to manage the stress they experience, improve their well-being, and enhance their performance. To date, ATs have reported using some psychosocial strategies in the workplace including effective communication practices, setting boundaries, prioritization, and social support (Crutcher et al., 2018; Holmes et al., 2022; Pike Lacey et al., 2020; Mazerolle et al., 2011; Rynkiewicz et al., 2022). It was found that effective use of these strategies resulted in reduced external pressure from coaches, a healthier work-life balance, and better management of workplace stress (Crutcher et al., 2018; Holmes et al., 2022; Pike Lacey et al., 2020; Mazerolle et al., 2011; Rynkiewicz et al., 2022). These aforementioned psychosocial strategies are considered basic in nature, meaning that they do not require advanced knowledge to properly implement (Vealey, 1988; Zakrajsek et al., 2017; Zizzi et al., 2009). Advanced psychosocial strategies are those that likely require specialized education in order to utilize them effectively (Vealey, 1988; Zakrajsek et al., 2017; Zizzi et al., 2009). Only one study has been done regarding ATs’ use of advanced psychosocial strategies. Specifically, Goodman and Howard (2022) found that, out of 547 ATs, 270 at least occasionally engaged in some form of mindfulness practice (e.g., meditation, relaxation techniques). Unfortunately, these researchers did not inquire into the benefits that ATs received from mindfulness practice.

The use of a wide array of basic and advanced psychosocial strategies has been explored with other medical and sport professionals. For instance, it has been found that surgeons regularly use imagery in order to enhance their confidence and performance surrounding surgical procedures (Anton et al., 2017; Anton et al., 2018). Additionally, Thelwell et al. (2008) found that some coaches used self-talk, imagery, goal setting, and relaxation strategies. These coaches reported that using these psychosocial strategies helped them control their emotions, enhanced
their confidence in their decision-making, and improved their communication with others.

Clearly, NCAA DI ATs’ experiences with these same strategies warrants further investigation.

In addition to using psychosocial strategies, it should be noted that the use of sport psychology services may help NCAA DI ATs manage their stress, improve their well-being, and enhance their performance. While sport psychology services have traditionally been marketed to individual athletes and teams (Blann et al., 2011), there is evidence that other sport personnel can benefit from them. In particular, Sheehy et al. (2019) found that coaches who worked with a sport psychology professional (hereinafter referred to as a mental performance consultant [MPC]) reported that they were better able to manage their arousal and had more confidence in their decision-making. Additionally, these coaches noted that using sport psychology services improved their interpersonal interactions.

The multidimensional model of sport psychology service provision (M²SP²; Zakrajsek, 2019) can be used to explain individuals’ openness to and use of sport psychology services (see Appendix A). The M²SP² demonstrates how personal and situational characteristics serve as antecedents to the receptivity to and use of sport psychology services. Personal characteristics include one’s previous interactions with an MPC, how exposed they have been to sport psychology, and demographic factors such as gender. Personal characteristics of the MPC, such as their interpersonal skills, are also taken into consideration. These personal factors interact with situational factors, which may include the context (e.g., NCAA DI) and the office location of the MPC. It is expected that these antecedents influence an individual’s attitudes and beliefs surrounding sport psychology services. These may include their confidence regarding how beneficial the services will be and how their use of these services will be perceived by others. Finally, these attitudes and beliefs determine one’s intentions to use sport psychology services,
their behaviors related to sport psychology services (e.g., actual use of services), and their satisfaction with an MPC’s services.

As a whole, the concept of sport psychology services should not be reduced to having private, one-on-one sessions with an MPC. Indeed, any interaction with an MPC that results in one better understanding and managing the psychological challenges that surround their performance could be considered a sport psychology service (Aoyagi et al., 2012; Henriksen et al., 2011). Bearing that in mind, it is important to consider that ATs in some contexts (i.e., NCAA DI) are more likely to frequently interact with MPCs. Indeed, Zakrajsek et al. (2016) surveyed 659 NCAA DI ATs and found that 402 (61%) had previously interacted with an MPC and the majority of these interactions (78.9%) were reported as positive. Furthermore, it has been found that ATs who have previously interacted with an MPC have more positive perceptions of their services and are more willing to refer student-athletes to them (Zakrajsek et al., 2015).

This interaction between an AT and MPC may be in the form of interprofessional collaboration. In other words, these professionals interact in order to “blend” their skillsets. This is contrary to a multidisciplinary approach in which student-athletes have access to a variety of professionals, but the professionals themselves tend to remain “silenced” and rarely collaborate (Bretibach, 2016; Bretibach et al., 2017; Sheehan et al., 2007). It is argued that an interprofessional approach, in which all professionals involved in injury prevention or injury rehabilitation collaborate and “blend” their skillsets, will result in better outcomes for student-athletes (Arvinen-Barrow & Clement, 2019; Martin et al., 2020).

However, in addition to helping the recipient of care (i.e., the student-athlete), there is evidence that working in an interprofessional manner increases workplace satisfaction and encourages personal interaction between the professionals from different fields (Fewster-Thunte
& Velsor-Friedrich, 2008; Youngwerth & Twaddle, 2012). While the ultimate goal of interprofessional collaboration tends to surround improving patient care, it is important to consider how, through these interactions, MPCs may also share their skillset and expertise (i.e., sport psychology services) to personally benefit other members of the interprofessional team (e.g., ATs).

**Statement of the Problem**

National Collegiate Athletic Association DI ATs are arguably the most important professional when it comes to managing the physical and psychological aspects of student-athletes’ injury prevention and rehabilitation (Clement & Arvinen-Barrow, 2013, NATA, 2011; Larson et al., 1996). However, when considering the wide array of responsibilities that NCAA DI ATs have and the stressors they experience, these professionals are effectively performers as well. Therefore, NCAA DI ATs would likely experience benefits to their stress level, well-being, and performance by personally using psychosocial strategies and sport psychology services.

However, research regarding ATs’ use of psychosocial strategies is limited and has primarily focused on the basic techniques this population uses to improve their work-life balance, communication with coaches, and social support (Holmes et al., 2022; Mazerolle et al., 2011; Pike Lacy et al., 2020). As previously discussed, researchers have explored how other, similar, populations personally use more advanced psychosocial strategies such as imagery, self-talk, and relaxation (Anton et al., 2017; Thelwell et al., 2008). When considering the notion that ATs are performers themselves, it is important to more fully understand how this population can use a variety of psychosocial strategies to manage their stress, improve their well-being, and enhance their performance. Therefore, limited understanding of ATs’ perceptions of and experiences with both basic and advanced psychosocial strategies represents a significant gap in the sport psychology and athletic training literature.
Furthermore, since other non-athlete performers (e.g., coaches) have reported that sport psychology services helped them manage their stress, improve their well-being, and enhance their performance (Sheehy et al., 2019) it is important to explore this phenomenon in ATs. While the M$^2$SP$^2$ was initially used to understand athletes’ and coaches’ use of MPCs’ services (see Martin et al., 2012), it has more recently been applied to explore NCAA DI ATs’ professional use of sport psychology services (Zakrajsek et al., 2015, 2016). However, there is still no empirical evidence surrounding ATs’ perceptions of and experiences with personally using sport psychology services to manage their stress, improve their well-being, and enhance their performance. Sport psychology services are important to explore in conjunction with psychosocial strategies as MPCs are well trained to teach others how to best utilize advanced psychosocial techniques (Association for Applied Sport Psychology, 2021). Additionally, through understanding how ATs can benefit from sport psychology services, insight may be gained regarding how MPCs can best serve as a resource within NCAA DI programs.

**Purpose of the Study and Guiding Research Questions**

The purpose of this study was to explore NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance. In particular, two research questions guided this investigation.

1. What are NCAA DI ATs’ perceptions of and experiences with personally using psychosocial strategies to manage their stress, enhance their well-being, and improve their performance?

2. What are NCAA DI ATs’ perceptions of and experiences with personally using sport psychology services to manage their stress, enhance their well-being, and improve their performance?
Pre-Data Collection Limitations

1. This study will only explore the perceptions and experiences of NCAA DI ATs. This means that this study will not provide information regarding ATs in other professional contexts (e.g., NCAA Division II, high school, professional sport).

2. The qualitative nature of this investigation means that the results of this study will not be generalizable to the wider NCAA DI AT population.

3. NCAA DI ATs are a busy population and may have limited time and availability for two 45- to 60-minute interviews. This may increase the risk of study attrition.

Delimitations

1. Purposive sampling was used for this investigation. This sample is delimited to NCAA DI ATs who work at a university that employs an MPC.

Most Relevant Definitions

*Athletic Trainers (ATs)* are health care professionals who predominantly manage the injury prevention and rehabilitation procedures of athletes. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. ATs work under the direction of physicians, as prescribed by state licensure statutes (NATA, n.d.a).

*Mental performance consultants (MPCs)* primarily focus on teaching performers about psychological skills and strategies that can be used to aid performance and help individuals thrive in their chosen domain (Association for Applied Sport Psychology, n.d.a; Fortin-Guichard et al., 2018). Potential services provided by an MPC include helping a performer build confidence, deal with pressure, and improve their focus.
Performance is considered any sort of achievement-related behavior that has some sort of evaluative component (Deci et al., 2017). With this in mind, NCAA DI ATs’ performance reflects how well they perform tasks outlined by the Competencies (see NATA, 2011), such as screening for injury, acute management of injuries, designing and implementing injury rehabilitation programs, and applying prophylactic and protective equipment (e.g., ankle tape, knee braces).

Psychosocial strategies describe a range of psychological and social techniques that individuals can use to control their thoughts, emotions, and behaviors (Granquist et al. 2014). Psychosocial strategies include, but are not limited to time management, establishing effective communication with others (e.g., athletes, coaches, peers), using social support resources, goal setting, and self-talk.

Sport psychology services can be defined as any interaction with an MPC that results in one better understanding the psychological challenges that surround performance or experiencing personal growth (e.g., better understanding effective communication practices; Aoyagi et al., 2012; Bemiller & Wrisberg, 2011; Herikson & Hanson, 2011; Sheehy et al., 2019).

Stress is experienced when an individual perceives a significant imbalance between task demands and their own response capabilities and is particularly likely when this imbalance is perceived during situations in which failure has important consequences (McGrath, 1970). Stress can result in psychological (e.g., worry) and physiological (e.g., muscle tension) responses.

Well-being can either be viewed as a hedonic or a eudaimonic concept (Ryan & Deci, 2017). When viewed hedonically, well-being simply refers to an individual experiencing more
positive affect than negative affect at a given moment (Ryan & Deci, 2000b). Conversely, when considered from a eudaimonic viewpoint, well-being represents that an individual is flourishing (i.e., self-actualizing; Ryan & Deci, 2000b). For the purposes of this study, well-being is viewed as a eudaimonic concept.
CHAPTER 2
Literature Review

In this chapter, I review the relevant literature related to NCAA DI ATs’ personal use of psychosocial strategies and sport psychology services. To begin, I examine the role of ATs within the NCAA DI context. This includes a discussion regarding how NCAA DI ATs professionally use psychosocial strategies and sport psychology services with student-athletes. Next, I highlight the array of stressors that NCAA DI ATs experience and how these stressors contribute to burnout within this population. Following this, I explore the research surrounding how psychosocial strategies and sport psychology services are utilized by ATs and similar professionals, and the benefits these populations have experienced from the use of these strategies and services. Finally, I examine the antecedents, mechanisms, and outcomes of interprofessional collaboration between ATs and MPCs.

The Athletic Trainer

In the United States, ATs are employed at a wide range of institutions including universities, secondary schools, clinics, and professional sports teams. Presently, 19% of all ATs are employed in NCAA environments (NATA, n.d.b), making the NCAA the largest employer of ATs. While every NCAA athletic team is required to have access to at least one AT, NCAA DI athletic departments employ the greatest number of ATs (Baugh et al., 2020). This is due to NCAA DI athletic departments having greater funding and more high-risk sports (i.e., football, hockey) than those in other divisions (Baugh et al., 2020). In the Appropriate Medical Coverage for Intercollegiate Athletics, NATA provides a precise calculation that can be used to determine the appropriate number of full-time ATs for a university, based on variables such as number of student-athletes and number of high-risk sports (NATA, 2010b). Unfortunately, Aparicio et al. (2015) found that, out of 79 NCAA DI universities, 65.7% failed to meet the recommended
number of full-time ATs at their university, which suggests that the majority of NCAA DI sports medicine departments are understaffed.

Despite calls to diversify the field, NCAA DI ATs appear to be a racially homogenous group (Day et al., 2021). Specifically, the most recent *NCAA Race and Gender Demographics Report* (Irick, 2010) demonstrated that 81.5% of intern, graduate assistant, assistant, and associate NCAA DI ATs were White while 90% of Head ATs were White. When considering gender, there appears to be more heterogeneity among rank-and-file NCAA DI ATs. Indeed, 54.2% of intern, graduate assistant, assistant, and associate NCAA DI ATs are male and 45.8% are female (Irick, 2010). However, there is still significant gender and racial disparity among Head ATs at NCAA DI institutions, as 81.25% of individuals in this position are male while 90% are White (Irick, 2010).

In order to practice at the NCAA DI level, ATs must be certified by the Board of Certification, Inc. (BOC; NATA, n.d.a). Certification by the BOC requires that an individual has earned a bachelor’s or master’s degree from an accredited athletic training education program (ATEP). Additionally, graduates must then pass a certification exam. Following this, ATs must obtain at least 50 hours of continuing education units every two years (BOC, n.d.). The purpose of these certification requirements is to ensure that all ATs are able to competently perform their professional duties, which are outlined by the *NATA Athletic Training Education Competencies* (Competencies).

According to the Competencies, there are eight content areas that certified ATs are expected to be proficient in: Evidence-based practice, prevention and health promotion, clinical examination and diagnosis, acute care of injury and illness, therapeutic interventions, psychosocial strategies and referral, healthcare administration, professional development and
responsibility. As a result of these competencies ATs have a wide array of professional responsibilities that include the development and implementation of injury prevention and rehabilitation programs, the provision of emergency first-aid, proper documentation of all patient encounters, and promoting healthy lifestyle habits to the athletes in their care (NATA, 2011).

**Athletic Trainers’ Professional Use of Psychosocial Strategies**

In addition to managing the physical aspects of injury, ATs are also expected to provide psychosocial intervention to athletes who are in their care (NATA, 2010a, NATA 2011). Specifically, the psychosocial strategies and referral section of the *Competencies* (NATA, 2011, p. 27) outlines the skills that ATs should have in this area. It is expected that ATs are able to recognize, “abnormal social, emotional, and mental behaviors” (NATA, 2011, p. 27). Overall, previous research demonstrates that ATs recognize that injury is accompanied by psychosocial challenges (Clement et al. 2013; Larson et al., 1996; Wiese et al., 1991; Zakrajsek et al, 2017). Specifically, ATs have noted that they regularly encounter stress and anxiety, treatment non-adherence, and depression among the injured athletes that they work with (Clement et al., 2013). Furthermore, Zakrajsek et al. (2017) found that ATs perceived self-doubt and loss of identity to be problems that injured athletes may experience. However, in a study with 400 ATs Cormier and Zizzi (2015) found that while 91.2% of respondents felt it was their responsibility to recognize such psychosocial challenges, only 43% felt it was their responsibility to address these challenges. That said, these results are somewhat contradicted by those of Clement and Arvinen-Barrow (2019). This study utilized 132 ATs as participants and asked them to identify how responsible ATs are for addressing a variety of injury related psychosocial challenges such as frustration, sadness, isolation, and fears of reinjury. The survey also asked these ATs how competent they perceived themselves to be in addressing these challenges. It was found that the
majority of ATs agreed that it was their responsibility to address all 20 of the listed psychosocial challenges, with up to 88.5% feeling they were responsible for reducing fears related to reinjury. The majority of participants also noted that they felt competent in addressing all 20 of the listed psychosocial challenges. The stark contrast between these studies may be due to the investigation by Clement and Arvinen-Barrow (2019) being more recent, and thus more of their participants may have been exposed to the newest edition of the *Competencies*.

In addition to recognizing signs of psychological distress, the *Competencies* state that ATs should have sufficient knowledge regarding the theory and implementation of many psychosocial strategies (NATA, 2011). Some of these psychosocial strategies (e.g., effective communication, time management, goal setting) are basic, meaning that they require limited advanced education to appropriately implement (Vealey, 1988; Zakrajsek et al., 2017; Zizzi et al., 2009). On the other hand, other listed strategies (e.g., imagery, self-talk, relaxation) are advanced and may require advanced education (e.g., master’s degree in sport psychology) in order to properly teach others (Vealey, 1988; Zakrajsek et al., 2017; Zizzi et al., 2009). In addition to these listed strategies, ATs are also a trusted social support resource for athletes, meaning that they regularly use basic counseling skills (e.g., active listening) to build rapport and assist athletes with non-injury issues such as relationship problems and academic stress (Clement & Arvinen-Barrow, 2019; Roh & Perna, 2000).

Overall, ATs have reported using a variety of basic psychosocial strategies with injured athletes. These include some that are outlined by the *Competencies* such as goal setting, encouraging effective communication, and trying to create a positive rehabilitation atmosphere (Clement et al., 2013; Stiller-Ostrowski & Hamson-Utley, 2010; Zakrajsek et al., 2017). ATs have also used basic psychosocial strategies that are not specifically referenced in the
Competencies including reassurance, normalizing the recovery process, and creating variability in rehabilitation exercises (Clement et al., 2013; Zakrajsek et al., 2017). However, the advanced psychosocial strategies that are included in the Competencies appear to be utilized by ATs at a much-reduced rate. For instance, Stiller-Ostrowski and Hamson-Utley (2010) found that out of 1701 ATs only 27.7% even occasionally encouraged injured athletes to use imagery while 41.5% noted that they had never utilized healing imagery with injured athletes. Similarly, only 47% of respondents even occasionally taught injured athletes to monitor their negative self-talk. Furthermore, the majority of these participants less than occasionally used any sort of relaxation or pain management techniques with injured athletes. These results are corroborated by Clement et al. (2013) who found that ATs reported using imagery and relaxation strategies about 50% of the time with injured athletes.

Athletic Trainers’ Professional Use of Sport Psychology Services

While many ATs recognize the psychosocial challenges that accompany sport injury, some report not having the sufficient educational background and skillset to properly administer psychosocial interventions that can aid injured athletes (Clement et al., 2013; Cormier & Zizzi, 2015; Stiller-Ostrowski & Hamson-Utley, 2010). Because of this, incorporating an MPC into rehabilitation procedures can be invaluable in advancing athletes’ psychological recovery from injury. According to the Association for Applied Sport Psychology (AASP) qualified MPCs have specific knowledge regarding how to best implement both basic and advanced psychosocial strategies into injury rehabilitation procedures (2021). In general, MPCs should be thought of as a resource that compliments the psychosocial care that ATs already provide to athletes (Zakrajsek et al., 2017).
Athletic trainers seem to recognize the potential benefits of sport psychology services for injured athletes, and many encourage athletes to use them when they are available (Clement et al., 2013). Specifically, Zakrajsek et al. (2016) found that, out of 452 NCAA DI ATs, 71.6% had previously either encouraged an athlete to use sport psychology services or directly referred them. These ATs believed that sport psychology services could provide several benefits to injured athletes including managing anxiety, improving coping techniques, and achieving confidence in their return to sport. Furthermore, a qualitative investigation revealed that some NCAA DI ATs perceived that sport psychology services can complement their own efforts and provide athletes with basic and advanced psychosocial tools that they can utilize in their rehabilitation (Zakrajsek et al., 2018).

That said, there are some psychosocial challenges injured athletes face that NCAA DI ATs do not feel sport psychology services would be supremely helpful for. These include managing pain, improving performance in rehabilitation exercises, and improving communication skills (Zakrajsek et al., 2016). NCAA DI ATs have reported other uncertainties regarding the use of sport psychology services in injury rehabilitation contexts. Specifically, Zakrajsek et al. (2018) found that some NCAA DI ATs were unaware that sport psychology services were available at their institution while others simply did not identify there being any need for another professional to get involved in the rehabilitation process.

**The Stress Experienced by Athletic Trainers**

The responsibilities that NCAA DI ATs have can result in a demanding work environment that this population must navigate. Indeed, the responsibilities of ATs’ often must be carried out in high-pressure situations. For instance, ATs regularly act as a first responder for traumatic injuries such as concussions, severe lacerations, cardiac emergencies, and spinal cord
injuries (Biddington et al., 2005; Estock & Simon, 2018). Because of this, ATs must be able to
diagnose and treat a wide variety of injuries and medical conditions (e.g., asthma attack) quickly
and accurately (Lombardi et al., 2016; NATA, 2011). Moreover, these tasks often must be done
in front of an audience. In many respects, this means that ATs are expected to optimally
“perform” under pressure in a manner similar to athletes and coaches.

Similar to other performers, it is expected that ATs experience a good deal of stress in the
workplace (Oglesby et al., 2020). Indeed, in 2000, Hendrix and colleagues used the Perceived
Stress Scale (PSS; Cohen et al., 1983) to explore the rate of stress in NCAA DI ATs. These
authors found that ATs experienced a similar level of stress as NCAA DI coaches. According to
McGrath (1970), stress can be defined as “a substantial imbalance between demand and response
capability, under conditions where failure to meet that demand has important consequences” (p.
20). With this in mind, it is important to consider that an individual’s perception of the demands
they are faced with matters (Jones & Swain, 1995). For example, Moore et al. (2013) found that
when athletes believed that they had the necessary to successfully meet a demand, they
experienced improved performance. Conversely, when athletes perceived that they had
insufficient resources to succeed, their performance declined.

When a performer experiences stress, it is expected that they will go through a variety of
psychological and physical changes (i.e., stress response; McGrath, 1970). To date, the stress
response of ATs has not been empirically explored; however, this phenomenon has been studied
in similar populations, such as coaches (Fletcher & Scott, 2010). Specifically, Frey (2007)
interviewed 10 NCAA DI coaches and found that stress resulted in poor body language, muscle
tension, moodiness, and reduced focus. These coaches recognized that this type of stress
response resulted in reduced performance.
In general, stress can stem from both personal and situational sources. Personal sources of stress may include elements of an individual’s personality (Costa & McCrae, 1990). For instance, Hendrix et al. (2000) found a significant, negative, relationship between hardiness and perceived stress in NCAA DI ATs. On the other hand, situational sources of stress stem from the environment that an individual is in (McGrath, 1970). Environmental sources of stress (i.e., stressors) that NCAA DI ATs have reported include role overload, poor work-life balance, and external pressure from coaches and administration (Oglesby, 2020).

**Role Overload and Poor Work-life Balance**

There is evidence that the sheer number of critical responsibilities that ATs have is contributing to a sense of role overload (Brumels & Beach, 2008). In short, role overload reflects instances when one’s job requirements exceed the time and energy that a person is able to expend (Henning et al., 2008). Yet, as college sport becomes more popular, NCAA DI ATs are expected to cover more sports and student-athletes, work longer hours, travel more, and manage additional offseason events such as “spring ball” for football (Kania et al., 2009; Mazerolle et al., 2016; Mazerolle & Eason, 2017; Naugle et al., 2013). Also contributing to the perception of role overload is the fact that NCAA DI ATs have limited control over their workplace schedule (Oglesby et al., 2020). In particular, NCAA DI ATs have noted that their work schedule can often change last minute due to coaches altering the practice schedule or adding practices (Mazerolle, Bruening, & Casa, 2008; Mazerolle, Bruening, Casa, & Burton, 2008). It appears that these elements of NCAA DI ATs’ workplace environment are contributing to a poor-work life balance (Goodman et al., 2010, Mazerolle et al., 2011). In other words, NCAA DI ATs report not being able to successfully fulfill all of the roles that they assume outside of the workplace (e.g., parent, spouse, friend; Mazerolle et al., 2018).
**External Pressure from Coaches and Administration**

In addition to NCAA DI ATs’ job responsibilities, they face other stressors, such as external pressure from coaches and administration. In fact, ATs in NCAA DI environments routinely have their clinical decision-making questioned by coaches (Lacy et al., 2020; Pike Lacy et al., 2020). Similarly, NCAA DI ATs also experience pressure to return student-athletes to play prematurely (Pitney, 2006). In particular, Lacy and colleagues (2020) found that ATs perceived more pressure from coaches and administrators when an athlete’s injury was “invisible” (p. 307). For instance, Kroshus et al. (2015) found that out of 766 NCAA ATs, 53.7% felt pressure from a coach to prematurely clear a student-athlete from concussion. Furthermore, in a study of 723 ATs, Weuve et al. (2014) found that 106 (14.6%) reported that they had experienced some sort of bullying in the workplace. One hundred and four (14.4%) participants reported that they had their opinions ignored at least once a month while 108 (15%) reported that they were ordered to do work below their level of competence at least once a month. For 40 (39.2%) of these individuals the bullying they experienced came from a coach. Finally, in a qualitative investigation, Goodman et al. (2017) found that some NCAA DI ATs perceived that undue pressure from coaches and athletic administrators could negatively impact the quality of care given to student-athletes. One AT in this study even had a coach tell them not to call an ambulance because it would impact “team morale” (Goodman et al., 2017, p. 29). While external pressure does not appear to regularly alter an ATs’ decision-making (Lacy et al., 2020), there is evidence that it contributes to increased stress among the NCAA AT population (Kania et al., 2009; Pitney, 2006) and reduced workplace satisfaction (Goodman et al., 2017).
The Role of Organizational Structure and Power

An important consideration for the stress that NCAA DI ATs face is the specific organizational structure of their university (Laursen, 2010). Overall, universities fall into one of three different types of organizational structures when it comes to managing athletic injury: An athletics model, an academic model, or a medical model. NCAA DI ATs who work in an athletics model are considered part of the athletic department and will report to a Head AT who then reports to an athletic director. The majority of United States universities use this organizational structure (Mazerolle et al., 2017). On the other hand, academic models are the rarest of the three and attempt to blend education and applied practice. In other words, ATs who work in this organizational structure are expected to serve multiple roles and balance both clinical and teaching responsibilities. This model tends to be utilized at smaller NCAA institutions where there are fewer student-athletes to manage (Mazerolle et al., 2017). Finally, there are medical models of athletic training, which are becoming more prevalent (Mazerolle et al., 2017; Scheid, 2011). Within a medical model the athletic training staff is effectively separated from the athletic department. This means that the Head AT reports directly to a team physician, and the athletic department (i.e., coaches and administrators) has little to no involvement in the management of injury. This model is currently the “gold standard” according to Grantham (2018, para. 1).

Perhaps the most important aspect of the medical model is that it appears to reduce the amount of coercive power that coaches and athletic administrators hold over ATs (Grantham, 2018). In essence, power can be defined as the extent to which one can influence the behaviors, opinions, values, attitudes, goals, and other psychological aspects of another (French & Raven, 1959). According to French and Raven (1959), coercive power specifically references instances
in which one individual perceives that they will be punished if they do not conform to a more powerful figure. It seems clear that coaches pressuring or bullying athletic trainers in the manner described above serves as a manifestation of coercive power. With that in mind, it is important to consider that, within a medical model, an NCAA DI ATs’ job security is solely based on their performance and does not factor in how compliant they are with coaches’ and athletic administrators’ wishes (Goodman et al., 2017; Mazerolle et al., 2017, Grantham 2018).

Not surprisingly, Mazerolle et al. (2017) found that NCAA DI ATs who operated within a medical model had more positive perceptions of their workplace social support, were happier with their pay, and were less likely to want to leave their job compared to participants who worked at a university that utilized an athletic model. Additionally, NCAA DI ATs who work within medical models have reported that this environment allows for better communication between professionals, stronger work-life balance, and a better ability to manage one’s own time and schedule (Eason et al., 2017; Mazerolle et al., 2017). Eason et al. (2017) speculated that the benefits associated with medical models likely result in greater well-being for NCAA DI ATs who operate within them.

**The Role of Gender**

Independent of the organizational structure that an AT operates in, there are some stressors that appear to be influenced by gender. As a whole, there has been a steady increase of female ATs in the NCAA DI setting; however, they are still outnumbered by their male counterparts (Irick, 2010; Lewis et al., 2019). In addition to being underrepresented in this environment, it appears that there is also greater turnover of female NCAA DI ATs (Goodman et al., 2010; Mazerolle et al., 2012). This suggests that this population faces more intense and different stressors than male ATs. For instance, while both male and female ATs report being
unhappy with their work-life balance, this problem appears to be exacerbated in female ATs who feel more societal and familial pressure to be a “caretaker” for their family, particularly if they have children (Goodman et al., 2010; Mazerolle & Eason, 2015).

Outside of the additional difficulty in managing a healthy work-life balance, female ATs have noted several gender inequity issues that they must navigate. For example, some female ATs have noted that they have their credibility and decision-making questioned by coaches more than their male counterparts (Goodman et al., 2010; Mazerolle et al., 2012; Perez et al., 2006). This appears to be particularly prevalent when the coaches in question are male. Specifically, in a qualitative investigation, Burton et al. (2012) found that some female NCAA DI ATs believed that it was difficult to successfully prove themselves to male head coaches. In particular, one participant revealed that a male coach went so far as to review a decision that she made with a male AT who was associated with a different team (Burton et al., 2012). Additionally, it appears that many coaches were prone to stereotyping the work of these female ATs. For instance, one participant in this study witnessed a coach get upset at a fellow female AT for “babying” the athletes too much (Burton et al., 2012, p. 311). Another issue was that some male coaches believed that female ATs were a “sexual distraction” to their athletes (Burton et al., 2012, p. 312). Because of this, these ATs felt they had to be hyper-aware of their behavior, language, and dress when around male athletes.

Even when female ATs’ credibility and professionalism are not questioned, sport settings can often function like “good ol’ boys clubs” that can be isolating and prevent the socialization that is necessary for female ATs to advance in the workplace (Mazerolle et al., 2015; Perez et al., 2006). Indeed, some female ATs have reported that they are unwillingly assigned “daughter” or “sister” roles by coaches and athletes, respectively (Ohkubo, 2008, p. 14). In some instances, this
is done benevolently (e.g., athletes avoiding swearing in front of female ATs); however, this behavior serves as sexism that promotes the patriarchal nature of the collegiate sport environment (Kamphoff, 2010).

It is important to recognize that gender inequity does not simply disappear once a woman reaches the position of Head AT. Mazerolle et al., (2015) investigated the experiences of eight female Head ATs at the NCAA DI level and found that they faced challenges that were similar to those of staff ATs. Specifically, these Head ATs noted that they were sometimes denied resources that were readily provided to their male peers. Furthermore, participants noted that they had to be extremely cognizant of how they interacted with others in order to not step on anyone’s toes.

**The Role of Race**

In addition to gender, race is likely an important factor to consider when it comes to the pressure and stress that NCAA DI ATs face. For some time, there has been a lack of diversity within the athletic training profession (Nevarez et al., 2002; Perrin, 2000). Adams et al. (2021) postulated that the lack of diversity in athletic training is partially due to aspiring ATs needing to take multiple standardized tests in order to receive a master’s degree and subsequent BOC certification. This rationale makes sense, as Black students have a 63.3% pass rate on the BOC exam. This is lower than average (70%) and much lower than White students (86.7%; Adams et al., 2021). These disparities suggest that this exam has racial biases that are impeding the advancement of Black and other minority students.

Furthermore, it is also likely that minority students experience disenfranchisement in ATEPs (Adams et al., 2021; Nevarez et al., 2002). Via qualitative interviews with current Black female ATs, Siple et al. (2018) found that racism and sexism served as barriers to this population
succeeding in ATEPs. Specifically, during their ATEP, some participants of this study experienced peer resentment and felt ignored by coaches and athletes, which they believed was primarily due to their race. Additionally, some of these participants experienced sexual harassment while performing their duties as an athletic training student. In some instances, these athletic training students were “protected” from sexual harassment by only being assigned to women’s teams; however, this created unequal learning opportunities, and likely put these students at a disadvantage when it came to searching for a job. While the participants of this study were able to successfully navigate these barriers, it is likely that many minority students cannot. Additionally, it stands to reason that many of these stressors carry over into prospective ATs’ professional careers, although this has yet to be empirically studied.

The Well-Being of Athletic Trainers

When stress is not properly managed, it can lead to reductions in well-being (Aldrup et al., 2017; Demerouti et al., 2001). According to Deci and Ryan (2008) well-being can be viewed through two different lenses. From a hedonic standpoint, well-being simply refers to instances where an individual is experiencing more positive affect than negative affect (i.e., happiness; Deci & Ryan, 2008). Therefore, hedonic well-being can be fleeting and rapidly shift based on an individual’s cognitions and environment. On the other hand, well-being can also be viewed as a eudaimonic concept. Eudaimonic well-being is less outcome based than hedonic well-being and represents the process of an individual “fulfilling one’s virtuous potentials and living as one was inherently intended to live” (Deci & Ryan, 2008, p. 2). Thus, eudaimonic well-being can also be conceptualized as an individual thriving (i.e., joint experience of development and performance success; Brown et al., 2017) in their environment (Ryan & Deci, 2000b). While these are two distinct concepts, they are not mutually exclusive (Deci & Ryan, 2008). For instance, when an
individual is thriving in the workplace, they are likely to experience more positive affect than negative affect.

Unfortunately, there has been limited investigation surrounding ATs’ well-being (either hedonic or eudaimonic). However, ATs, particularly in collegiate settings, have reported low job satisfaction (Goodman et al., 2010; Eason et al., 2015; Terranova & Henning, 2011), which may signal reduced eudaimonic well-being. Furthermore, Naugle et al. (2013) used the Perceived Wellness Survey (PWS; Adams et al., 1997) to measure ATs’ perceptions of physical, spiritual, psychological, social, emotional, and intellectual wellness. Individual subscale scores were not presented; however, male participants averaged a 16.69 on the PWS while female participants averaged a 16.41, both of which indicated only moderate levels of overall wellness. While the constructs of wellness and well-being are not synonymous, these results again provide evidence that ATs may be experiencing limited eudaimonic well-being.

**Burnout Among Athletic Trainers**

Although there is not a strong body of literature that directly explores stress and well-being among ATs, there is evidence that this population regularly experiences burnout (Oglesby, 2020). In many respects, burnout can be thought of as a manifestation of high stress coupled with reduced well-being (Schaufeli et al., 2009). Within medical settings, burnout has been defined as a chronic state of physical and emotional depletion that is accompanied by a negative evaluation of one’s worth and accomplishments, which can lead to reduced care for patients (Maslach & Jackson, 1981). According to Maslach and Jackson (1984) burnout can best be characterized by three primary symptoms: Emotional exhaustion, depersonalization (i.e., a negative shift in one’s response to others), and reduced perceptions of personal accomplishment. Recently, Estock and Simon (2018) found that, out of 1007 ATs, 79.9% were experiencing moderate to high emotional
exhaustion, 79.9% were experiencing moderate to high depersonalization, and 16.7% were experiencing moderate to high reduced perceptions of personal accomplishment. It is also important to note that female ATs report experiencing more burnout than their male counterparts (Naugle et al., 2013).

While burnout among ATs is gaining more recent attention in the literature, it is not a new phenomenon. Decades ago, Capel (1986) found burnout in ATs was significantly predicted by role overload, role conflict (i.e., AT has multiple, unharmonious roles), role ambiguity (i.e., lack of specific job description), and a perceived external locus of control. More recently, Hendrix et al. (2000) used an Athletic Training Issues Survey (ATIS) and the PSS to see if there were any links between ATs’ workplace environment, perceived stress, and burnout. The ATIS contained items such as, “My institution has an inadequate travel budget for professional development” and “I do not have time to myself.” It was found that perceived stress served to mediate a significant relationship between common athletic training issues and burnout. In other words, routine workplace issues such as budget management and increased hours contributed to increased stress in this sample, which resulted in elevated burnout. Similarly, Kania et al. (2009) found that a combination of environmental factors significantly predicted professional burnout among collegiate ATs. These factors included experiencing pressure from a coach, working with a high number of student-athletes or coaches, and being frequently exposed to injury. Correspondingly, ATs who work with athletes who are exposed to traumatic injuries appear more likely to perceive significantly lower levels of personal accomplishment (Estock & Simon, 2018). This may suggest that some ATs blame themselves for the occurrence of such injuries or feel powerless to stop them.
Outside of these environmental factors, there is also some evidence that aspects of an AT’s personality can contribute to burnout. For example, Hendrix et al. (2000) found that ATs who reported high levels of AT issues and low levels of hardiness had high perceived stress, whereas ATs who reported high levels of AT issues and high levels of hardiness did not. Therefore, it seems that high levels hardiness may serve as a bulwark of sorts, and prevent common AT issues (e.g., long hours, disagreements with a coach) from creating excess stress in ATs. More recently, in an analysis of the “Big 5” personality traits, Barrett et al. (2016) found that certified ATs who reported high levels of extraversion and agreeableness had significantly lower levels of burnout compared to ATs who were low in those personality constructs. Furthermore, this study found that neuroticism and burnout had a significant, positive, correlation. However, in a multiple regression model, the “Big 5” personality traits only accounted for 17.3% of the total variance in burnout scores, which suggests that environmental factors may be a more important predictor of burnout. That said, it does appear that certain personality traits play a role in altering ATs’ cognitive appraisal of the stress they experience.

Despite the wealth of literature surrounding the antecedents of burnout in ATs, there is limited research surrounding the outcomes of this phenomenon (Oglesby et al., 2020). However, there is evidence that ATs who experience burnout suffer from both physical (e.g., high blood pressure, weight gain) and psychological (e.g., irritability, depression, substance abuse) stress symptoms (Campbell et al., 1985; Giacobbi, 2009; Gieck, 1986). Furthermore, NCAA DI ATs who are experiencing burnout report lower levels of satisfaction with their job and appear more likely to leave the profession altogether (Brumels & Beach, 2008; Goodman et al., 2010; Terranova & Henning, 2011). Finally, there is evidence that physicians who are experiencing burnout provide worse care to their patients (Dewa et al., 2017). Therefore, it stands to reason
that burnout may adversely impact ATs’ performance, which could result in worse injury prevention and rehabilitation outcomes for student-athletes.

**Psychosocial Strategies**

The use of psychosocial strategies is regularly touted as a method to manage perceptions of stress, improve well-being, and enhance performance among many performers, such as athletes (Gustafsson et al., 2017), coaches (McCarthy, 2015), and physicians (West et al., 2016). A psychosocial strategy can be considered any psychological or social strategy that an individual utilizes to influence their thoughts, behaviors, or emotions (Granquist et al., 2014). Psychological strategies are internal processes and include traditional sport psychology techniques such as imagery, self-talk, and relaxation (e.g., diaphragmatic breathing). On the other hand, social strategies require interaction with others, and entail tactics such as seeking social support and using effective communication practices. As previously discussed, a psychosocial strategy can be either basic or advanced, depending upon the extent of knowledge that is required to effectively employ it (Vealey, 1988; Zakrajsek et al., 2017; Zizzi et al., 2009).

**Athletic Trainers’ Personal Use of Psychosocial Strategies**

There is limited research surrounding ATs’ personal use of psychosocial strategies. That said, some ATs have reported that developing more effective communication practices, providing clear rationale to coaches and athletes, and developing a more collaborative atmosphere are effective ways to mitigate the external pressure that they experience from coaches (Pike Lacy et al., 2020). Similar strategies, such as setting appropriate boundaries, creating a supportive work environment, and prioritizing important tasks also appear to help some ATs create a healthier work-life balance (Mazerolle et al., 2011). Furthermore, ATs appear to regularly use social support resources (Holmes et al., 2022; Rynkiewicz et al., 2022). Crutcher
et al. (2018) found that undergraduate AT students use a variety of social support resources, including friends, family, professional ATs, and even student-athletes. Participants in this study who were satisfied with their social support resources demonstrated significantly lower levels of stress. The inverse of this phenomenon has been found by Hendrix et al. (2000). Specifically, ATs in this study who were not satisfied with their social support network reported elevated stress levels and were more likely to experience professional burnout.

The results of the above studies show that ATs use an array of basic psychosocial strategies to manage their stress, improve their well-being, and enhance their performance; however, only one study has explored ATs’ use of advanced psychosocial strategies. Specifically, Goodman and Howard (2022) investigated ATs’ perceptions and use of mindfulness practice. Out of 547 certified ATs, 471 (86%) reported that they had previously engaged in some form of mindfulness practice. The most commonly reported mindfulness practices were relaxation techniques (e.g., progressive muscular relaxation, deep breathing), yoga, and meditation. Not surprisingly, ATs who had more positive perceptions regarding the effectiveness of mindfulness practice were more likely to have previously used it. Unfortunately, the researchers did not inquire into the benefits that ATs received from mindfulness practice.

While the above studies provide a glimpse into the potential benefits of psychosocial strategies for ATs, more evidence is needed.

**Coaches’ and Physicians’ Personal Use of Psychosocial Strategies**

Considering the limited amount of research surrounding how ATs personally utilize psychosocial strategies, it is important to explore the experiences of similar professionals. In particular, coaches report experiencing a wide variety of stressors that are comparable to ATs, such as underwhelming performance by the team or an individual athlete, managing injuries,
poor personal performance, pressure to perform, and dealing with administration (Norris et al., 2017). In order to counter stressors such as these, coaches have reported personally using a variety of basic and advanced psychosocial strategies (Freitas et al., 2013; Levy et al., 2009; Olusoga et al., 2010). For instance, Thelwell et al. (2008) found that some coaches used strategies such as self-talk, imagery, goal setting, and relaxation. These coaches found that the use of these strategies helped them control their emotions, enhanced their confidence in decision-making, and improved their communication with others.

Furthermore, sport psychology interventions have demonstrated to be beneficial for coaches (Olusoga et al., 2014). For example, Longshore and Sachs (2015) implemented a six-week mindfulness training program with a group of 23 coaches. The coaches that underwent this program reported significantly lower levels of anxiety and negative affect compared to baseline scores. Following the intervention, coaches reported that they were experiencing not just better relationships with their athletes, but also in their personal lives.

In addition to coaches, there is evidence that the use of psychosocial strategies can provide medical professionals with a variety of benefits. In particular, imagery is a frequently studied psychosocial strategy among this population and has demonstrated to be an effective way to enhance physicians’ performance (see Anton et al., 2017, Anton et al., 2018). Stefanidis et al. (2015) developed a mental skills program that included information regarding the use of goal setting, energy management, self-talk, imagery, focus strategies, and pre-performance routines. A group of 55 surgeons were exposed to this program over a five-month period. It was found that following the five-month period, participants in the experimental group demonstrated more skilled surgical techniques and reported less stress during procedures. Unfortunately, the researchers did not break down which strategies were most used following the intervention, and
only provided a summated Test of Performance Strategies (Hardy et al., 2010) score. In a study similar to that of Longshore and Sachs (2015), Roy et al. (2020) found that, following a 30-day mindfulness program, a group of 34 physicians reported significantly reduced levels of professional burnout.

**Sport Psychology Services**

It is likely that all NCAA DI ATs have the ability to personally utilize the psychosocial strategies described above; however, it is important to consider that some advanced techniques, such as self-talk, imagery, and relaxation are more complex and can be difficulty to properly implement (Vealey, 1988; Zakrajsek et al., 2017; Zizzi et al., 2009). This is evidenced by the fact that some NCAA DI ATs report having confusion over what exactly some of these advanced strategies are and how they can be best incorporated into a student-athlete’s injury rehabilitation (Clement et al., 2013; Zakrajsek et al., 2017). Because of this, in order for NCAA DI ATs to get the greatest value from psychosocial strategies it is important that they are also able to utilize sport psychology services to help them best incorporate these techniques into their lives.

Prior to exploring ATs’ personal use of sport psychology services, it is important to discuss the various factors that are expected to influence sport psychology provision. The multidimensional model of sport psychology provision (M²SP²; Zakrajsek et al., 2011; Zakrajsek, 2019) outlines antecedents that may determine one’s attitudes and beliefs surrounding sport psychology services. These antecedents include situational characteristics, MPC characteristics, and personal characteristics of athletes and important others (e.g., coaches, personnel/support staff). Situational characteristics that may apply to ATs include the availability of an MPC, the location of the MPC’s office, and the subculture surrounding a specific sport (e.g., contact vs. noncontact; Martin et al., 2012). Considering the MPC, evidence indicates that
their services are seen in the best light when they are trustworthy, collaborative, and have strong interpersonal skills (Chandler et al., 2014; Martin et al., 2012). That said, there is a bit of a paradox in that some sport personnel have reported that, while they want the MPC to be seen as part of the team environment, they also want them to be more in the background in a supporting role (Zakrajsek et al., 2013).

On the other hand, personal (i.e., the AT) characteristics may include one’s previous experience with and exposure to MPCs as well as one’s gender (Martin et al., 2012). When specifically considering ATs, three personal characteristics have demonstrated to be important for creating positive attitudes and beliefs regarding sport psychology services. First, athletic trainers who have had previous positive experiences and professional interactions with MPCs report their services as being more beneficial than their counterparts (Zakrajsek et al., 2015, 2016). Additionally, athletic trainers with sufficient education surrounding and exposure to sport psychology appear to have more positive perceptions of MPCs and their services (Zakrajsek et al., 2017). Finally, female ATs report having higher perceptions of the benefits of MPCs’ services compared to male ATs (Zakrajsek et al., 2015, 2016).

In turn, these antecedents are expected to influence an individual’s attitudes and beliefs surrounding sport psychology services. In particular, research has demonstrated that, among sport personnel, the above characteristics impact confidence, stigma tolerance, personal openness, perceived norms, and expectations (Zakrajsek et al., 2017; Zakrajsek et al., 2011; Zakrajsek et al., 2015). Finally, the M²SP² proposes that these attitudes and beliefs affect one’s intentions, behaviors, and satisfaction regarding sport psychology services. For instance, Clement and Shannon (2009) conducted a study in which AT students were exposed to an educational workshop that surrounded how to professionally use psychosocial strategies (e.g.,
imagery) and sport psychology services (i.e., referral). It was found that after this workshop, participants reported more confidence in the effectiveness of sport psychology services and had significantly more intent to refer athletes to an MPC, when possible. While there is evidence surrounding how these attitudes and beliefs influence ATs’ professional use of sport psychology services (Zakrajsek et al., 2017), there has been no research surrounding how they may influence this population’s personal use of MPCs’ services.

**Coaches’ Personal Use of Sport Psychology Services**

Compared to psychosocial strategies, there is very limited research surrounding how non-athlete populations personally utilize sport psychology services. Indeed, there are no studies that explore how ATs personally utilize sport psychology services. However, there is some evidence to suggest that coaches personally benefit from the use of sport psychology services (Cook & Cook & Fletcher, 2017; Zakrajsek et al., 2013). In particular, Sheehy et al. (2019) recently explored high-performance coaches’ experiences using sport psychology services. Specifically, these authors interviewed eight high-performance coaches regarding their impetus for seeking out sport psychology services, the benefits they received from these services, and the barriers they navigated in order to use these services. The participants in this study sought out sport psychology services because they wanted assistance managing pressure, but also because they thought these services could help them “grow” and “improve as a coach” (Sheehy et al., 2019, p. 141). Sheehy and colleagues (2019) found that coaches experienced performance improvement via a stronger ability to manage their arousal and enhanced decision-making abilities. Furthermore, these coaches noted that using sport psychology services enhanced their interpersonal interactions as they were better able to interpret their own behavior and were more deliberate and mindful of their actions and words.
Factors Impeding the Use of Sport Psychology Services

Unfortunately, the coaches who participated in the study by Sheehy et al. (2019) noted several barriers to using sport psychology services that are reflective of the M²SP². Lack of finances and overall access to MPCs were noted; however, they also discussed two perceptions that initially impeded their use of sport psychology services. First, some coaches thought that sport psychology services were specifically for athletes, and that it would be inappropriate for coaches to use them. Additionally, participants noted that using sport psychology services could be a symbol of “weakness” as a coach (Sheehy et al., 2019, p. 143). While these impediments have not been directly studied regarding ATs’ personal use of sport psychology services, it is important to explore each of these potential barriers in more depth in order to understand how they could influence this population.

Availability of MPCs. It appears that whether or not a university has an MPC available is an important determinant of an AT’s perceptions toward and professional use of sport psychology services (Martin et al., 2012). Specifically, Zakrajsek et al. (2016) found that NCAA DI ATs who had an MPC available at their institution were significantly more likely to have professional interactions with an MPC and encourage student-athletes to utilize sport psychology services. Furthermore, this study found that when an MPC was not associated with the university, NCAA DI ATs rarely referred student-athletes to sport psychology services. Therefore, it stands to reason that having direct access to an MPC will also play an important role in NCAA DI ATs personally utilizing sport psychology services. Unfortunately, evidence suggests that is it still relatively rare for universities to provide NCAA DI ATS such access to an MPC, even on a part-time basis (Connole et al., 2014; Voight & Callaghan, 2001; Wrisberg et al., 2012). In fact, in a content analysis of athletic department and counseling center websites
Hayden and colleagues (2013) found that, out of 120 NCAA DI (Football Bowl Subdivision) universities, only 28.3% provided access to an MPC.

**Athletic Trainers’ Perceptions of Sport Psychology Services.** Even when NCAA DI ATs work at a university that provides access to an MPC, there are likely still several barriers that they must overcome to personally use sport psychology services. Specifically, it is important to consider how NCAA DI ATs believe sport psychology services should be used. Overall, NCAA DI ATs perceive sport psychology services to be beneficial; however, researchers have only explored ATs perceptions of the benefits of sport psychology services for student-athletes (Zakrajsek et al., 2015, 2016; Zakrajsek et al., 2018). That said, many of the challenges that NCAA DI ATs believe MPCs can help student-athletes with are challenges that ATs themselves have reported facing such as managing personal issues, better communicating with coaches, and preventing burnout (Zakrajsek et al., 2015, 2016). Furthermore, in a qualitative investigation, Zakrajsek et al. (2018) found that many NCAA DI ATs believed MPCs can help student-athletes perform better in their injury rehabilitation but made no mention of how these services could potentially improve their own performance. It is possible that this limited view of sport psychology services stems from ATEPs and the Competencies only presenting psychosocial strategies and referral to mental health providers as constructs that are meant to benefit athletes (Heaney et al., 2015; NATA, 2011).

**Coaches’ and Athletic Administrators’ Perceptions of Sport Psychology Services.** Outside of NCAA DI ATs’ own perceptions of sport psychology services, it is important to understand how other sport professionals feel these services should be used. In particular, it is vital to consider the perceptions of coaches and athletic administrators, both on whom tend to hold coercive power over ATs in NCAA DI environments (Pike Lacy et al., 2020). Current
evidence suggests that most NCAA DI coaches are supportive of having an MPC available (Smedley, 2013). For instance, Wrisberg et al. (2010) found that, out of 815 NCAA DI coaches, 84.5% were supportive of making an MPC available to their student-athletes while 88.8% would support their student-athletes visiting an MPC for performance related issues. Overall, coaches seem to believe that MPCs can benefit student-athletes by helping them deal with pressure, have better rehabilitation periods, and build confidence (Wrisberg et al., 2010). As previously discussed, some studies (e.g., Sheehy et al., 2019) do indicate that coaches believe that sport psychology services can provide them with personal benefits as well; however, within the current body of literature there is no evidence to suggest that coaches believe sport psychology services could potentially benefit other members of the team staff (i.e., ATs).

Similar to coaches, it appears that most NCAA DI athletic administrators have positive perceptions of sport psychology and are supportive of hiring an MPC when budgeting permits (Connole et al., 2014; Eckenrod, 2019; Wilson et al., 2009; Wrisberg et al., 2012). Specifically, Wrisberg et al. (2012) found that NCAA DI athletic administrators believed MPCs can primarily help student-athletes improve their focus, build their confidence, and manage their emotions. Interestingly, in a study that included 478 NCAA athletic administrators (192 DI) Connole et al. (2014) discovered that most participants preferred to hire an MPC that would work with student-athletes, teams, and sport staff (i.e., the entire athletic department). While this result is promising, this study did not explore what exactly these athletic administrators envisioned these services as. In other words, it is possible that these athletic administrators meant that they would like the MPC they hire to help ATs better incorporate psychosocial strategies into student-athletes’ rehabilitation rather than for ATs’ own use of these techniques.
The perception from coaches and athletic administrators that sport psychology services are primarily for student-athletes signals that, even if an NCAA DI institution were to make an MPC available for the whole athletic department, ATs may be hesitant to use their services. Indeed, as previously discussed, Sheehy et al. (2019) found that such perceptions from “higher-ups” served as a barrier for coaches to use sport psychology services. One coach specifically noted, “[The sport psychology program] we run is about the athlete, so if there was a bunch of time being spent on me and not them, there might be some eyebrows raised” (p. 143). This perception would likely be amplified in ATs who, in many cases, would have to justify their use of sport psychology services to both coaches and athletic administrators. The current body of evidence suggests that these more powerful figures would see ATs using these services as a waste of time and resources.

**The Role of Gender.** In addition to the power dynamics that are at play within NCAA DI environments, there are other cultural factors that may create discrepancies regarding which ATs feel comfortable utilizing sport psychology services. As previously discussed, female ATs appear to experience much more pressure and doubt from those in positions of power (i.e., coaches), particularly if the powerful figures are male (Burton et al., 2012; Mazerolle et al., 2012; Mazerolle et al., 2015). This is consistent with the pervasive idea that female coaches and athletes are inherently “weaker” than males (Heinecken, 2016; Kamphoff, 2010; Roth & Basow, 2004). This unfortunately means that female ATs may be less likely to personally use sport psychology services than male ATs, even if these services were readily available and promoted. Sheehy et al., (2019) found that a common concern among coaches who personally utilized sport psychology services was that their athletes, peers, and superiors may perceive them as “mentally weak” (p. 143). It stands to reason that many female ATs may perceive that using these services
will only intensify the doubts that their male colleagues may already have regarding their competence.

The Role of Race. In regard to race, it is important to consider that Black ATs may be less likely to utilize sport psychology services than White ATs. Overall, there appears to be a general mistrust of mental health services among Black communities due to atrocities such as the Tuskegee syphilis experiments and centuries of improper medical treatment (Anderson, 2018; Burkett, 2017). Within sport psychology specifically, there are some indications that athletes of color are more comfortable using sport psychology services when the MPC is of the same race (Lubker et al., 2012; Naoi et al., 2011; Ong & Harwood, 2018). It is possible that this will also hold true for ATs. Unfortunately, McCarver et al. (2019) found that out of 260 MPCs who were certified by the Association for Applied Sport Psychology (AASP), 82.7% were White. While not all MPCs who work in the NCAA DI are certified by AASP, this serves as a good indication that the field as a whole is a rather homogenous group racially, which may discourage ATs of color from seeking out sport psychology services.

Factors Promoting the Use of Sport Psychology Services

When considering the \( M^2SP^2 \), it is not surprising that Sheehy et al., (2019) found that confidence, trust, and knowledge regarding the skillset and qualifications of the MPC were the primary factors that encouraged coaches to initially utilize sport psychology services. For instance, when asked why they were comfortable using sport psychology services one participant in this study stated:

“I think because of the level of trust I have with the individuals that I chose to bring in, particularly as it relates to sport psych. That’s everything…a connection of trust that
we’re all, sort of, seeing those from somewhat of a similar level. (Sheehy et al., 2019, p. 141)

Furthermore, Sheehy et al., (2019) felt that the relationship between the head coaches in this study and their respective MPC did not mirror the traditional “consultant-client relationship” and instead the MPC acted more like a “critical friend” (p. 144). According to Costa and Kallick (1993), a critical friend can be thought of as “a trusted person who asks provocative questions, provides data to be examined through another lens, and offers critiques of a person’s work as a friend” (p. 50). With this in mind, the concept of sport psychology services should not be reduced simply to instances where an individual privately meets one-on-one with an MPC. Indeed, any interaction with an MPC that results in one better understanding the psychological aspects of performance or experiencing personal growth should be considered a sport psychology service (Aoyagi et al., 2012; Bemiller & Wrisberg, 2011; Henriksen & Hanson, 2011; Sheehy et al., 2019). Therefore, it is important to consider that ATs may personally experience the benefits of sport psychology services simply by developing professional relationships and interacting with MPCs in the workplace.

**Interprofessional Collaboration**

The current body of evidence suggests that NCAA DI ATs refer student-athletes to an MPC more often than they directly interact with an MPC (Zakrajsek et al., 2015; Zakrajsek et al., 2018). For instance, Zakrajsek et al. (2016) found that, out of 659 NCAA DI ATs, 472 (71.6%) had previously encouraged or referred an athlete for sport psychology services; however, only 402 (61%) had professional interacted with an MPC. This trend may be a byproduct of ATEPs and the Competencies focusing on referral to mental health providers, and not collaboration with these professionals (NATA, 2011). Furthermore, the Competencies make no mention of sport
psychology or MPCs (NATA, 2011). However, there has been a recent push for sports medicine professionals and MPCs to interprofessionally collaborate in the prevention and rehabilitation of athletic injury (Arvinen-Barrow & Clement, 2019; Heaney et al., 2015; Martin et al., 2020; Zakrajsek et al., 2015, 2016; Zakrajsek et al., 2017, 2018). The World Health Organization (WHO) defines interprofessional collaboration as, “…when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers, and communities to deliver the highest quality care across settings” (2010, p. 13). Interprofessional collaboration can also be thought of as different professionals (e.g., AT and MPC) “blending” their knowledge and skillsets to provide optimal care to a patient (Martin et al., 2020). The group of professionals providing interprofessional care can be considered an interprofessional team (Arvinen-Barrow & Clement, 2019). While the terms are often interchanged, an interprofessional team is markedly different than a multidisciplinary team, which is more commonly used in sports medicine settings (Hankemeier & Manspeaker, 2018; Ulrich & Breitbach, 2021). A multidisciplinary team is still composed of individuals from various professional backgrounds; however, there is limited communication between them, and professionals tend to remain “siloed,” which results in limited collaboration (Sheehan et al., 2007).

It should be noted that university settings are ripe for interprofessional collaboration. Indeed, in a cross-sectional study that included 320 international (United States, n = 83; Canada, n = 179; Europe, n = 58) sports medicine professionals, Ulrich and Breitbach (2021) found that while all participants had positive perceptions of interprofessional care, United States participants reported having more access to interprofessional resources and interacted with significantly more sports medicine professionals in an interprofessional manner. The authors
postulated that this result was due to the United States having a large focus on collegiate sport, and sports medicine professionals generally being hired directly by universities. Therefore, university campuses may provide a unique opportunity for effective interprofessional teams to develop due to the close proximity of the professionals and built-in operating resources.

That said, it is important to note that even between United States universities there can be differences in the potential effectiveness of an interprofessional teams. For instance, ATs who work within a medical model report having more opportunities for interprofessional collaboration than ATs who work within an athletic model (Hankenmeir & Manspeaker, 2018). It is expected that medical models allow for closer working relationships between interprofessional team members, more shared responsibility by these professionals, and less undue influence from athletic departments (Courson et al., 2014; Laursen, 2010).

**Antecedents and Mechanisms of Interprofessional Care**

Several models have been put forth that are meant to delineate the core elements of interprofessional collaboration. One of the most established models is the four-dimensional model of collaboration by D’Amour et al. (2008). This model outlines four dimensions that determine the effectiveness of an interprofessional team. This first of these dimensions is that interprofessional team members must have shared goals and visions regarding the direction and expectations of interprofessional collaboration. Next, there must be internalization, meaning that interprofessional team members are aware of their interdependence in providing optimal patient care. It is also expected that this internalization will create more role clarity and sense of belonging within interprofessional team members. Following this is formalization, which reflects an interprofessional team having set procedures for how information will be shared and how team members will communicate with one another. Finally, it is critical that the interprofessional
team has strong governance. This does not mean that there is a hierarchical leader within the interprofessional team, but that a central organization (e.g., university) is providing the necessary direction and support for the interprofessional team to function. These four dimensions do not operate independently. For instance, without optimal governance it is likely that the interprofessional team will have difficulty developing formalization procedures. Therefore, it is believed that all four dimensions of this model must be satisfied in order to obtain quality interprofessional collaboration.

While the four-dimensional model of collaboration was primarily developed to reflect interprofessional collaboration in traditional medicine (e.g., oncology, endocrinology), there is no reason to believe these same principles do not apply sports medicine (Breitbach & Richardson, 2015; Rizzo et al., 2015). In an effort to further study interprofessional collaboration within sport medicine, Breitbach et al. (2017) utilized a “world café” focus group method with 28 attendees of a professional conference that was focused on the development and promotion of interprofessional collaboration in sports medicine settings. The researchers asked participants to discuss the ways in which sport and interprofessional collaboration coincide and how these may translate to producing effective interprofessional teams in sports medicine. Four primary themes were found regarding what contributes to effective interprofessional collaboration, which were quite similar to those discussed by D’Amour et al. (2008). Once again, effective communication between interprofessional team members was perceived to be critical. This includes communicating with other professionals about patient progress, but also about the goals and visions regarding patient outcome. Additionally, participants felt it was important that each professionals’ role is clearly identified. Contrary to the four-dimensional model of collaboration (D’Amour et al., 2008), participants in this study believed that it is important to have a defined
leader within sports medicine interprofessional teams, similar to how a sports team will usually have a captain. However, this leader should be situation specific and rotate depending on the case and each professionals’ expertise. For example, if an athlete suffers a concussion, a neurologist should likely be the “captain” of the interprofessional team due to their specific expertise in the area. Effective teamwork practices were also identified as being necessary for quality interprofessional collaboration to occur. These teamwork practices include the timely sharing of information, use of consistent language, and co-development of procedures and outcome goals. Finally, consistent values and ethics between interprofessional team members were perceived to be important in producing quality interprofessional collaboration. While not a model per se, these results demonstrate that many of the core interprofessional collaboration principles that have been identified readily translate to sports medicine.

Currently, the World Health Organization (WHO) has arguably the most developed and widely used model of interprofessional collaboration. This model stipulates that prior to interprofessional collaboration occurring, there must first be a “collaborative practice-ready health workforce” (2010, p. 11). In other words, the groundwork for effective interprofessional collaboration must be laid by having quality interprofessional education practices. Once interprofessional collaboration commences, it is expected that a variety of institutional support mechanisms, work culture mechanisms, and environmental mechanisms are required for an interprofessional team to provide optimal health services. Institutional support mechanisms include the organization (e.g., hospital, university) having established interprofessional collaboration protocols, shared operating resources, and management who is supportive of interprofessional collaboration. In essence, this category reflects how prepared for and supportive of interprofessional collaboration the organization in question is. Equally important is
the work culture of the organization. The WHO model states that policies and established strategies surrounding optimal communication, conflict resolution, and shared decision-making are integral for interprofessional teams to function effectively. Finally, environmental mechanisms reflect the literal space that the interprofessional team works in. It is necessary that the interprofessional team has the requisite facilities and that the professionals involved are in relatively close proximity to one another (or have the resources for reliable remote communication). A final consideration of the space design is that it should not reflect hierarchy within the interprofessional team (e.g., similar office size).

**Benefits of Interprofessional Collaboration**

There is ample evidence that patient outcomes are improved when their medical condition is managed by an interprofessional team (see Martin et al., 2010). This is likely because effective interprofessional collaboration has the potential to decrease medical costs, reduce the use of ineffective treatments, enhance patient safety, and increase teamwork among medical professionals (Breitbach & Richardson, 2015). However, interprofessional collaboration has demonstrated to not just be beneficial for the recipient of the care. Medical professionals have reported that working within an interprofessional team improves decision-making, increases role clarity, and leads to higher workplace satisfaction (Youngwerth & Twaddle, 2012). Additionally, Fewster-Thuente & Velsor-Friedrich (2008) found that nurses who operated within an interprofessional team experienced enhanced interpersonal interactions with other professionals. It is likely that more interpersonal interaction between professionals results in more trust and knowledge of each other’s skillset and expertise (Breitbach & Richardson, 2015; Fewster-Thunte & Velsor-Friedrich, 2008; Suter et al., 2009). Therefore, it is likely that interprofessional collaboration will make ATs more comfortable discussing personal matters
with MPCs. In turn, this could lead to ATs learning about and using more psychosocial strategies that will help them manage their stress, improve their well-being, and enhance their performance.

**Conclusion**

The current body of literature demonstrates that, similar to other performers (e.g., coaches, student-athletes) NCAA DI ATs must navigate a variety of stressors in order to successfully perform their professional duties. The use of psychosocial strategies and sport psychology services have demonstrated to help other performers (e.g., coaches) successfully navigate stressful environments. However, unlike these other performers, there is limited research surrounding the psychosocial strategies that NCAA DI ATs use to manage their stress, improve their well-being, and enhance their performance. Furthermore, there is no evidence regarding how NCAA DI ATs can use sport psychology services to manage their stress, improve their well-being, and enhance their performance. Through the current investigation, I aimed to address these gaps in the literature.
CHAPTER 3

Methodology

In this chapter I discuss the qualitative methodology that was employed for this project. First, I begin by providing my positionality in this research context. Next, I explore the important components of qualitative research methodology and how these apply to this dissertation. Following this, I discuss my specific research paradigm, and how this paradigm and the study’s purpose inform the specific type of qualitative research that I utilized. After this, I outline the procedures that were used to recruit participants, collect data, and analyze data. Finally, I emphasize the strategies that were used to ensure the trustworthiness of this investigation.

Positionality

According to Holmes (2020), positionality refers to “an individual’s world view and the position they adopt about a research task and its social and political context” (p. 1). In turn, positionality is expected to influence one’s ontological and epistemological assumptions, which determine how research is conducted and the results that are produced (Foote & Bartell, 2011). Because of this, it is important that I provide my positionality to readers so that they can fully understand me as a researcher and the context of this investigation.

While my cultural identities have not always been in my direct consciousness, it has become clear to me that they have shaped my worldview. Personally, I am a 30-year-old heterosexual White male. As a whole, I have always struggled with the idea of cultural identity. I think an initial reason for this struggle is that my family moved around quite a bit while I was young. I was introduced to several areas of the United States, but we never stayed long. Importantly, this meant that I never really spent significant time with either side of my extended family. By the age of eleven we had moved to California while the rest of my family was still in Ohio and New York. We made it out to Ohio about once a year to see my mother’s family, but
by that time my father had become estranged from his parents and siblings in New York. As of this writing I have not seen anyone on his side of the family in close to 10 years. While my immediate family is large, this meant that I never experienced any grand family traditions, holiday gatherings, or other events where shared culture and identity is celebrated.

Another impediment to me understanding culture is the misconceptions that I have held regarding my family’s “story.” I have always liked to view my family as a representation of the “American Dream.” All of my grandparents were first-generation Americans who grew up in very impoverished situations. My mother and father were also quite poor growing up, but they were certainly closer to the middle-class than their parents initially were. My parents were the first in their respective families to attend college (although neither finished) and both were quite successful financially in their 20s when they got married. My older brother and I were born into an upper middle-class family, and by the time my three younger sisters had been born my father had “made it” and we were an upper-class family in Los Angeles. My brother was then the first person in my family to graduate college and I was the first to receive a graduate degree.

For much of my life I used the story of my family as evidence that concepts such as “privilege” were false. My family came from nothing, worked hard, and got what they deserved. However, with more life experience I am able to see that privilege also influenced my family’s journey. Everyone in my immediate and extended family is White, heterosexual, and mentally/physically able. Additionally, to this day, I have never had any close friends who identified as anything other than heterosexual and mentally/physically able. Because of this, my parents rarely talked about sexuality, gender, disability, race, or any other aspects of identity while I was growing up. They never had to. As I’ve grown older it is clear to me that not having to talk or think about identity has awarded me certain privileges in my life.
Another privilege, my family’s socioeconomic status, became quite normal to me early in my life. I spent my formative years in a predominantly White suburb of Los Angeles, and I was surrounded by wealth growing up. My high school parking lot was filled with BMW, Mercedes, and Lexus cars and weekend outings involved my dad getting front row tickets to Dodger games. In my naïve state I assumed that everyone had an equal chance to experience this life, and my dad just worked harder than everyone else. Not surprisingly, my parents have always promoted a “bootstraps” approach to life and believe that with hard work anything is possible. In other words, nothing but you can keep you down. In truth, I am grateful that this is the way I have been raised; however, I am certainly aware that it has created ignorance to much of what truly goes on in our society. I will always remember huddling into our high school assembly room in 2008 when Barack Obama was elected president and thinking, “what’s the big deal?” I was 18 and in so many ways completely blind to the realities of the world. I was in no way against a Black man being president, but I could not comprehend why it was such a monumental moment.

I write all of this to express to readers that for most of my life, I have viewed reality as an objective entity. I resisted the idea that others could experience the world differently than I did and found comfort in viewing the hardships that others experienced as individual, not societal phenomena. I am ashamed to admit this, but this worldview did not begin to shift until I began my master’s program at Miami University and took a sociology of sport class. Perhaps it took exploring cultural identity in a realm that I am so passionate about, but further exploring the experiences of female athletes, athletes of color, and disabled athletes helped to illuminate the necessity of fully exploring and respecting others’ worldviews. This coincided with me taking my first class in qualitative research, which helped me realize that reality and truth cannot always be presented in the form of numbers and statistics.
This particular study holds special importance to me, as my sport experiences have been marred by injury. I was a late bloomer when it came to sport. For a variety of reasons, I never really understood the love that people had for sport and competition until I reached middle school and was exposed to football. The camaraderie and aura of football just resonated with me and awakened a passion for athletics as a whole. This newfound love of sport also made me far closer with my brother, who was essentially born with cleats on. Football, however, was not always kind to my brother and me. During my Junior season, I was tackled at an awkward angle during an offseason practice. I felt a strong sting in my back, but I could move and figured it was just a minor injury. I played through practice, but the next morning I could not get out of bed. I was in agony and rushed to the emergency room. After an MRI, I was delivered the news that I had a small fracture in my L4 vertebrae. Thankfully, it was not deep and posed no damage to my spinal cord, but my junior season was out of the question as I recovered. I prepared as if I would be back for my senior season; however, after talking with several doctors and coaches I came to the realization that the threat was too real of reinjuring the vertebrae which could lead to a far worse outcome. While I miss the game, I am happy with this decision and appreciate the psychological and social skills that football provided me with.

A similar story had a worse ending for my brother. While he played everything, baseball was where my brother always shined. During high school he was scouted by collegiate baseball programs. However, he was also quite stubborn, and despite recommendations from the baseball staff he continued to play football. During his junior year he got injured with a full tear of his ACL. He was able to come back for his senior year of baseball; however, his ACL tore again during a slide into second base. All potential college scholarships were no longer an option. Following this experience, my brother struggled physically and psychologically for many years.
While my brother and I attended a wealthy high school, it oddly had very limited sport injury resources. Notably, there was only one AT for roughly 400 high school athletes. While this AT was excellent, he could only do so much. For example, the second time my brother tore his ACL there was no AT present at the scene, which resulted in my brother trying to “walk it off,” which likely caused further damage. After this incident, my parents went so far as to sue the high school for not having adequate injury support resources. All of this has led me to wonder what my brother’s experience could have been if my high school had a stronger interprofessional care team to support injured athletes.

During my doctoral studies at the University of Tennessee, Knoxville I have been able to refine my research interests. In particular, I have become quite interested in the concept of interprofessional care teams in injury rehabilitation settings, and how MPCs can work with and through all professionals who are a part of the care team. MPCs can complement the efforts of interprofessional care team members and work with them to maximize holistic care of injured athletes. However, interprofessional care team members are also performers in their own right. In particular, ATs hold a central and critical role in the context of injury and rehabilitation and tend to operate in high-pressure environments. Because of this, ATs may benefit from the personal use of psychosocial strategies and sport psychology services. By improving the well-being and professional performance of interprofessional care team members, MPCs can play a valuable role in improving the care that injured athletes receive.

For this particular investigation, I explored ATs in an NCAA DI context. Therefore, it is important for readers to know that I am not an AT and was never an NCAA DI athlete. While I regularly watch NCAA DI sports, I cannot claim to know what these environments actually “feel” like, especially from an AT’s point of view. Additionally, while I am pursuing a degree in
sport psychology, I have never personally used any formal sport psychology services. So, while I recognize the benefits that these services can provide, I have never actually experienced them. That said, I do regularly use psychosocial strategies such as goal setting, managing my self-talk, mindfulness practice, and seeking social support to improve my own well-being and performance. I assumed that through this study I would learn that NCAA DI ATs use many of these same strategies.

**Qualitative Research**

Because of the focus that this study’s research questions have on what ATs perceive and experience, a qualitative research design was necessary (Denzin & Lincoln, 2017; Percy et al., 2015). Overall, qualitative research is a tool that allows researchers to understand others’ experiences and worldviews more fully (Denzin & Lincoln, 2017; Merriam & Tisdell, 2016; Smith & Caddick, 2012). Indeed, Merriam and Tisdell (2016) stressed that, “the overall purposes of qualitative research are to achieve an understanding of how people make sense of their lives, delineate the process (rather than the outcome or product) or meaning-making, and describe how people interpret what they experience” (p. 15).

**Researcher Paradigm**

When determining which specific type of qualitative research will be utilized for a study, an important consideration is the research paradigm that the investigator is adhering to (Merriam & Tisdell, 2016). According to Guba & Lincoln (1994), 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 the world. (p. 107)

The three fundamental considerations of a research paradigm are ontology, epistemology, and methodology. Ontology refers to the way in which the researcher perceives the nature of reality
(i.e., is there one “true reality”), whereas epistemology concerns the way in which knowledge is constructed (Guba & Lincoln, 1994). Finally, methodology refers to the way in which a researcher extracts and explores the knowledge that is produced (Guba & Lincoln, 1994).

For the proposed study, I assumed a constructivist paradigm, which entailed a relativist ontology and a transactional epistemology. A relativist ontology represents the belief that “reality” is an individual construction that is based on one’s social environment and experiences (Guba & Lincoln, 1994). Because of this, no one reality can be “truer” than another, meaning that all realities warrant equal respect (Guba, 1992). Within a transactional epistemology, it is assumed that research findings are not “discovered” as they are with quantitative research. Instead, qualitative research findings are created through the research process (Guba & Lincoln, 1994). Finally, under a constructivist paradigm, methodology is expected to function in a hermeneutical and dialectical manner (Guba & Lincoln, 1994). This means that the construction of research findings can only be created by interaction between the researcher and the participant. Following this interaction, the researcher can compare and contrast the meaning that various participants have made of their experiences. This particular study used semi-structured interviews to extract information from participants, after which meaning was interpreted and compared via thematic analysis (Braun & Clarke, 2006). Both of these concepts are discussed in detail later in this chapter.

**Basic Qualitative Research**

When considering this study’s research questions and my corresponding researcher paradigm, this study can best be classified as basic qualitative research (Kahlke, 2016; Percy et al., 2015). While there is still debate as to what exactly basic qualitative research is, Caelli et al. (2003) defined such studies as:
…those that exhibit some or all of the characteristics of qualitative endeavor but rather than focusing the study through the lens of a known methodology they seek to do one of two things: either they combine several methodologies or approaches or claim no particular methodological viewpoint at all. (p. 2)

Merriam and Tisdell (2016) suggested that there are three broad goals to basic qualitative research studies. These are to explore how people construct their personal “world,” better understand how people interpret their experiences, and subsequently, the meaning that is attributed to these experiences. The authors admitted that while these were goals of almost all qualitative research studies, other designs (e.g., narrative, case study) must have an additional component that makes it unique (Merriam & Tisdell, 2016). For instance, ethnography also involves researchers being fully immersed in the context of their study (Merriam & Tisdell, 2016).

In this regard, it is important to explore why this study is not phenomenology, as there is frequently confusion between these two designs (Caelli et al., 2003; Percy et al., 2015). At its core, the purpose of phenomenology is to understand the essence of how individuals internally process human phenomenon such as anger, pain, and hope (Merriam & Tisdell, 2016; Wojnar & Swanson, 2007). This is contrary to the common misconception that a phenomenological study is simply one that explores any facet of individuals’ lived experience (van Manen, 2017). Indeed, Percy et al. (2015) argued that there is an important distinction between “experiencing” and “experience” when it comes to differentiating between phenomenology and basic qualitative research. Phenomenology explores the “experiencing” of phenomenon. In other words, phenomenology explores the internal processes that an individual undergoes when making sense of a phenomenon. On the other hand, basic qualitative research is more attuned to the outward
experiences that an individual has. Take, for instance, the emotion of sadness. A true phenomenological study would inquire about how an individual internally understands and processes their sadness. Conversely, a basic qualitative research study may be more interested in why an individual is sad, how they act when they are sad, or how they reduce the sadness that they experience.

With this in mind, the research questions for this study were at odds with the traditional definition of phenomenology for two reasons. First, phenomenological studies are, in general, concerned with a single phenomenon (van Manen, 2017). Concentrating on a single concept allows for a core element of phenomenological methodology, phenomenological reduction (van Manen, 2017). In principle, phenomenological reduction is the process of isolating the phenomenon of interest in order to further comprehend its essential structures (Luft, 2004). The purpose of this study was to explore NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance. While a true phenomenological study could likely be done on the experiencing of one strategy, such as imagery, the results of this study were too diffuse to allow for true phenomenological reduction. The next, and arguably most important difference, is that this study’s specific research questions were more concerned with the types and specific use patterns of psychosocial strategies and sport psychology services rather than an individuals’ internal experiencing of these constructs. For example, I was more interested in why, how, and for what purposes an NCAA DI AT used imagery, not what the use of imagery “felt” like internally. These differences aside, the methodology for this study utilized many of the most important facets of phenomenology including epoche (i.e., bracketing), purposive sampling, one-on-one interviews to extract information, and horizontalization (i.e.,
treating all data with equal importance; Merriam & Tisdell, 2016; van Manen, 2017; Wojnar & Swanson, 2007).

The Current Study

The purpose of this investigation was to explore NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance. Participants were recruited that could best address the research questions that have been put forth. A series of two semi-structured interviews were used to extract information regarding each participants perceptions of and experiences with psychosocial strategies and sport psychology services. Thematic analysis (Braun & Clarke, 2006) was then employed to develop themes that best represented participants’ perceptions and experiences regarding this topic.

Participants

Twelve NCAA DI ATs (6 men, 6 women) who were certified through the Board of Certification, Inc. participated in the current study (see Table 1). Participants’ ages ranged from 22 to 45 years (M = 29.59, SD = 5.79) and they had an average of 7.17 years of experience (SD = 5.32). Nine participants self-identified as White, two as Asian, and one as Black. This sample is representative of current NCAA DI AT demographics (Day et al., 2021; Irick, 2010). Eleven participants held full-time positions (i.e., Assistant AT, Associate AT, Head AT) and one participant was a graduate assistant.

All participants were employed at a university that also employed at least one MPC. This means that each of these universities had at least one professional on staff whose primary responsibility was to help student-athletes (and potentially other members of the athletic department) better understand and navigate the psychosocial challenges related to performance. These professionals had a variety of professional titles including “Mental Performance
Consultant,” “Sport Psychologist,” and “Coordinator of Mental Performance.” In 2017 the Association for Applied Sport Psychology (AASP) endorsed a certification that is meant to demonstrate that an MPC has “met the highest standards of professional practice (AASP, n.d.b, para. 1). Certified Mental Performance Consultants (CMPCs) must have completed a master’s degree in sport psychology (or a related field) and obtain at least 400 hours of supervised applied experience with performers in sport or other domains (e.g., military; AASP, 2021). Working with a certified MPC was not an inclusion requirement; however, at the time of recruitment, nine participants had at least one MPC at their university that held the CMPC credential. Furthermore, at the time of recruitment, eight participants had at least one MPC at their university who was also a licensed psychologist.
Table 1: Description of study participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Race</th>
<th>Age</th>
<th>AT Experience</th>
<th>Primary Sport</th>
<th>Education</th>
<th>MPC Hiring Status</th>
<th>Organizational Structure</th>
<th>MPC Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony</td>
<td>Male</td>
<td>White</td>
<td>30</td>
<td>8</td>
<td>Softball</td>
<td>Master’s</td>
<td>Full-time</td>
<td>Athletic Model</td>
<td>R, IPC, II</td>
</tr>
<tr>
<td>Scott</td>
<td>Male</td>
<td>White</td>
<td>27</td>
<td>5</td>
<td>Skiing</td>
<td>Master’s</td>
<td>Full-time</td>
<td>Athletic Model</td>
<td>R, IPC</td>
</tr>
<tr>
<td>Bruce</td>
<td>Male</td>
<td>Asian</td>
<td>26</td>
<td>5</td>
<td>Basketball</td>
<td>Bachelor’s</td>
<td>Part-time</td>
<td>Medical Model</td>
<td>R, IPC, II</td>
</tr>
<tr>
<td>Stephen</td>
<td>Male</td>
<td>White</td>
<td>34</td>
<td>11</td>
<td>Volleyball</td>
<td>Master’s</td>
<td>Part-time</td>
<td>Athletic Model</td>
<td>R, IPC, II</td>
</tr>
<tr>
<td>Carol</td>
<td>Female</td>
<td>White</td>
<td>45</td>
<td>22</td>
<td>Swimming</td>
<td>Master’s</td>
<td>Part-time</td>
<td>Athletic Model</td>
<td>R</td>
</tr>
<tr>
<td>Clint</td>
<td>Male</td>
<td>White</td>
<td>25</td>
<td>4</td>
<td>Baseball</td>
<td>Master’s</td>
<td>Part-time</td>
<td>Athletic Model</td>
<td>R, IPC, II</td>
</tr>
<tr>
<td>Natalie</td>
<td>Female</td>
<td>White</td>
<td>33</td>
<td>11</td>
<td>Volleyball</td>
<td>Master’s</td>
<td>Full-time</td>
<td>Athletic Model</td>
<td>R, IPC, II</td>
</tr>
<tr>
<td>Jane</td>
<td>Female</td>
<td>White</td>
<td>24</td>
<td>3</td>
<td>Track &amp; Field</td>
<td>Master’s</td>
<td>Full-time</td>
<td>Athletic Model</td>
<td>R, IPC</td>
</tr>
<tr>
<td>Kate</td>
<td>Female</td>
<td>Black</td>
<td>30</td>
<td>7</td>
<td>Football</td>
<td>Master’s</td>
<td>Full-time</td>
<td>Athletic Model</td>
<td>R, IPC</td>
</tr>
<tr>
<td>Monica</td>
<td>Female</td>
<td>White</td>
<td>28</td>
<td>4</td>
<td>Softball</td>
<td>Master’s</td>
<td>Part-time</td>
<td>Athletic Model</td>
<td>R</td>
</tr>
<tr>
<td>Peter</td>
<td>Male</td>
<td>Asian</td>
<td>31</td>
<td>5</td>
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<td>Master’s*</td>
<td>Part-time</td>
<td>Athletic Model</td>
<td>R</td>
</tr>
<tr>
<td>Susan</td>
<td>Female</td>
<td>White</td>
<td>22</td>
<td>1</td>
<td>Cheer/Dance</td>
<td>Bachelor’s</td>
<td>Full-time</td>
<td>Athletic Model</td>
<td>R, IPC</td>
</tr>
</tbody>
</table>

* = master’s degree in sport psychology. R = referral to MPC. IPC = interprofessional collaboration with an MPC. II = informal interaction with an MPC.
Procedures

Recruitment

Following institutional review board approval (see Appendix B), participants were recruited for this project via purposive sampling, also known as criterion-based selection (Merriam & Tisdell, 2016). This means that a non-random sample of participants was selected that could provide the best insight into this study’s research questions (Campbell et al., 2020). By using purposive sampling, the specific context of this qualitative study was able to be established (Smith & Caddick, 2012).

The first criterion was that only NCAA DI ATs were utilized as participants. This particular group was selected for two reasons. First, it appears that ATs in NCAA environments experience more stressors and are more at risk of burnout than ATs in other contexts (e.g., high school; Cayton & McLeod 2019; Oglesby et al., 2020). Furthermore, NCAA DI ATs tend to have greater access to MPCs compared to other NCAA populations (e.g., NCAA Division II; Connole et al., 2014; Zakrajsek et al., 2016, 2018). Therefore, the NCAA DI environment appears to provide more opportunities for interaction between ATs and MPCs than other NCAA divisions (Breitbach & Richardson, 2015; Ulrich & Breitbach, 2021; Zakrajsek et al., 2018). For these reasons, it is likely that NCAA DI ATs have used psychosocial strategies and/or sport psychology services with student-athletes and may have a stronger understanding of the personal benefits that these strategies and services could provide, compared to other AT populations.

That said, it may be quite rare that NCAA DI ATs have personally utilized sport psychology services, as these services are primarily believed to be for athletes (Wrisberg et al., 2010; Wrisberg et al, 2012; Zakrajsek et al., 2015, 2016; Zakrajsek et al., 2018). Because of this, a second criterion was that participants had to work at a university that also employed an MPC.
This is because NCAA DI ATs from universities that employ an MPC are more likely to interact with MPCs and have experience utilizing MPCs’ services for their student-athletes (Zakrajsek et al., 2015, 2016). Therefore, NCAA DI ATs with an MPC on staff are more likely to have some familiarity with the types of services MPCs employ (see Zakrajsek et al., 2018). Additionally, NCAA DI ATs who work at a university that employs an MPC are likely to have more positive perceptions of sport psychology services and have a better understanding of the potential benefits of such services (Zakrajsek et al., 2016; Zakrajsek et al., 2018). So, while some participants may not have previously utilized sport psychology services, they will likely be able to provide examples of how these services could personally be useful for ATs.

The above information did not need to be confirmed using a pre-interview questionnaire. Using athletic department websites, a database was compiled of NCAA DI ATs who worked at a university that employed an MPC. This database included NCAA DI ATs with a variety of professional titles including Director of Sports Medicine, Head Athletic Trainer, Associate Athletic Trainer, Assistant Athletic Trainer, Athletic Training Intern, and Graduate Assistant Athletic Trainer. Three hundred and eighteen ATs were included in this database. All ATs in this database were sent a recruitment email (see Appendix C) that explained the nature of this study, assured them of confidentiality, and asked for their voluntary participation. Because all ATs’ contact information was not available, Head ATs at each of the identified universities were sent a separate, personalized email (see Appendix D) that asked them to participate and to forward the recruitment information to their staff. Of the 318 ATs that were sent a recruitment email, 15 responded and were interested in participating (4.7% response rate); however, only 12 ATs continued correspondence past their initial email.
**Information power.** Many qualitative investigators base their sample size on the concept of data saturation (Nelson, 2017). In essence, data can be considered saturated when similar instances are seen repeatedly and the researcher is confident that a category has been thoroughly explained (Merriam & Tisdell, 2016). However, Malterud et al. (2016) argued that data saturation is not an adequately defined concept, and instead suggested that information power should be used to determine an appropriate qualitative sample size. Information power considers five elements to assist with determining sample size in qualitative investigation: Aim, specificity, theory, dialogue, and analysis. While each element of information power exists on a continuum, it is expected that studies that have a narrow aim (i.e., purpose), dense specificity (i.e., strongly defined context), theoretical foundation, strong quality of dialogue between the researcher and participant, and case by case analysis (i.e., case study) require the smallest sample size (Malterud et al., 2016).

The aim of this study would be considered broad because the research questions allowed participants to freely explore a variety of different topics. In other words, the purpose of this study was not to explore one specific phenomenon, such as how NCAA DI ATs use imagery. However, this study does have dense specificity. This is because all participants were part of a strictly contained context (i.e., NCAA DI institutions with an MPC on staff). Furthermore, the purpose of this study, the corresponding research questions, and interpretation of the results are supported by a theoretical framework (i.e., multidimensional model of sport psychology service provision; Zakrajsek, 2019). Additionally, due to my education in qualitative interviewing and the use of two semi-structured interviews, this study had strong quality of dialogue. Finally, this study involved cross-case analysis (i.e., thematic analysis). Malterud et al. (2016) stressed that there are no concrete rules when it comes to determining information power, but that these five
elements should serve as the primary considerations when determining when to stop collecting qualitative data. With that in mind, 12 participants (24 interviews) provided sufficient information power to address the research questions that guided this investigation.

**Data Collection**

Following the review of a consent document (see Appendix E), all participants took part in two semi-structured interviews. In each of these interviews, I utilized an interview guide (see Appendix F and Appendix G) that was composed of open-ended questions (Seidman, 2019). Semi-structured interviews are commonly used in sport psychology research (McGannon et al., 2019) and have been demonstrated to be an efficacious method of data collection with the NCAA DI AT population (Zakrajsek et al., 2017, 2018). Compared to fully structured interviews, semi-structured interviews allow for deeper discussions into various topics and follow-up questions that may not be on the interview guide (Adams, 2015; Smith & Caddick, 2012). Furthermore, the use of multiple interviews is underutilized in qualitative sport psychology research (McGannon et al., 2019) and has the potential to increase the comprehensiveness and validity of the data that is collected (Polkinghorne, 2005). According to Seidman (2019), multiple interviews “allow both the interviewer and participant to explore the participant’s experience, place it in context, and reflect on its meaning” (p. 21). Additionally, multiple interviews are expected to create better relationships and more trust between researcher and participants, which should lead to richer data (Read, 2018; Vincent, 2013). A similar two-interview series was used by Sheehy et al. (2019) in their analysis of how coaches personally utilized sport psychology services. The authors noted that the second interview allowed them to “gain greater insights into coaches’ experiences and elicit perceptions that might have differed between coaches” (Sheehy et al., 2019, p. 139).
The first interview contained three primary sections that aligned with the research questions. The first section explored what participants enjoyed about their job, their perception of successful performance as an NCAA DI AT, and the pressures and stressors that they experienced on a day-to-day basis. This introductory section helped to develop initial rapport with the participant and began to illuminate why psychosocial strategies and sport psychology services may benefit this population. The second section focused on participants’ personal use of psychosocial strategies to manage their stress, improve their well-being, and enhance their performance. The third section of the first interview inquired into participants’ personal use and perceptions of sport psychology services. Participants were also asked to provide demographic information (e.g., age, gender) at the conclusion of the first interview. As a whole, the interview guide for the first interview was structured in a manner similar to those from studies that explored MPCs’ personal use of psychosocial strategies (Filion et al., 2019), coaches’ personal use of psychosocial strategies (Thelwell et al., 2008), coaches’ personal use of sport psychology services (Sheehy et al., 2019), and NCAA DI ATs’ professional use of psychosocial strategies and sport psychology services (Zakrajsek et al., 2017, 2018). The first interview lasted between 49 and 72 minutes ($M = 62.68$, $SD = 7.69$). Due to time constraints, one participant, Carol, split the first interview into two sessions that took place on subsequent days.

Roughly one month following the first interview, an individualized second interview occurred. This elongated timeframe was necessary to ensure that the first interview for all participants had been completed, transcribed, and reviewed by myself and my critical friend. During the development of the interview guides for the second interview, I consulted with my critical friend and peer debriefer (these individuals are discussed in depth below). These conversations resulted in removing certain questions and adjusting the wording of others to
better reflect participants’ perceptions and experiences. The second interview contained follow-up questions based on the participant’s individual interview responses as well as questions based on responses and themes across all participants’ interviews. The second interview contained three sections. The first section of the second interview was used to ask participants more about specific psychological strategies that they mentioned using during the first interview. This allowed me to dig deeper into when, where, why, and how these strategies were used. Additionally, participants were asked if they had ever used psychological strategies that other participants discussed in their first interview. I specifically inquired about psychological strategies (e.g., imagery, self-talk, focus strategies) in the second interview because most participants primarily focused on the use of social strategies (e.g., social support, effective communication) during the first interview.

The next section of the second interview focused on the concept of interprofessional collaboration, and how participants thought MPCs could be better integrated into athletic departments. These questions were developed because in the first interview, participants discussed various levels of interaction with MPCs, and how these influenced their use of sport psychology services. In the final section, participants were asked more specific questions regarding their perceptions and experiences with sport psychology services. These included questions related to how sport psychology services could be better promoted to ATs and how to reduce certain stigmas that are often attached to MPCs’ services. Additionally, all participants were asked how they thought demographic constructs such as race and gender could influence ATs’ personal use of sport psychology services. Participants were also asked questions that were used to expand on meaningful information from the first interview. For instance, in the first interview, one participant mentioned that sport psychology services could help someone “be a
better human.” I used the second interview to explore this concept in greater depth with this participant. The second interview lasted between 54 and 80 minutes ($M = 65.13, SD = 7.51$).

Twenty-three out of the 24 interviews were conducted using the videoconferencing program ZOOM. Due to internet connectivity issues, one participant completed her first interview over the phone. Traditionally, in-person interviews in a contextually appropriate setting are preferred in qualitative research (Seidman, 2019). However, the specific context of this study allowed NCAA DI ATs nationwide to be eligible to participate. Furthermore, there is evidence that qualitative interviews can be successfully completed via ZOOM without compromising the credibility of the data (Archibald et al., 2019). Additionally, ZOOM provides an automatic transcription feature that was used. Following completion of each interview, I listened to each recording and compared it to the automatically produced transcript to ensure accuracy. Transcripts were then de-identified and cleaned, as necessary.

Following each interview, participants were compensated with a $50 Amazon gift card. When considering whether participant compensation is ethical, it is essential to determine if the amount of compensation is “coercive” to the point that it encourages non-self-determined participation in the research project (Head, 2009, p. 340). Due to the length of each interview and the already busy schedule that NCAA DI ATs have, $100 served as adequate compensation for their time and was not coercive. Therefore, it was appropriate and ethical to provide compensation for this study. Funding for this study came from a research grant that was awarded by the Association for Applied Sport Psychology.

**Data Analysis**

Interview transcripts were analyzed using thematic analysis (Braun & Clarke, 2006). According to Smith and Caddick (2012), thematic analysis is “a method that minimally organizes
and describes the data collected in detail by identifying, analyzing, interpreting and reporting patterns (i.e., themes) within the data” (p. 68). Thematic analysis is an ideal method for large data sets and is consistent with the principles of a constructivist paradigm and basic qualitative research (Braun & Clarke, 2006; Nowell et al., 2017).

Nowell et al. (2017) outlined six steps that compose thematic analysis. The first step is to familiarize oneself with the data. This meant that, in addition to cleaning the produced interview transcription, I read through each transcript multiple times in order to get a general, unstructured idea of participants’ perceptions and experiences. The next step was initial coding, which involved me reading through the transcripts and noting pieces of data that had unique meaning (Saldaña, 2021). This coding process was inductive, meaning that I had no preset notions regarding what meaning I was trying to find. Specifically, two rounds of coding were completed, as suggested by Braun and Clarke (2006). During the first round of coding, I utilized descriptive and In Vivo coding (Saldaña, 2021, p. 33). This meant that, respectively, codes either represented the surface level meaning of participants’ statements or were their exact words (Saldaña, 2021). During the second round of coding, I utilized pattern coding (Saldaña, 2021). In essence, this process involved me clustering descriptive and In Vivo codes that contained similar meaning under a central code. For instance, in interview one, when discussing the benefits of imagery one participant mentioned that it helped her get into a “game day zone,” whereas another participant discussed how it helped “shift the focus of attention.” During the second round of coding, both of these meaningful statements were coded under a central code: “Focus management.”

Once codes had been generated, step three of thematic analysis involved developing initial themes. According to DeSantis and Ugarriza (2000), “A theme is an abstract entity that
brings meaning to a recurrent experience and its variant manifestations” (p. 362). Therefore, themes were developed by combining codes that had similar meaning. In thematic analysis, themes should describe the participants’ responses and allow for interpretation in which the meaning of the themes can be related back to previous literature and theory (Braun & Clarke, 2006; Nowell et al., 2017).

Once step three of thematic analysis occurred for the first interview, I reviewed and coded the second interview using the same procedures described above. Step three of thematic analysis for the second interview had two purposes. First, this process helped to confirm the legitimacy of and provide more depth to themes that were constructed from the first interview. Additionally, two new themes were developed from the second interview. Therefore, this process effectively occurred in coordination with step four of thematic analysis, which concerns reviewing and refining the themes that have been developed. This step involved me re-reading through interview one and interview two transcripts and reflecting on the codes that composed the generated themes. At this point, themes and sub-themes were combined, changed, and removed as deemed necessary. Step five was then finalizing the names of the produced themes. Nowell et al. (2017) stressed that the name is one of the more important parts of a theme and should tell a story about the data. At this point, final organization of themes and sub-themes also occurred. In the final stage of thematic analysis, I produced a report of my findings that included a finalized thematic structure (see Appendix I) and visualizations of the results. Smith and Caddick (2012) noted that an effective report is not simply a collection of facts, and instead tells a compelling analytic story that vividly illustrates what the data represents.
**Trustworthiness**

Unlike quantitative research, qualitative research should not strive for the traditional forms of reliability and validity (Merriam & Tisdell, 2016). Instead, it is important that qualitative researchers demonstrate trustworthiness. Specifically, Lincoln and Guba (1985) outlined four elements of trustworthiness: Credibility, transferability, dependability, and confirmability. In essence, a credible study is one in which there is agreement between a participant’s views and the researcher’s representation of them (Tobin & Begley, 2004). Transferability refers to the case-to-case transferability between participant responses (Tobin & Begley, 2004). While full scale generalizability is not a goal of qualitative research, it is important that there are clear methods in place to compare participant responses within a study (Lincoln & Guba, 1985). In order for a study to be dependable, Tobin and Begley (2004) stressed that the research project must be logical, traceable, and clearly documented. Finally, confirmability represents that the research findings directly stem from the data. Lincoln and Guba (1985) suggested that confirmability is primarily accomplished by achieving credibility, transferability, and dependability. Discussed next are the strategies I implemented in order to maintain the trustworthiness of this study.

**Bracketing Interview**

Before conducting interviews for this study, I personally participated in a bracketing interview. This involved my critical friend (see below) asking me the questions from the first interview guide. This bracketing process allowed me to identify the biases, assumptions, and beliefs that I already had surrounding the topics of interest (Tufford & Newman, 2012). For instance, this bracketing interview helped me recognize that I had a biased view of sport psychology services and believed that MPCs’ services were composed of one-on-one sessions
and group presentations. I also assumed that ATs would have a hard time recognizing the psychosocial strategies that they used to manage their stress, improve their well-being, and enhance their performance. The goal of the bracketing interview was to reduce the possibility that these personal biases would influence the interviewing and data analysis processes (Tufford & Newman, 2012). In turn, this helped to enhance the credibility and dependability of this investigation.

**Pilot Interview**

Once the bracketing interview was complete, I completed two pilot interviews using the first interview guide with a convenience sample of ATs. One of these ATs worked at an NCAA DI university while one was at an NCAA DIII program. No information from these participants was used in the main study. While no major changes were made to the interview guide, the piloting process helped me recognize that it would be beneficial to send participants the interview guide prior to their interview so that they could think more in depth about their responses. Additionally, pilot interviews allowed me to better understand the flow of the first interview guide prior to collecting active data. Finally, pilot interviews provided me another opportunity to recognize where my biases and interview technique may influence participant responses, thus increasing this study’s credibility (Sampson, 2004).

**Reflexive Journaling**

Throughout the data collection and data analysis processes, I engaged in reflexive journaling. Reflexive journaling allows the researcher to, “immerse themselves in the data and explore the meaning of the data” (Birks et al., 2008, p. 69). This journal included memos about my thoughts on how the overall research process was going (see Appendix H). Memos also focused on my emotions and affect before and after interviews, both of which can influence the
interview process (Seidman, 2019). Finally, following each round of interviews, I created memos about my current thoughts on what I believed the data was saying and potential themes. This reflexive journal provided an audit trail that outlined my decision-making processes throughout the study (Birks et al., 2008). Developing an audit trail is one the strongest methods a researcher can use to ensure the dependability of a study (Phillippi & Lauderdale, 2018).

**Triangulation**

In order to achieve triangulation, the research data must be observed from at least two different points of view (Flick, 2004). As a whole, triangulation is a powerful method to enhance a study’s credibility (Lincoln & Guba, 1985). In order to achieve triangulation, I utilized member checking following each interview. I also consulted with both a critical friend and a peer debriefer throughout the data collection and data analysis processes.

**Member checking.** Member checking was used to provide study participants the opportunity to confirm or deny the validity of my reconstruction of the data (i.e., transcripts; Candela, 2019). Once interview transcripts were de-identified and cleaned, I emailed each participant the final document and invited them to confirm the accuracy of the transcript, provide me with any additional information, or request that any information be removed and not included in analysis. Following both the first and second interview, six participants responded to my email and confirmed that the transcript was an accurate reflection of their perceptions and experiences with the topics that were discussed. No participants expressed a desire to add any additional information or remove anything from the transcripts.

**Critical Friend.** According to Foulger (2010), a critical friend is an individual who, through external conversation, can “provide alternative perspectives, support, and protection from biases and self-delusion” (p. 140). In particular, Fougler (2010) stated that a critical friend
can help to address three common problems in qualitative research: Reflection in isolation, tacit knowledge, and data overload. Reflection in isolation refers to the tendency for researchers who engage in data collection procedures to develop a self-centered perception of the data. In turn, this limits the creativity with which one can explore the data. External conversation with a critical friend allows the researcher to think more holistically about the data and develop new connections. Tacit knowledge effectively concerns the biases that a researcher always carries into a qualitative investigation. As with reflection in isolation, external conversation is expected to make the researcher more aware of how their biases are influencing their perceptions of the data. Finally, data overload means that, in many cases, there is an abundance of data in qualitative research, which makes it easy to miss meaningful information. A critical friend can help “catch” pieces of data that may have been overlooked.

It is generally best if the critical friend is someone who is not involved in data collection, and rather than evaluate the project as a whole, interacts with the primary researcher in a dialogic manner regarding biases and data (Rallis & Rossman, 2000). With this in mind, my critical friend was a Black female doctoral student in sport psychology and motor behavior. She had little theoretical or research knowledge of NCAA DI ATs’ perceptions and use of psychosocial strategies and sport psychology services. Importantly, our distinct identities allowed the data to be analyzed from a perspective that was different than my own.

My critical friend reviewed the transcripts and completed the same coding procedures as me (Braun & Clark, 2006; Nowell et al., 2017). I developed preliminary themes on my own; however, I met with my critical friend in order to review and finalize themes. While we met several times over the course of the study, we had two meetings that were dedicated to steps 4 and 5 of thematic analysis. Throughout this process, my critical friend challenged my biases and
helped to co-develop knowledge on the research topic (Foulger, 2010). For instance, my critical friend helped me recognize that, while race likely played a role in participants’ experiences, this theme was not as prominent as I initially believed it was.

**Peer Debriefefer.** A peer debriefer serves a similar reflective role as a critical friend but is generally used on a smaller scale (Barber & Walczak, 2009). In particular, this individual read through the transcripts but did not perform any coding procedures. My doctoral advisor, a White female PhD in sport psychology, operated as the peer debriefer for this study. Through external conversation, my peer debriefer helped me reflect on the patterns that I noticed in the interviews and potential themes (Spall, 1998). Similar to my critical friend, my peer debriefer helped me understand how my personal biases were influencing collection and analysis of the data (Spall, 1998). In particular, my peer debriefer helped me recognize that I personally had biases surrounding sport psychology services and had a hard time seeing these services as anything but private, one-on-one meetings or group presentations. I met with my peer debriefer frequently throughout the entirety of this investigation.

**Thick Description**

In order to enhance the transferability of this study, thick description was utilized. While there is no generally agreed upon definition for thick description, Ponterotto (2006) proposed the following:

Thick description captures the thoughts and feelings of participants as well as the often complex web of relationships among them. Thick description leads to thick interpretation, which in turns leads to thick meaning of the research findings for the researchers and participants themselves, and for the report’s intended readership. Thick
meaning of findings leads readers to a sense of verisimilitude, wherein they can
cognitively and emotively “place” themselves within the research context. (p. 543)
Therefore, thick description was accomplished in two ways. First, the participants of this study
have been described in-depth without compromising confidentiality. Supplying readers with
these descriptions allows for a more complete understanding of the results (Ponterotto, 2006).
Additionally, when considering the results of a qualitative study, it is important that the “voice”
of the participants is presented (Ponterotto, 2006, p. 547). In studies that utilize interviews, this is
generally accomplished by using direct quotes from participants (Ponterotto, 2006).

**Conclusion**

The methodology that was chosen for this investigation was effective in allowing me to
address the research questions that were posed. In the next section, I present the results that were
created via thematic analysis procedures (Braun & Clarke, 2006). Throughout the next section, I
provide direct quotes from the semi-structured interviews that exemplify the developed themes.
CHAPTER 4

Results

The purpose of the current investigation was to explore NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance. After interviewing 12 NCAA DI ATs, and following thematic analysis (Braun & Clarke, 2006), eight themes were constructed: (a) ATs’ Passion for Athletic Training; (b) ATs’ Role and Definition of Performance Success; (c) Elements of Athletic Training That Create Stress and Pressure; (d) Psychosocial Strategies Used by ATs to Manage Stress, Improve Well-being, and Enhance Performance; (e) Interactions Between ATs and MPCs; (f) ATs’ Perceived Benefits from Interaction with MPCs; (g) Factors ATs Perceive Impede Interaction with MPCs; and (h) Factors ATs Perceive Promote Interaction with MPCs. In this chapter, I discuss each theme in more detail and use participants’ own words to best represent their perceptions and experiences. All names that are used when discussing these results are pseudonyms and pieces of some quotes have been redacted to protect participant confidentiality.

Theme 1: ATs’ Passion for Athletic Training

The first theme that was developed concerns what participants loved about athletic training. Participants enjoyed that the field combined their interests (i.e., a “blend” of sports and medicine); however, ATs primarily discussed the interpersonal elements of the field. This theme contains four subthemes: (a) Relationships, (b) Helping student-athletes grow and develop, (c) Challenge, and (d) Collaboration.
Relationships

One of the most salient aspects of athletic training that participants reported enjoying were the relationships that they developed with athletes. In particular, when asked what her favorite aspects of athletic training are, Natalie noted, “it’s got to be the rapport and relationships that you build with the athletes.” Participants recognized that the relationships that they developed with student-athletes extended past a sport context. For instance, Kate reported that she enjoyed, “seeing athletes grow” while Monica enjoyed being a “mentor” for the student-athletes she worked with. Susan expanded on this idea and said:

I think my number one favorite thing is the connection I get to build with a particular team. So that is what drew me to athletic training in the first place is the ability to have a certain patient pool that I know all of them as a human being in addition to the person I'm trying to treat for an injury. And so, I love having a consistent group of kids that come to me for things first, that I'm able to help them directly. And so, I can celebrate them when they pass all their exams. And I can also celebrate them when they win the championship. And so, kind of the holistic being able to be more than just a healthcare provider for them.

While participants focused on the relationships that they developed with the athletes, some also touched on the connections that they developed with the entire athletic department. This concept is represented well by a quote from Monica:

I think probably some of my favorite [aspects] are the relationships that you build with, with really everyone on staff, the coaches, the players, the support staff, kind of all throughout the athletics department. I like how it's kind of unified, and you kind of create your own little family away from home.
Helping Student-athletes Grow and Develop

Participants also discussed that they genuinely enjoyed helping student-athletes grow and develop as athletes and people. Specifically, Anthony said that his “why” for being an AT was that he was able to be student-athletes’ “first-line of defense” for both the physical and mental challenges that they experienced. Additionally, when asked what his favorite aspect of being an athletic trainer was, Clint said, “we’re responsible for their overall well-being, as a person and as an athlete.”

Specifically, several participants felt that it was rewarding to see injured student-athletes return to play. Natalie discussed how she enjoyed that she could see the “immediate effect” that her services could create and also how it was fulfilling to see student-athletes’ “expectations come true.” Bruce felt that same way and stated that it was rewarding to know that “you impacted someone…so greatly in their life. Especially when trying to get back to doing something that they…love so much.” Additionally, Jane noted:

Working with those high-level athletes is very fulfilling to get to see someone who wasn’t doing well, and you can kind of work with them one-on-one or with a team of professionals to get them better and see them back out doing what they love.

Kate referred to this as “seeing kids grow” and said that, following rehabilitation, “getting to see them [student-athletes], you know, throw their first touchdown, or catch their first pass, or get their first start…little things like that are probably my favorite part about being an athletic trainer.” Scott referred to such instances as, “holding back tears kind of moments.”

Challenge

While relationships and student-athlete growth appeared to be the most compelling aspects of athletic training for participants, they did also enjoy the challenging nature of the job.
In particular, participants noted that they liked the variability that was inherent in the profession. Natalie said, “I really like knowing that each day can be a little different and sometimes there’s different environments and different tools that you have to use.” Stephen enjoyed that this variability makes things challenging:

There's always a new challenge, always something new every day, you know. You do get to mix it up with travel, teams, sports games, practice, injuries, you know. It's hard to have a repetitive day, you know, back-to-back or anything like that. So always keep things changing, which is nice.

Three participants (Natalie, Susan, and Clint) specifically used the term “puzzle” to represent the challenge of helping athletes recover physically and mentally. For example, Clint said:

I think that being able to put all three of those [physical, well-being, and mental] together is…it's pretty cool to see them [student-athletes] put a product forward…So, it's always like a challenge, you know. It's like a jigsaw puzzle.

**Collaboration**

The final aspect of athletic training that participants reported enjoying were the collaborative elements of the job. In particular, Jane found that she enjoyed that various professionals came together to create a “holistic team” for athletes:

I really love the resources that we get working each individual in a division one school. I mean, granted, it depends on which school you're at, and what kind of funding they have, but the opportunity to work with some higher-level professionals as well. So, working with a good team of sports psychologists, a good team of nutritionists, a good team of professors who are used to working with high-level athletes who know how to kind of adjust and make…different schedules for them, if needed, but then also just being able to
kind of come together as a holistic team for these athletes to best help them in their performance, but also in their general health.

Bruce felt similarly and noted that he enjoyed having a sense of “camaraderie” with strength and conditioning coaches, physical therapists, and coaches. Additionally, Bruce said that it was important to him to be, “working towards something a little bit greater than like, an individual on an island working one-on-one with a team. Like, we’re [athletic department] a cohesive unit.” In a similar vein, Clint discussed how he liked that, as an AT, he was able to learn from his colleagues:

Like everybody at the division one level, they're here to perform a service and all of us want to perform it as best as we can. Like, we're always trying to learn whether that be from the, you know, the two coworkers in my office, or the coworker across from me, like…you know, I'm the only baseball athletic trainer in this office, but we all have, we all know how to deal with injuries. So, like, I can ask these two, I can ask this one in there, you know, like, there's areas where I'm smarter than them or have more knowledge than them or experience and there's areas, vice versa, where they have way more experience than me.

**Theme 2: ATs’ Role and Definition of Performance Success**

The second theme reflects ATs’ perceptions of performance success related to their role within athletic departments. Overall, it was clear that participants saw themselves as multidimensional professionals who were not solely tasked with managing injury prevention and rehabilitation. This theme contains four subthemes: (a) Player availability; (b) Holistic care of student-athletes; (c) Advocacy; and (d) Create a trusting environment.
**Player Availability**

The ATs who participated in this study felt that making sure student-athletes were available to play was an important responsibility and they used this as a metric to measure their performance success. For instance, Stephen said that an important aspect of an AT’s performance was to “just keep that, you know, player availability number as high as you possibly can.” This idea was repeated by Bruce who, when talking about how he measures success stated, “I think you can always go off of player availability, and just having a certain percentage in mind.” One participant, Clint, felt that this element of an ATs’ performance translates to overall team performance:

But because they [student-athletes] weren't on the field…we didn't have that much success. You know, so like, we're [ATs] kind of…failing at keeping a healthy roster, if you know, if we're missing six or seven guys, and it cost us a…regional bid…it’s kind of our fault, you know…like inadvertently our fault.

In addition to preventing injury, ATs felt that an important part of their performance was to help student-athletes return from both emergent (i.e., acute) and chronic injuries successfully. This is demonstrated by a quote from Monica:

I think the obvious answer is going to be…your athletes’ health and making sure that everyone's on the field…So, I would just say, you know, decreasing the amount of people that come in with chronic injuries and, you know, even acute injuries, obviously, those happen as well but decreasing the time that that they're in the training room and getting them back on the field as quick as possible.
**Holistic Care of Student-athletes**

Participants also emphasized that they had a role in improving student-athletes’ well-being and their definition of success also included holistic care. Some participants discussed how mentors helped them broaden their definition of success to include this holistic care of student-athletes. For example, when asked how he developed his definition of success, Bruce said,

“My bosses and superiors at [university] and just seeing like, what are their definitions of success? And rarely did any of them say player availability…So, I would just say continued conversations with my superiors and just my peers in the field. I think that’s helped reshape my definition of success.”

Some elements of this care were still geared towards athletic performance. For example, Jane believed that part of defining her success involved returning “them [student-athletes] back to pre-performance if not better performance than they were before.” Therefore, some ATs may actually view the injury rehabilitation process as a potential performance enhancement period for the student-athletes in their care. However, participants defined their success beyond athletes’ improvement in performance. For instance, Kate said:

I’m successful if my athletes feel like they are being taken care of, and that they feel that they are being supported by me for their health not just for right now, but, you know, 10 years down the line when they want to throw a baseball with their kid.

Carol also touched on this idea and noted that AT performance was not always about getting a student-athlete back from injury, but instead helping them “feel good in their body” again and “better mentally.” Susan expanded on this idea and discussed how important it was to, as an AT, ensure that an athlete has access to resources that can help their overall development:
I think that successful performance is that we care for the athletes as best as we can throughout whatever circumstances may arise. And that we are also just using the time and resources that we have available to us well. Like, we’re being stewards of that. Especially at DI level, we have access to a lot of resources and so let’s use those to take good care of the kids’ nutrition and mental health and if they need special care, like specialists, like let’s use what we can to keep the kids in good condition. It doesn’t mean they’re not going to tear their ACL, like, we can’t ever prevent that. But let’s make sure we set them up for success.

**Advocacy**

Participants in this study also felt that it was ATs’ responsibility to be an advocate for student-athletes. Thus, advocacy was also part of how ATs defined their performance success. When considering how ATs reported caring more about student-athletes’ physical and mental well-being than player availability, it makes sense that advocacy was viewed with such esteem. In particular, Anthony felt that this was a large element of his performance success: “I think most important, success is keeping your athletes safe and being an advocate for them and being a voice for them when sometimes they can’t voice what’s going on because they don’t really know.” Stephen took this sentiment one step further, and directly referenced the interactions that he has previously had with coaches: “Sometimes you have to be the person that gets punched in the face, not…literally…obviously speaking, but when a coach is unhappy with a decision or a thought process, because you’re kind of stepping in to help that athlete out.” In the same train of thought, Stephen also discussed how often an AT’s job entails protecting athletes from themselves:
But also you're protecting the athletes from themselves a lot of the time because they want to push and keep pushing and continue to, you know, push through, do more, do this, do that, or not report a certain thing, because they don't want to be held out even though, you know, maybe not playing this weekend, or monitoring, or managing, or modifying that activity a little bit is going to be what's in their best interest.

**Create a Trusting Environment**

In addition to being an advocate for student-athletes, ATs viewed creating a trusting environment as an indicator of performance success. Specifically, this was an environment in which student-athletes did not have to hold back any information surrounding their injury or psychological status. Monica said that:

> Going back to the trust thing, making sure that your athletes want to come to you, for I mean really anything, whether it's general education, orthopedic, mental health issues, you know, kind of making sure that you're building those relationships with them. So, they're not intimidated by you or scared that you're going to tell coach that they got to hold them out or whatnot. But really building those relationships with them, I think…leads to a successful season and a successful team.

Kate conveyed a similar idea by simply stating that she tries to create a “safe space” for the student-athletes in her care.

Anthony believed that this environment also allowed student-athletes to trust ATs’ decisions, “I think that a good successful performance is developing a relationship where an athlete absolutely trusts you, hands down. And what you say is something that they don't have to question.” Peter discussed how this environment helped to promote good communication between ATs and student-athletes, which allowed for effective care:
Another thing would be building the relationship between like student-athletes…So that we can have open communication…like being able to have that open communication conversation is huge so that like I can actually, like navigate, like, ’hey, okay, you're going through this, this, and this. Okay, let's try this and let me know if it works or not. If it works, great. If that doesn't, let's try other thing.’ I always tell my athletes like, if you're not sure, just let me know first. Like, don't make decisions by yourself.

In many ways, it is likely that creating this environment serves as the foundation for the other elements of ATs’ performance. In other words, it would be quite difficult for an AT to care for a student-athlete holistically or advocate for them without there being a strong sense of trust between the two parties.

**Theme 3: Elements of Athletic Training that Create Stress and Pressure**

The third theme includes the elements of athletic training that caused ATs to experience stress and pressure. Many of these elements of athletic training are related to an overall culture that exists in the NCAA DI environment that places ATs in a position of limited power. This theme is composed of seven subthemes: (a) Always “on”; (b) Role overload; (c) Lack of control; (d) Poor work-life balance; (e) Pressure from coaches; (f) Performance pressure; and (g) Internal pressure.

**Always “On”**

According to the participants in the current investigation, ATs are always expected to be “on.” In other words, there was an expectation that ATs should always be available to help student-athletes or deal with other workplace issues. Scott explained this concept well: “It’s hard to check out. An off day as an athletic trainer is not an off day, you are still expected to be on your phone, you are still expected to respond to text messages.” In regard to “after hours” contact
from student-athletes, Clint noted, “you’re always looking over your shoulder for that.” Peter discussed this same concept in terms of hours worked, and how this is not reflected in ATs’ compensation:

But in general, I’m here from like, six to sevenish, you know, six to eight or something like that…Monday through Friday. And Saturday, Sunday I like to come in the morning for like, half a day or something. So, we often kind of joke around that, you know, like, if we were paid hourly, like, we’d be freaking rich.

Participants discussed how coaches’ perceptions and expectations fueled the always “on” culture. This was evidenced by a quote from Monica:

So, you know, if someone texts you and it's like, late at night, you know, it's the fact that, 'oh, should I answer this? Can it wait till tomorrow?’ I know I can wait till tomorrow, but does it make you look bad if you don't handle it now? It's stressful when, you know, an athlete texts you and obviously you want to handle it right away and make…I don't want to say make yourself look good but…the last thing you want is an athlete to go to coach and be like, 'well, I texted Monica last night and she didn't answer. Or…she told me to see her tomorrow.' That's a pretty big stress I've been trying to deal with.

**Role Overload**

Participants also noted that their broad scope of responsibilities, as Natalie said, often make ATs feel “overwhelmed.” Jane reported, “and in reality, our scope of practice is so broad and wide that we’re handling a lot of stuff that isn’t necessarily considered when you think about pay.” Clint talked about how this was particularly true during the COVID-19 pandemic, “I mean, obviously, in this day and time you have like you have all the COVID stuff we have to do. For instance, here like we do all the…I do all the testing, and the swabbing, and coordinating a test.”
Stephen discussed how often there is simply not enough time in the day to successfully accomplish his duties, “so I don't really know if there is really a good solution besides more time in the day, or in a way more staff to eliminate the responsibilities from me having to do so many different things.” With that in mind, it is important to note that, in some cases, there is only one AT that is assigned to an individual team, which can create an excessive workload. This was the case for Susan who was the only AT for 67 student-athletes: “The other pressure is that I'm a singular graduate assistant athletic trainer with 67 athletes of my own…so that is a lot of pressure of…managing the chaos at all times…all 67 of them probably needed something from me at some point last week.” Monica went so far as to liken managing her responsibilities to being a “superhero”:

But sometimes it's almost like, you know, you want to be…you know, you're trying to be a superhero and solve all…their [student-athletes] issues, whether it's on or off the field. And, you know, at what point is that…does that kind of…all that stress and all that pressure break you down? But you try to always be, like I said, Superman and just keep going and kind of…put yourself on the backburner.

**Lack of Control**

Participants also discussed how often the limited control over important elements of their day (e.g., practice times, student-athlete schedules) created an erratic and stressful work schedule. Jane described this well: “You’re at the liberty…at the mercy of the practice schedules, the competition schedules, the athletes’ flexibility, and when they can come in and do treatment.” Kate, when asked about the stress she experienced as an AT, specifically discussed how often she was “blindsided” by changes to her schedule:
So, I think blindsided, impromptu information, whether it's from an athlete or coach changing the schedule at the last second. Or, you know, this kid has a test on this day, and I scheduled them a doctor's appointment three months ago, and their academic advisor calls me and I'm like, 'what do you want? Me to stop this?' So last minute, blindsiding information is a stress to my day, because I'm not expecting it.

Participants emphasized that the limited power they have in NCAA DI environments influenced their work schedule. Specifically, ATs described a culture that exists in NCAA DI athletic departments in which they are expected to be subservient to coaches and administration. According to Clint, “decisions come from the top down and we’re [ATs] the bottom.” Additionally, Stephen noted that, “coaches think we [AT] all just need to sit here and serve whatever their plan and life goals are.”

**Poor Work-life Balance**

Unfortunately, many ATs who participated in the current investigation found that poor work-life balance was also part of the professional culture. Bruce represented this concept well by simply stating that, “sometimes your job just becomes your life at certain points.” Stephen also said:

I'm not just worried about keeping my job. I'm also worried about, you know, keeping myself alive at home…being there for my kids and my family, you know, being home for dinner from time to time. Being around on the weekends, you know, those things all matter.

Multiple participants believed that having limited work-life balance could result in ATs developing an “athletic trainer identity,” in which they found it hard to see themselves as more than their job. One participant in this study, Clint, recognized this and noted that despite being
only 25, he was already “getting out” of athletic training and rhetorically asked, “so why? You know, what is it? What's so bad that's making all of us before we're 30 get out?”

While only one AT directly talked about leaving the field, participants as a whole recognized the relationship between poor work-life balance and burnout within the field. Participants also reflected on their own potential for experiencing burnout. One example of this is the following quote Bruce provided when asked about the stressors he experienced:

So, I'd say pretty much, I mean, just not having enough time in the day to get through all the rehabs, right? And be at practice…and still have time to have some work-life balance. Because if I really want to get everything done that I want to get done at work, it's going to be over, you know, 9, 10, 11 hours. And just having the…the looming threat of burnout in the back of my mind of, if I do actually want to want to be Superman and get all this stuff done…it's probably going to come at a cost. It always does.

**Pressure from Coaches**

Participants in the current investigation discussed the direct pressure that they received from coaches surrounding player availability. In particular, Stephen noted that sometimes it seemed like coaches wanted him to, “play God and predict the future.” More specifically, Natalie talked about how she received pressure from coaches surrounding:

How fast is this person going to be back? When can we have them back? And how good are they going to be when they come back from injury? As well as, you know, pressures…to do what they [coaches] feel is appropriate in terms of recovery, or different treatments, or things like that…So, a lot of it does wind up coming back to you to facilitate and manage, but when they're pressuring for more…it's hard to say no.
Clint also discussed how, in some cases, coaches completely disregarded his decisions, yet he still received backlash:

But in turn, you also have the coaches, obviously, where, you know, just kind of the same thing, like…you know, for a fact like, hey, this kid is not ready to go. If I put him out there, he's at a disadvantage. He's 75% today, you put them out there, he's going to be 50% on Friday. But coaches have to have him in the lineup…You're still going to catch the end of that one. You're still going to catch the closed-door meeting, where, you know, they kind of tell you, ‘hey, you're not doing a good job.’

Athletic Trainers believed that this pressure was partially due to a lack of respect for the athletic training profession. For instance, Peter noted that, “there are certain coaches who would see ATs as not necessarily medical professionals.” Scott felt the same way and said, “nobody really knows who we are, what we do.” Kate expanded on this idea: “So, I think some of the biggest pressures that I've experienced in the past as a younger athletic trainer has to be definitely coaches and administration, maybe not understanding totally what I did, or do, or provide.”

**Performance Pressure**

ATs also felt that the overall exposure that NCAA DI sports receive created performance pressure, particularly during emergent injury situations at events. For instance, Monica talked specifically about the idea of a crowd watching you perform: “You know, it's a high stress situation, especially if you're dealing with football, it might be televised with a crowd full of people. That could be a very high stress situation.” Jane talked about this same concept and noted that this environment created more visibility surrounding ATs performance:

And then the other pressure, I'd say is working in DI, especially in a successful program is there are more eyes on you than just within the university. You're in headlines, athletes
are in headlines, coaches in headlines, and every event has hundreds of people staring
down at exactly what you're doing, let alone some of the sports cameras that are, you
know, broadcasting exactly what you're doing, and can come back around to haunt you.

**Internal Pressure**

Participants also recognized that, in many cases, they put pressure on themselves to
produce optimal injury prevention and rehabilitation outcomes for student-athletes. In particular,
Jane felt that, as an AT, “you’re dealing with people’s well-being, their health, and their life in
your hands.” Bruce felt the same way and noted, “when you see the athletes going down, and the
injury report gets longer of course there’s going to be that, that pressure of just like, ‘well, what
am I doing wrong?’” Additionally, Bruce seemed to feel that internal pressure was, to a certain
extent, intensified by the emotional connection that ATs make with the student-athletes in their
care: “Inevitably, there’s going to be that stress that you put on yourself just because you’re
emotionally invested.” Scott thought the same way and discussed how he put pressure on
himself, “just because I want people to be out there healthy and happy and doing what they love
to do.” While some ATs, like Bruce, believed that this type of pressure could actually be
“sometimes good,” other ATs, such as Clint, seemed to primarily view internal pressure as a
negative experience:

> And, you know, no matter what you do, like, you know…for instance, we've had a couple
> things here and there where like, we've had three guys go out, we get two of them back,
> and then we have three more go out. So, it's like, even though I got two of you like,
> busting my butt to get to you guys back, I just lost three more.

These different perceptions of internal pressure may be related to how participants defined their
performance success. Specifically, Bruce did not focus on player availability as much as Clint.
**Theme 4: Psychosocial Strategies Used by ATs to Manage Stress, Improve Well-being, and Enhance Performance**

The fourth theme that was constructed reflects the types of psychosocial strategies that participants reported using to manage their stress, improve their well-being, and enhance their performance. Participants discussed when, where, why, and how they incorporated these psychosocial techniques into their lives. It should be noted that, while several participants used each strategy to some extent, many ATs used some techniques (e.g., goal setting, self-talk, imagery) on a very surface level. Certain ATs seemed to have a stronger understanding and more nuanced use of psychosocial strategies. Specifically, Bruce, Carol, Jane, Kate, Peter, and Susan were very conscious of the different psychosocial strategies they regularly used and explained them in great depth. Not surprisingly, three of these participants had meaningful exposure to sport psychology or psychological services. Specifically, Carol was a yoga instructor and worked with a life coach. Additionally, Kate regularly worked with a licensed clinical social worker while Peter had a master’s degree in sport psychology. This theme is composed of ten subthemes: (a) Disengagement; (b) Effective communication; (c) Setting boundaries; (d) Time management; (e) Social support; (f) Journaling; (g) Goal setting; (h) Self-talk; (i) Breathing techniques; and (j) Imagery. Table 2 presents which participants reported using each strategy.
Table 2: Psychosocial strategies used by each participant

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<thead>
<tr>
<th>Disengagement</th>
<th>Effective Communication</th>
<th>Setting Boundaries</th>
<th>Time Management</th>
<th>Social Support</th>
<th>Journaling</th>
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**Disengagement**

Many participants thought that it was important to routinely disengage and consciously create moments in the day in which their focus was not on athletic training. For some participants, this meant that they tried to, as Kate said, “leave work at work.” Susan felt the same way and said, “and so I try to leave it [work] at work and leave myself some space at home to be able to have a home life instead of just always worrying about the kids because like, I’m home now.” Participants discussed different strategies that helped them to disengage from work. For example, Susan took notes, saying:

> It [notes] helps me remember when I wake up. Then I can go to sleep knowing that I'll remember and not continue to stress about it. And so that's just one example. Or it's something that I'm like, out with friends. And then I'm like, oh, thinking about like, oh, ‘I wonder how his back feels.’ Like, no, like, set a reminder to ask and see how his back feels at 3pm. Then I'm like okay, now I can feel like it's off my brain because then I will be responsible for it at a later time.

Additionally, Stephen found it helpful to set “rules” surrounding what topics can be talked about at social events: “I jokingly say whenever they [coworkers] come over, whatever is going on, you know, like the only rule is no talking about work. You can talk about sports, but it better not be [our university].”

Some participants benefited from participating in hobbies that helped them disengage from athletic training. In particular, Natalie felt that fostering dogs and taking care of plants allowed her to focus on something else when she got home from work. On the other hand, Scott found that mountain biking and rock climbing had the same effect. Being able to separate work and home life and develop other personal identities was something that allowed participants to
avoid developing the “athletic trainer identity” that was discussed in Theme 3 (Poor work-life balance). Jane specifically noted that having activities outside of work helped her recognize that she was “more than her job” and a “well-rounded person.” Kate felt the process of developing a more well-rounded identity was something that helped her perform better as an AT:

I think this goes for all of them [psychosocial strategies], but like, not having my entire identity in athletic training, whereas before I really did. And I think that comes from me being an athlete because my…all of my identity used to be me being an athlete. Everyone has to know like, what their identity is. I think removing myself personally from like, being an athletic trainer really has helped me be a better athletic trainer.

In addition to disengagement outside of work, participants also reported incorporating brief periods of disengagement into their workday in the form of breaks. In particular, several ATs found it helpful to take short walks around campus during the day. Monica discussed how taking short walks allowed her to maintain a healthy perspective regarding stress:

So, I think, kind of walking out of the training room, you know, just completely removing your mind from your to do list and saying like, ‘I'm just going to go get some fresh air, it's going to be good for me.’ Instead of just constantly, like sitting at your desk, scrambling around, just completely reset, restart, and realize that everything’s going to be okay at the end of the day, and the suns going to rise, and you're going have another day to knock it off…I think everyone needs that fresh air, that kind of restart in this profession.

Some participants also recognized that these periods of disengagement enhanced their performance. Clint specifically discussed how the walk he takes from the athletic training room to the baseball field is a tool he uses to “reset” his mind from a “high-tempo, fast-paced
Similarly, Anthony recognized that his daily walk allowed him to, “let go” and “focus on what’s next” in his day. Carol also said that taking a walk during the day allowed her to, “recenter” and “reground,” after which she felt better able to, “go back in and take care of what I need to take care of.” Unfortunately, some ATs noted that implementing this strategy can be difficult due to the always “on” culture that surrounds athletic training. In particular, Stephen said that, in the mind of coaches and athletic administrators, ATs are “always on call 24/7,” which made taking breaks risky.

**Effective Communication**

Another commonly used psychosocial strategy was implementing effective communication practices with both coaches and student-athletes. Monica specifically talked about how it was important for her to personalize her communication style when discussing player availability:

You know, it’s kind of the same thing for athletes…who can I approach with a sarcastic manner? Who do I have to be more serious with? Who do I have to give a more science-based answer too? Or, you know, with one coach I can just say ‘she’s out’ and she’s like ‘okay,’ and then the other coach wants an explanation, which is fine, I get that. But yeah, just kind of being able to read people and knowing how they want to be communicated with.

Additionally, Natalie found that she could be creative with her communication skills to have more productive conversations with coaches when discussing player availability: “I’ve been able to navigate my volleyball coach in ways of kind of making her perceive that she’s making a choice in something that I’ve already made the choice in…I’m just presenting it in a way that she feels more involved.”
Overall, ATs thought that effective communication helped them develop stronger relationships with coaches, which resulted in less pressure surrounding player availability. For instance, regarding the effect that communication had on coach pressure, Natalie said that “it’s definitely improved, and our relationship has improved for it, too.” Additionally, Carol discussed how using “active listening skills” was something that was beneficial in the context of player availability:

You know, ultimately, they [coaches] want to be heard too. So, you know, listening to them, and like, ‘okay, I understand where you're coming from, and then this is where I'm coming from. So how can we put this together?’…So, it's like, I'm not just so stuck on one way of doing things but being open and listening to what the other person's needs are and what their views on things are. So, I find that's been helpful.

Participants in the current investigation were also cognizant of their communication with student-athletes. For instance, Anthony discussed how having more “person-focused” conversations with student-athletes led to better performance (for himself and student-athletes) by creating better relationships:

I think the most important thing that I've learned is treating them like humans first, instead of athletes…For example, if they're, you know, when they come into the training room, I try not to ask them, 'hey, how's your ankle feel?' or ‘how's your elbow?' I always try to start with, 'how did you sleep? How was your day? How was class?’ you know, ‘how's your boyfriend, girlfriend, how's your family?' You know, kind of focus on them as a person and then get into, 'okay, well, how's your ankle?' And I think that helps them realize, like, ‘okay, well, he cares about me as a person and as an athlete.’
Setting Boundaries

In addition to using effective communication practices, participants also reported that they regularly set boundaries with student-athletes. In order to preserve the relationships, they developed with student-athletes, many ATs liked to take a positive approach to setting boundaries and “educate” instead of scold student-athletes when boundaries were crossed. Monica specifically noted the following: “…making sure that they [student-athletes] understand that, hey, this text isn't necessarily needed at 10 o'clock at night, we can definitely wait for tomorrow…kind of educate them in that sense, so that they don't feel like they're just being blown off.” Furthermore, Stephen said that, in some instances, setting boundaries with student-athletes can help, “prepare them for life.”

Multiple ATs reported that they utilized the “Do Not Disturb” feature on their phone or used a separate work phone altogether in order to assert their boundaries with late night calls or texts when they were at home. Whatever strategy ATs used, Susan noted that it was effective to specifically “verbalize” what she expected from student-athletes and not assume that they were aware of what she wanted. Natalie recognized that, over time, maintaining boundaries becomes easier if you are consistent and develop a strong, respectful culture:

The team, like knows me and my approach with the freshmen. And…you kind of have to earn my respect a little bit. And I kind of lay down some more rules and that sort of thing. But then they get to see the rapport and more often than not friendship that I have with the upperclassmen. And so that kind of drives…I don't know, just kind of helps the culture that I've tried to garner in the training room of like, you kind of got to have to earn it, got to follow the things I've been asking.
In particular, ATs discussed how setting boundaries helped to improve their work-life balance. Specifically, Susan said, “so I think that’s been something that helps me have a work-life balance is setting like…having hard expectations for the kids.” It is important to note that this strategy seemed to be especially important for the two ATs in this study who reported having children (Stephen and Carol). In fact, Carol stated that setting boundaries was necessary for her to properly “function” at home. That said, Stephen found that it was actually easier to set boundaries once he had a family:

I think athletic trainers are always seen as ‘yes people.’ We always say yes. Like, we never say no to anyone. I think it's just ingrained in our DNA of who we are as people and what we do. And one of the hardest things, and it takes…I'd say it takes practice, but I've been getting really good at it. Um, when you, when you have a family and you have other things, it's, it's funny how much easier saying ‘no’ is because you value other things as much as you value your job, or your situation, or your work-life balance, or whatever it might be.

It is possible that having a family helps ATs develop other, more important, identities for themselves beyond being an athletic trainer, which makes them more willing to set hard boundaries.

While the relationship between setting boundaries and well-being (i.e., work-life balance) was clear, it is also interesting to note that some ATs felt that this practice helped to improve their performance as well. For instance, Kate said, “but now that I’m setting these boundaries, you have 100% of me when I'm at work, and that's what the kids deserve, right? They deserve my very best and that's what I'm going to give you.” It is likely that setting boundaries is strongly related to the previously discussed concept of disengagement. In other words, by setting
boundaries with student-athletes, ATs are better able to disengage at home and, as Carol, said “recharge” and “refresh.”

**Time Management**

Time management was another psychosocial strategy discussed by ATs. For instance, when asked how she manages her stress, Jane immediately responded with, “Lots of time management.” Many participants reported trying to use their time effectively at home to reduce the stress they carry with them into the workplace. For example, when asked how she maintains good self-care practices, Susan noted:

I guess planning ahead, like thinking about packing my lunch because I have late practice and I got to come home from practice. Okay, what exactly do I need to do right now…before I fall asleep and then have to wake up and go back to work? So, planning ahead of having meals already prepped and having clothes already clean and things like that so that I don’t have to last minute scramble. So, then I can come home, relax, go to bed, wake up, deal with it in the morning.

Additionally, Monica discussed how, instead of watching television, she tried to effectively use free time in the mornings for professional development purposes:

But now I take 30 minutes and read some type of clinical research or some…I have a couple of textbooks that I've been wanting to get through. Working on finding new certifications that I can take. So those 30 minutes I actually turn my “Do Not Disturb” on and just kind of focus on those things.

In the workplace, several participants said that it was important for them to, as Bruce put it, “prioritize the day.” In other words, it was important for ATs to delineate what the most critical tasks were in the day, and ensure those were completed first, when possible. Monica specifically
mentioned that “creating shorter lists” and prioritizing the most important tasks for the day kept her from feeling “overwhelmed.” This element of time management may be particularly important for ATs due to the wide array of responsibilities that the profession carries and the many uncontrollable aspects of their workday, such as unscheduled student-athlete treatments. A quote by Clint provides some more detail as to what this prioritization process looks like and how it helps him manage his stress:

I'm a planner…if I've got a lot to do that day, there's a list of like, hey, these things have to get done, these are things that need to be done. If that doesn't get done, I'm not going to stress about it, you know? If there's five things that have to get done today, those are the five things that I'm going to make sure get done. Versus like, I get these five things done and, you know, somebody calls me with something else to do, that can wait until tomorrow and I'm not going to stress over that.

By using prioritization, ATs were also better able to find time in the day to complete personal tasks that enhanced their well-being, such as exercise. In particular, Susan noted that, in addition to workplace tasks, it was important to also, “prioritize me and my well-being.” Therefore, it is likely that effective prioritization (i.e., time management) allows for more opportunities to disengage, as discussed above. A quote from Scott demonstrates this concept:

So, I think like time management, scheduling myself time to not be in the office really helps. I try to exercise a couple times a week. That really seems to help with my overall happiness, and, you know, trying to keep the anxieties of work and personal life, you know, at ease.

One specific element of time management that Carol touched on was being innovative regarding the timing of student-athlete treatment sessions. In particular, Carol discussed how she has
moved to a more “clinic-based” system where athletes sign-up to come in at specific times instead of just having drop-in hours. In addition to being something that helped Carol manage her daily stress, she noted that this time management strategy also enhanced her performance by improving her focus: “If I’m working with one specific athlete, it’s a little bit easier for me to just be present with them. And…listening to them. What are their needs? What can we move forward through? That’s when I do find that I am very present.”

Social Support

Participants in the current investigation also reported social support as a valuable psychosocial strategy for managing their stress, improving their well-being, and enhancing their performance. Overall, participants sought different types of social support. Specifically, some ATs used social support resources to talk through their stress and receive validation. For instance, Monica talked about how this type of social support from her boyfriend improved her well-being by helping her better manage her emotions:

I've learned to vent a lot more. Get things off my mind. I used to kind of hold them in my, in my head for a long time. I would notice I would get really frustrated and take my anger…not anger…but take it out on other people that didn't really deserve it if I was in a bad mood or whatnot. But my boyfriend's been awesome about it, he lets me just…half the time, I'm pretty sure he doesn't even listen to me. He just lets me talk. But I found that that's, that's really helped a lot, just kind of hearing myself talk through my frustrations.

On the other hand, Natalie discussed how social support from her coworkers accomplished the same goal:

I think our coworkers are some of the easiest people to vent to, because our job…can be so isolated from others. So, knowing that they know our job details and the daily
stressors, you can easily go into their office and say, ‘this just happened.’ And they understand the context of a coach and their demands, and the, the athletes and their demands. So that's usually one of the easiest ways to just quickly rattle off, ‘do you think this is as crazy as I think it is and can you validate my feelings?’

Overall, emotion-oriented social support from both significant others and coworkers seemed to be important for helping ATs manage their stress and improve their well-being. However, it is important to note that only one man (Bruce) who participated in this study reported seeking any sort of emotion-oriented social support. Specifically, Bruce recognized that his coworkers had likely experienced the same stressors as him, and could be valuable resources for better navigating the stressful elements of athletic training:

> You know, I think opening up to them [coworkers] in that type of way to almost make yourself seem a little bit vulnerable has helped out a lot. Because then they can draw on all their experiences to help you just see the situation in a different light.

In addition to emotion-oriented social support, Susan found that she regularly received social support from friends who were not in athletic training: “And so they’re [friends]…even though they may not be sport medicine-minded they know me and know how I can take good care of myself.” In other words, Susan looked to these significant others for instrumental assistance (e.g., advice) regarding the stress that she was experiencing. Kate expressed a similar sentiment when discussing how a friend helped her create a healthier identity:

> I had a really, really awesome friend. I don't know who touched her to say this, but she told me, she goes, 'hey, if you die tomorrow, on your tombstone, they're not going to put Kate - Athletic trainer at said university. They're going to put Kate - Loving daughter, loving wife, loving sister. You know, the female version of Kevin Hart, funny lady.' Like,
that's what's going to be on your tombstone. Someone who loves other people…. And I have been living by that ever since.

Several participants also discussed how social support from other professionals was something that helped them improve their performance. In particular, Clint found it beneficial to have conversations with his boss: “You know, my boss, he worked in professional baseball…before transitioning into college football. So…if I have a question, I'm going to pop over and pick his brain.” Bruce specifically referenced “continuing conversations” he would have with his university’s strength and conditioning coaches and noted, “I would say I’ve probably learned more from our strength and conditioning coaches in my five years here than anyone ever.” While this social support clearly resulted in professional development, it should be noted that Bruce specifically mentioned that, by having these workplace friends and a more advanced skillset, he experienced less stress on a day-to-day basis as well.

Journaling

Some ATs reported journaling as a psychosocial strategy that helped them manage their stress and improve their well-being. Jane explained her use of gratitude journaling when asked what strategies she used to improve her well-being:

I end my day with a few things with gratitude. Whether that's like tangibles, like feeling like I have a good community, or, you know, it was a sunny day, or whatever it might be, but then also giving…trying to like, give myself one or two things that are tangible, ‘hey, you gave yourself grace, because you weren't productive today. And that's okay because you can turn it around tomorrow.’ And just trying to like, have those tangibles of a good way to start your day and end your day, because it's a stressful job.
There were additional benefits of journaling that participants in this study identified. For instance, Carol, Jane, and Susan all felt that journaling helped them better identify and track their goals. On the other hand, Kate recognized that journaling helped her better understand and modify her thoughts (i.e., self-talk). This was the least used psychosocial strategy and, interestingly, only female ATs reported using this strategy.

**Goal Setting**

Participants reported using goal setting as a psychological strategy to improve their stress, well-being, and performance. While most participants indicated that they did some form of goal setting, different types of goal setting procedures were used. Bruce, in particular, discussed how all ATs at his university are expected to set four SMART (i.e., specific, measurable, action-oriented, realistic, and timely) goals at the start of the academic year. Three of these goals were oriented towards professional development while one was reserved for personal development. Bruce found that setting goals in this manner helped enhance his motivation and confidence by allowing him to see his development over time.

Kate used a different goal setting procedure and created a “vision board” for herself that helped her explore what she wanted to have accomplished in the next five years. Kate felt that this procedure helped motivate her and also served as a “confidence booster.” In addition to helping with confidence and motivation, Monica felt that setting goals was something that helped spur professional development:

Setting personal goals specifically is huge for us [ATs]. Because, like I said, before, we get so bogged down in helping other people and making sure that everyone else is, you know, right where they need to be and will bend over backwards for them. But sometimes that puts us on the backburner. So, setting personal goals specifically, for me
has been key in kind of making sure that I stay up to date on my clinical techniques, and, you know, building my personal knowledge so that I can better help my teams.

Anthony also discussed how he, in some ways, merged his personal goals with those of the student-athletes in his care. In other words, he viewed student-athletes goals (e.g., range of motion) as “benchmarks” that he was personally trying to reach as well. He found that this was particularly important for longer rehabs where student-athletes were working with him for an extended period of time. Similar to other participants, Anthony felt that setting these specific goals helped provide “confidence that…we’re on track to do what our ultimate goal is.”

Some ATs discussed certain challenges surrounding goal setting. Susan specifically noted that, “I feel like a lot of things in athletic training and our profession are hard to measure.” Clint seemed to feel similarly, as he had a hard time thinking of what goals could be for himself beyond achieving a certain title (e.g., Head AT). It is also interesting to note that ATs in the current investigation almost exclusively set goals that were focused on professional development outcomes (e.g., new certifications, promotions), not psychological elements (e.g., stress level, confidence). Peter specifically noted that more training in goal setting could be beneficial: “I feel like I need better training and maybe like, support to set the better goal.”

**Self-Talk**

Participants reported that they consciously managed their self-talk. In particular, ATs used two self-talk strategies to do this: Reframing and positive affirmations. Jane did an excellent job of describing her use of reframing in the context of athletic training:

You know, I'm sitting there and thinking about, 'I just had a conversation with a coach, and he did not respond, well.' I'm sitting there going, 'I should have done this. I was bad at doing that. That was bad communication, I should have done this. First, I should have
taken these steps first.' And instead, I stop and go, 'you know what? Yeah, I could have done a couple things better. But in reality, what did I do? First, I took care of the athlete, and the athlete is not harmed because of it. And the athlete is still getting better because of it. And what I can do next is focus on the things that I know I could have done a little bit better. But that's making me a better athletic trainer, because I've learned from this experience, and I'm moving forward,' instead of just hashing on the fact that I did terrible.

When I really didn't do terrible, I just could have done things better. Jane noted that being able to reframe her self-talk in this manner improved her well-being by helping her have a more positive mindset throughout the day. Bruce also discussed how reframing his self-talk helped to create a more productive mindset:

I know sometimes…we'll [ATs] get very hung up on, you know, a previous conversation with a coach or someone getting, you know, angry or disagreeing about, you know, return to play decision or something like that. And then, you know, me personally, I've, you know, kept that in my mind a lot. And I'm just thinking about it constantly throughout the day. But then just like shifting that mindset towards either, you know, away from the emotions of that conversation, and then towards, you know, either as a solution, or just what I could have done better, or what I would have wanted from that conversation, and, you know, how can I improve my communication skills or something like that.

So…shifting my mindset like that, I think that's helped out a lot.

Kate, who used a similar strategy, found that this technique “humanized her experiences” which helped her to be a better athletic trainer. Peter also found that reframing his self-talk improved his performance by allowing him to be “neutral” and “flat” during stressful moments
In addition to reframing their self-talk, some ATs also reported that they used affirmations. Carol explained the types of affirmations that she created for herself surrounded, “inner confidence in myself of like…they're like, ‘I am’ affirmations. I am, you know, confident in how I handle situations, I am making good choices.” Carol found that these types of affirmations improved her confidence, which, in turn, enhanced her well-being and performance. Scott also recognized that he used affirmations following stressful interactions and that these helped “maintain a better headspace” and “break negative feedback loops.”

Some ATs did feel that it could be difficult to effectively manage self-talk. For instance, Clint noted that it was “impossible” to manage his self-talk because he was always in such a high-stress, negative environment. Additionally, ATs did not seem to use much motivational self-talk. In the current investigation, Stephen touched on this concept, stating that he would sometimes use his self-talk to help “relight the fire for the day.” However, he was the only participant who reported this particular benefit of self-talk.

**Breathing Techniques**

Participants also reported using a variety of breathing techniques. Peter specifically noted that he regularly used “diaphragmatic breathing” to help manage his stress and improve his well-being. He explained his breathing procedure in depth:

It's…three counts, inhale to the chest, six count, moving that through the belly, and nine counts breath out. That's the like, basic component of the breathing I am used to…basically working on more of the diaphragm breathing. But there's like certain way…more of the focusing on like three-sixty function rather than just like, front and back. And, you know, getting from nose, breathing out from mouth, that kind of stuff. So,
it's kind of mix of many things, but long story short…deep breathing with certain aspects of hold.

Participants found that deep-breathing improved their performance by helping them be more “present-minded” and “focused” while working with student-athletes. Peter also felt that deep-breathing helped him “go back to neutral” following stressful events. Additionally, Kate discussed how deep-breathing helped her “practice” being in a relaxed state:

I think that being an athletic trainer, there are times where our jobs are extremely stressful. And if I can practice being calm…I think that that reflects in those situations to make them not as strenuous and stressful as they may be if I didn't practice them before.

Two participants (Scott and Carol) also discussed the concept of “box breathing,” which entailed a four-step process of inhaling, holding the breath, exhaling, and then holding the breath again, all for the same amount of time (e.g., 4-6 seconds for each step). Scott noted that this form of breathing served as a “stress management tool,” because it forced him to focus on his breath, not the stressful stimulus. Carol also discussed how the “gaps of stillness” she experienced while doing breathing practices helped her “find that inner peace and calm.” This demonstrates how, for some ATs, breathing was intentionally used to create a sense of mindfulness.

While only one participant (Carol) used formal meditations, many did (unknowingly in some instances) meditate. Often, this meditation involved the use of their breath and occurred during periods of disengagement. For instance, Kate discussed how sometimes during breaks she would play calming music and, “sit there in silence…And I just breathe for like, a minute. If I have some time maybe three or four minutes. Um, but just breathing honestly, and not thinking about anything else has been really helpful.” Monica also discussed how she incorporated elements of meditation into her walks: “I just like to watch the nature and just clear my head.
Sometimes I just don't even think about anything, do a little meditation. And I like my head to be completely empty and just kind of get a restart and refresh.” Unfortunately, some ATs found that it was difficult to incorporate meditation into their day. For instance, both Clint and Stephen noted that they had no time in the day to dedicate to meditation practice.

**Imagery**

Finally, several ATs also reported using imagery or “mental preparation.” Participants described using imagery in a few different ways. First, some participants used imagery as a way to prepare for emergent injury situations. A quote from Natalie describes this use of imagery well:

> I have gone like, through in my head, like during a match if I'm on the sideline, and I'm just watching I go, what if this happened right now? You know, like, kind of randomly and weird…thank God, nobody knows about it because they'd think I'd be jinxing the hell out of them. But like, not…nothing like picking out individuals and wishing ACLs but just like, what if, you know, a ref went down right now with a heart condition? Or like, what if this happened?

Bruce referred to this use of imagery as creating a “mental checklist” and noted that, “it’s taken the stress off of a lot of situations that are seen as like, more high stress or just more time sensitive or urgent.” Monica likened using imagery to “riding a bike” and felt that it helped with preparation because, “you’ve run through it in your head before, you know what to do rather than, oh, I’ve never pictured this situation.” Finally, Jane felt that using this type of imagery helped her focus at events by blocking out distractions (e.g., crowds) and getting her into a “game-day zone.”
In addition to emergent situations, Stephen also found that imagery when planning treatment sessions with student-athletes helped his performance:

So, you know, that [imagery] just kind of helps you be prepared for those type of things [emergent situations]. I also try to just, you know, if I have a rehab coming in, mental preparation on the rehab side of things, you know, somebody post-op ACL, let's say, for example, two weeks out is having a…maybe some trouble with swelling, what are we going to do to help control that swelling if it's really blown up today? Or if they're actually moving pretty good, then what's going to be the plan? So, kind of having multiple scenarios and avenues to attack each kind of injury, treatment, rehab process, as well as kind of what you do from an emergency standpoint too.

Scott also used imagery to improve his interactions with athletes and coaches. Specifically, he found this type of imagery helped him be “more prepared and more comfortable” regarding difficult conversations with coaches and athletes. He also felt that this type of imagery helped him, “run through different scenarios in my head so that I'm using kind of non-confrontational verbiage, but still getting my message across clearly and concisely.” Multiple participants, including Jane and Natalie, indicated that they incorporated detail (e.g., auditory elements) into their images. Peter even recognized that he would switch between first- and third-person perspectives when using imagery. However, some participants did seem to have some difficulty creating vivid images. For instance, when asked if his images are detailed, Anthony noted:

I would say…probably no, not usually. It's really just like the athlete and doing the exercise. If it's sports-specific, I think I imagine it in the sport setting like on the softball field, but like in terms of like, backdrop and noise and stuff that…I don't think so.
Some participants also reported using imagery to alter their emotional state. For instance, Carol noted that she liked to use imagery to help herself be “calm” and “present.” Additionally, when asked how she improved her well-being, Kate discussed her use of relaxation imagery:

I would just say, like, relaxation imagery of like, being calm, like, I don't imagine me like out on a beach or doing all those things, which is helpful for some people. I'm just like, imagining myself being okay. Just breathing, not super stressed out. I'm just relaxing.

Finally, Peter used imagery in two creative ways to help himself maintain or regain focus. First, if there was a stressful event that Peter wanted to move past, he would visualize the words for the event, and put a period after them, indicating the event had finished. Additionally, Peter would sometimes imagine two skis in front of himself, with each on having an “F” on the tip. Together, these two skis symbolized, “fuck it, focus.” Naturally, Peter felt that this particular strategy helped to stimulate his focus. It is worth noting that Peter had a master’s degree in sport psychology, which likely gave him a strong understanding of how psychosocial strategies could be used.

**Theme 5: Interactions Between ATs and MPCs**

All participants in the current investigation had previously interacted with an MPC while they were an AT. However, the extent of these interactions varied greatly. The biggest factor influencing these interactions was ATs’ perceptions of how integrated the MPC was into the athletic department. In other words, ATs had more interactions with an MPC when this professional was employed full-time in the athletic department and when the MPC was more visible within the workplace environment (e.g., regularly attended practices).

For some ATs, their only interaction with an MPC at their university was when they referred athletes for mental health or mental performance reasons. On the other hand, some
participants regularly collaborated with MPCs at their university to help student-athletes navigate injury prevention and rehabilitation procedures. Finally, some participants discussed interacting with MPCs informally during the workday (e.g., having conversations at practice) or at social events. Therefore, this theme contains three subthemes that represent the type of interactions ATs had with MPCs: (a) Referral; (b) Interprofessional collaboration; and (c) Informal interaction.

**Referral**

The primary way in which ATs interacted with MPCs was via athlete referral. Indeed, all participants noted that they had previously referred a student-athlete to an MPC. Participants referred student-athletes to an MPC to improve their mental performance and some also referred for clinical challenges (e.g., depression, eating disorders). For instance, Bruce noted that an MPC could help student-athletes better deal with “pressure to perform, pressure to get better, pressure to get back on the field after you know, injury or whatever, what have you. And then pressure to make their team better.”

Some participants (particularly those who worked with a full-time MPC) indicated that the referral process involved significant interaction with the MPC. For instance, Jane outlined the referral process at her university:

The system is really good for referrals here. And so, I'm able to kind of send information to them [MPC] about what we are seeing, what needs to be seen, whether that's from me or through the doctors first. And they [MPCs] communicate the same thing back with an in-depth letter, or email, or phone call, or meeting about this is what's going on and how we can help as a team.
**Interprofessional Collaboration**

Some participants reported that, in addition to referral, they collaborated professionally with MPCs in order to best serve student-athletes. At some universities, there were specific procedures that helped to encourage interprofessional collaboration. For instance, Bruce discussed how at his university, the sports medicine staff would have regular meetings that were meant to “blend” their professional skillsets:

> And then we also have like monthly meetings where we present like a patient case, kind of like a case study…And so they’re, all of our sports psych professionals are in that meeting, as well…And we have all these, you know, we're talking about all these interventions that we can do. And, obviously, if it's a particular patient case that's very challenging or just interesting, you know, we would want a very, you know, thorough variety of professionals there…for us to get the best information possible, and the best treatments possible.

Additionally, Anthony discussed how, with his team, they had monthly meetings that included himself, their strength and conditioning coach, the MPC, and the head coach. Anthony noted that these meetings, “help us and the coaching staff…get a different perspective, essentially.” ATs who engaged in interprofessional collaboration recognized how beneficial it could be.

Specifically, Clint discussed what he learned from a series of MPC-led seminars that occurred at his previous institution:

> And they [MPCs] kind of took, like, you know, the highlights of their profession…applications and education and things like that, to give us [ATs] just a little bit of knowledge, right, like, we can't get it all, but you know, if they can take, 'okay, so, you know, these are the gold standards for this, and this is how we do it. And this is what our
profession is telling us to do at the moment through literature and through research,' and teach it to us...that's kind of what we did. And...through that we had a little bit of confidence and, and ease about handling some of those situations, you know, just because we were educated, a little bit, you know, an athlete comes into us that we have to reveal a, you know, a negative MRI finding, right, a closed-door meeting turns into 35 minutes, because the kid is out for the season. You know, we have the confidence and some of the knowledge to be able to handle that conversation versus somebody that doesn't.

Some participants indicated that, despite not having strong formalization procedures, they still collaborated with their university’s MPC. Susan outlined one such instance:

One [student-athlete] is dealing with an injury right now. So, I see him [MPC] more frequently, because he needs my help with this injury...One time so far this semester, one [MPC] approached me about one of my athletes that sees him and approved him to talk to me, but he was like, 'I have some concerns. Like, can we just talk through it?' And I was like, absolutely.

However, the participants who did not have formalization procedures in place did not seem to experience the same benefits as ATs who had regularly scheduled interactions with an MPC. Furthermore, participants who worked at a university where the MPC was hired part-time appeared to be less engaged with the MPC following referral. For instance, Carol discussed how she usually did not know if athletes actually acted on the referrals she made: “I’ve referred some [athletes]. Whether they took me up on it, I don’t know.” Monica indicated that she was somewhat dissatisfied with having limited interaction with her university’s MPC, outside of referral: “So we do have a relationship, but it's not...I don't want to say it's bad, but I wish it was stronger.”
Informal Interaction

In addition to collaborating in order to serve student-athletes, some ATs indicated engaging in informal interactions with an MPC. One location that these interactions occurred was at practice. Both Anthony and Clint noted that they had conversations with an MPC in the dugout that resulted in a better ability to manage their stress. Anthony described these interactions as “unscheduled, just kind of like, talking in the dugout type of thing of something that's going on, or stresses, or something like that, and it's very, like informal, just more of like a conversation.” Specifically, Anthony noted that he learned more about time management from these interactions while Clint left understanding more about deep breathing practices. Additionally, a conversation with an MPC at practice resulted in Natalie better understanding how to effectively communicate with members of her family. That said, Anthony recognized that informal interaction at practices may not be feasible for all sports: “Now, a football athletic trainer might not say the same thing, because they're pretty busy running around with water and Gatorade and it's a contact sport… but for my sport… that three hours is almost kind of a break.”

Outside of practice, both Bruce and Stephen reported having informal interactions with MPCs in office spaces. Specifically, Bruce said, “[the MPC] comes to our clinic about once or twice a week meets with our athletes. And so… like we've talked about, like his scope, and, you know, just general things about stress relieving and, and mental well-being and stuff like that.” Natalie also recognized that informal interaction with an MPC occurred at a social event. When asked what their conversation was about, Natalie stated the following:

I think it was, was a few years ago, because it was kind of like midway through my career so far. And just kind of feeling like the burnout already, and kind of getting frustrated and worried about that. And honestly, I don't feel like I had like a huge takeaway from it
versus like, just how…trying to better manage communicating with my boss and expectations, things like that. It was kind of like a like, ‘yeah, that makes sense. I just don’t really do it well enough.’ But yeah, it was, I mean, it was still a really nice conversation and enjoyable to have.

It is interesting to note that Natalie specifically described this interaction as a “friendly talk” with a co-worker. This reinforces the casual nature of these interactions and suggests that a formal patient-provider relationship is not necessary for ATs to benefit from sport psychology services. In this regard, Clint may have said it best: “You don't always need to go like full scale consultation with them [MPCs] to get to get something out of it.”

**Theme 6: ATs’ Perceived Benefits of Interaction with MPCs**

Participants recognized that more frequent interaction with an MPC could lead to a variety of benefits. While participants who regularly collaborated with their university’s MPC seemed to have a stronger understanding of these benefits, all participants recognized that interaction could help them manage their stress, improve their well-being, and enhance their performance. Three participants, Bruce, Jane, and Susan expressed future intentions to personally use sport psychology services. For instance, when asked if he had ever used sport psychology services Bruce said “no…but now that you say it, that’s actually a really good idea and I’m going to suggest it…I think that would be…a really good idea for our staff.”

Additionally, participants reported that more interaction could encourage more interprofessional collaboration and referrals. Finally, they noted that interaction could lead to ATs encouraging student-athletes to seek sport psychology services themselves. This theme contains four subthemes that focus on participants perceptions of the benefits that ATs would gain from interaction with MPCs: (a) Enhance learning and use of psychosocial strategies; (b) Reduce
burnout; (c) Promote interprofessional collaboration; and (d) Increase student-athlete receptivity to MPCs.

**Enhance Learning and Use of Psychosocial Strategies**

ATs felt that interaction with an MPC could help them learn psychosocial strategies to manage their stress, improve their well-being, and enhance their performance. Multiple participants specifically referred to these techniques as “tools” and indicated that they wanted a more developed “toolbox.” While some of these techniques ATs already used (see Theme 4), they believed an MPC could help them engage with the technique better. For instance, participants recognized that an MPC could help ATs better communicate with others. Specifically, Bruce recalled that a discussion with the MPC at his university reinforced the importance of “straightforward communication,” which helped to open up important and productive conversations with his superiors. Additionally, Natalie discussed how an MPC could help ATs understand “how to navigate communication in a better way.”

Outside of effective communication, participants were interested in learning about several other psychosocial strategies. For instance, Scott said that he wanted a better understanding of “acute stress management strategies,” whereas Natalie wanted to learn about “creating more mindfulness throughout the day.” Jane recognized that her current use of psychosocial strategies could be enhanced by more interaction with an MPC:

I would say how to kind of make some of those strategies a little bit more concrete…like I mentioned grounding and mindfulness, how to utilize mindfulness in a day-to-day busy environment. Goal setting has been helpful for me in the past. How to make a goal more attainable? And then imagery, I think, is a big one that a lot of people…like I said, you
know, I utilize imagery, kind of, but am I using it in the way that’s shown to be most
effective or am I just using it because it's how my brain works?

Reduce Burnout

One particularly important way in which ATs thought interaction with an MPC could be
beneficial was that it could help reduce the incidence of burnout. Participants in the current
investigation thought that burnout stemmed from a “pressure culture” (Carol) marked by poor
work-life balance that is inherent in the NCAA DI environment (see Theme 3). In general,
participants felt that having an MPC as a social support resource could help reduce the incidence
of burnout by helping ATs better understand and manage stress. For instance, Jane said that an
MPC could help improve her well-being by “normalizing” the experience of stress and burnout.
Kate also noted that interaction with an MPC could help by “teaching people that adversity is
going to come, but you have to have the strength and the willpower to overcome those things and
not to get too down on yourself.” Furthermore, Monica noted the following when asked how an
MPC could help ATs: “It's [athletic training] just like a never-ending stress zone. So, I think a
sports psychologist could, you know, I'm not going to say take all the stresses away, but
definitely decrease it to where your longevity in this profession can last longer than 20ish years.”

More specifically, several participants believed that an MPC would be able to help them,
“reframe” stress to limit the adverse impact of the athletic training culture. Bruce talked in depth
about how an MPC could help with this:

The biggest one would probably be how to reframe stressful interactions. I think they
[MPCs] do a really good job of that from my experience, in terms of really trying to
understand where the other person in the situation is coming from, and not just saying,
'oh, you know, like, put yourself in their shoes' or something like that, but really trying to
dissect what's going on in the conversation or the situation. Just learning those techniques, because I think that's, that's really powerful when you come down to it, because a lot of times, you know, our interactions with other people that we perceive as stressful or negative, it's not directed specifically towards us, but more towards the situation. But a lot of times also just...I feel like it's human nature for us to take it as a, you know, take it personally. And so just figuring out strategies...how to reframe that would probably be the thing I'd be most interested in.

In addition to reframing stress, Bruce also thought that an MPC could help ATs develop a “better definition of success” that was based on controllable factors (e.g., effort and continuing education), not player availability.

As previously discussed in Theme 3 (Poor work-life balance), an additional factor that some ATs in the current investigation felt contributed to burnout was the development of an “athletic trainer identity.” This was also something that ATs believed MPCs could address. In particular, Jane thought that interaction with an MPC could begin to, “fix that problem and make sure that people know who they are outside of work so that their work and stressors from work don’t become their stressors in life.” Additionally, Kate said that MPCs “have the skills to help inform us [ATs] that we’re people first.” Susan referred to this particular benefit of interaction as something that could help her “be a better human.”

**Promote Interprofessional Collaboration**

Participants also felt that more interaction with MPCs would allow for more interprofessional collaboration between the two parties. Specifically, Susan noted that being “close” with the MPCs in her department would make her more willing to refer student-athletes to them and ask for advice. Carol also noted how more regular interaction could lead to a
stronger relationship and more “camaraderie” with MPCs. Because of this, Carol felt that the MPC would be more willing to share different “tools” that she could then use to assist the student-athletes that she worked with. Both Monica and Clint referenced this same concept, but instead of “tools” used the term “tips.” Specifically, Monica noted the following when asked what interaction could look like:

And then it could be, you know, athlete specific, like, he [MPC] knows that this girl is my athlete, and maybe we just have a one-on-one meeting of, you know, 'hey, how, if this girl is going through it, what, what are some things that have worked in the past? What should I bring up? What shouldn't I bring up? What should I avoid?' And stuff like that, maybe...just maybe implement and, you know, we might have to pay him a few extra hours and whatnot, since he is an hourly employee, but just have him come in and kind of give us some tips and tricks that, you know, from his side of the profession that he's an expert in, that can help us when he's not around and accessible for us.

Anthony felt similarly and recognized that an MPC could possibly give him some more “background” on what student-athletes were going through which would help him “improve his rehab strategies.” Stephen also noted that more interaction with an MPC would make him more comfortable having sensitive conversations with student-athletes (e.g., death in the family, relationship troubles). In essence, what these participants have described is a “blending” of ATs’ and MPCs’ professional skillsets.

**Increase Student-Athlete Receptivity to MPCs**

In addition to encouraging interprofessional collaboration, participants also believed that more interaction between ATs and MPCs would make student-athletes more comfortable using sport psychology services. Overall, participants thought that this would occur because student-
Specifically, Kate noted that more interaction would make it so “it just seems like you have a better rapport with them [MPCs] when you’re trying to utilize them for your student-athletes’ sake.” Furthermore, Jane noted that, “it’s a lot more encouraging for athletes who have a hard time doing it [talking with someone about psychological challenges] for themselves to see somebody [an AT] who’s able to do it.” Jane also added that “if you [AT] can’t ask for help, how do you expect your athletes to go forward with it?”

**Theme 7: Factors ATs Perceive Impede Interaction with MPCs**

While participants felt that more interaction would be beneficial, they recognized that certain factors impeded such interaction. Participants primarily believed that structural elements of their organization prevented regular interaction. However, other barriers were related to ATs’ perceptions of MPCs and sport psychology overall. Additionally, ATs recognized that aspects of cultural identity (e.g., gender) could influence ATs’ receptivity to interacting with an MPC. This theme contains four subthemes that represent barriers to interaction between ATs and MPCs: (a) Access and time constraints; (b) Athlete-centered services; (c) Stigma; and (d) Sociocultural dynamics.

**Access and Time Constraints**

Participants were quick to recognize that limited access to MPCs impeded interaction. For instance, when asked what challenges ATs may face in initiating interaction, Carol noted: “Maybe it’s the availability of the mental performance person…they’re not available.” This was particularly true for participants who worked at universities that had a part-time MPC. For example, Monica noted that the part-time MPC at her university “has a backdoor to their office, they come in for a few hours a week, do their job, and they kind of leave.” In some instances,
these participants were worried that, by interacting with the MPC, they would be taking time away from student-athletes. Another statement from Monica reflected this:

I never want…um…you know, our [MPC]…is only part-time. So even to schedule one of our athletes, we might have to look three weeks in advance to get someone on the schedule. So obviously, I never want to take away from the athletes. Like that's their resource. So, I would feel pretty bad if I took a time slot with him and kind of bumped an athlete out of the way.

ATs recognized that finances could factor into an MPCs’ availability. In particular, it was how the athletic department prioritized their budget in order to hire full-time and/or multiple MPCs. For example, Scott noted, “it's not, you know, just affording it. It's deciding to make that [sport psychology] a priority. Every athletic department can afford it in some capacity.” Additionally, Monica regretted that universities were “giving four million dollars to these football coaches” while athletic departments “can’t even get the basic resources to help them [student-athletes].”

Independent of the hiring status of their universities’ MPC(s), participants felt that the busy nature of both ATs and MPCs limited the potential for interaction. In particular, Bruce noted that “I can see my first excuse being I don’t have enough time.” Natalie also felt that “the cross-section of our [AT and MPC] schedules matching up would probably be tough.” Scott talked about this concept in more depth and stated:

I think it probably comes down to like staffing hours a little bit too…But right now, it's just like, that's [interacting with an MPC] not possible because they work nine to five, five days a week, and I work and cover three teams, five teams, whatever, and I work six days a week. Weird hours. So, it's like, the nature of the beast in some capacity.
Another barrier to ATs’ personal use of MPCs was the perception that the MPCs’ services were only for student-athletes. For instance, Carol noted that “I don’t feel like…I guess…maybe it’s [MPC] not a resource for us” Additionally, Jane stated that, “I think that’s how the system is set up…we have such close access to it [MPC], but it’s not for us.” Scott also reflected on this concept: “We’re in the silo of athletics. So, it’s hard not to be like, ‘yeah, they’re [MPCs] sports performance people. They’re for athletes.’” So, I think that’s working against us [ATs].” Kate also said that there would be certain questions raised about ATs interacting with an MPC if there was not sufficient buy-in from administration: “Why are we paying them [MPCs] for athletic trainers and not our athletes? Everything comes down to the athletes. I think the big thing is not having buy-in.” Monica recognized that putting so much emphasis on student-athletes can trivialize the well-being of support staff:

I think, in the realm of things you always get caught up in how do we…how do we help the athletes? How to best care for the athletes. And like I said, at the very beginning, it’s, it’s kind of like, oh, you know, all these people have all these hands in getting the best care for the athletes, and sometimes the people giving the care get a little overlooked.

In addition to the athlete-centered culture of NCAA DI programs, some ATs felt that the terminology used in the field (i.e., sport psychology) promoted an athlete-centered perception of MPCs’ services. For instance, Bruce noted that “just framing it [MPCs services] around more of like, the mental game, performance, and not, you know, the sports psych…I think that would help out a lot.” Additionally, when asked how to shift the athlete-focused perception regarding an MPCs’ services, Kate stated:
I think maybe kind of dropping the little title part that makes it seem like they can only work with one group of people and realizing that that's just a really awesome expertise in that particular area. But they have the skills and knowledge to work with anyone.

With this in mind, some participants were asked about their views on the title “certified mental performance consultant (CMPC)” that was unveiled by the Association for Applied Sport Psychology (AASP) in 2017. Bruce felt that an MPC specifically titling themselves CMPC “takes the sports and athletic, like, limited scope stereotype away…I think people will feel it [MPCs’ services] can be applied to a lot of different people.”

**Stigma**

In addition to sport psychology being athlete-centered, ATs also believed that there was still a certain stigma that surrounded the use of MPCs’ services. For instance, Peter said that “First of all there’s still like a stigma in general [about] mental health in athletics. So, there’s still so many people that think it’s just like weakness or whatever.” Additionally, Scott noted that there was still a “prolonged negative stigma that is associated with talking about what's going on inside your mind.”

This stigma also took the form of, as Natalie put it, “old-school thinking” regarding the use of mental health and sport psychology services. In particular, multiple participants believed that there was a certain perception in athletic departments that “helpers” should not need any help themselves. For instance, Jane noted that there is a “stigmatized view that health professionals can’t have health problems.” Kate expanded on this concept and noted the following:

There's hesitancy to be part of that particular crowd that says that they need help, because they're the helpers. And I'm not saying that's everyone's situation. But…I know what
that's like. And I know what, or I know how people feel when other people find out that
that's the resources that they're using. There's still some negative connotation around that.

Monica explained how this stigma stems from the athletic training culture that was described in
Theme 2:

I think, with everything, like with all these stigmas, you know, people kind of look at you, like, you're, you're a superhero in a sense, which is a great compliment, but at times, like, we are human, and we're not superheroes, and you know, people just assume that you're going to be 100% all day.

With this in mind, some participants felt that older ATs would be less likely to interact with an MPC than a young AT. Specifically, Susan felt that “I think an older athletic trainer who’s been doing this a long time and hasn’t needed help up until this point is…might resist asking for help now.” On the other hand, some participants also recognized that coaches could have an “old-school” mentality regarding sport psychology services. Stephen noted, “you still have some of those dinosaur, old-school coaches that like, ‘just man up and do it,’ you know, kind of that militaristic mentality.’ Bruce speculated that a coach having such perceptions could reduce ATs’ interest in interacting with an MPC because coaches “always want the support staff to get on their messages and really back those up.” In other words, if a coach was not supportive of sport psychology, it is possible that an AT would avoid interaction with an MPC. Once again, this demonstrates the power that coaches hold in NCAA DI environments.

*Sociocultural Dynamics*

Finally, participants believed that factors associated with cultural identity could be a barrier to interaction. The most prominent cultural identity that participants thought mattered was gender. In particular, ATs thought that men would be less likely to be emotionally open with an
MPC than women. Scott believed the “be a man” culture that exists in athletic training and the United States creates a “fear” for men to talk about their “feelings and emotions.” Jane felt similarly and said:

I think even more frequently, you deal with the male athletic trainer who doesn't because again, that's been stigmatized for decades that men don't talk about their feelings as often as females do…And I find that when you double the stigma of, you're a medical professional and you're male, you have a higher incidence of silence.

On the other hand, it is important to recognize that sexism may also play a role in preventing women from using the services of an MPC. Specifically, Monica discussed how some women may be unfairly “looked down on” by men if they discuss their workplace challenges:

So, if you have a female who's truly struggling, and we have a male sports psych I could see that being kind of a big issue of ‘man, I can't go to them, they're going to look down on me, they already kind of rule athletics.’ And males always seem to have the upper hand in athletics. And I know that there's still people out there that believe that females don't belong in athletics…females know that and understand that, and I think that could be…I think that could definitely keep a struggling female in the profession from trying to get help.

This perception likely intersects with the stigma of “mental weakness” discussed above. In essence, a woman may worry that interacting with an MPC would validate sexist perceptions that women are “soft” and cannot succeed in the NCAA DI environment.

In addition to gender, some ATs thought that race could influence interaction between ATs and MPCs. More specifically, participants believed that ATs of color may be more comfortable interacting with an MPC who was of the same race. In fact, both Kate and Peter
referenced personal experiences they’ve have with athletes of color who preferred working with an MPC of the same race as rationale for this belief. Anthony was able to outline how having a diverse staff of MPCs improved his athletic department and encouraged interaction:

There's men, there's women, ethnicity is different. So, it gives you an opportunity to be able to connect with somebody that you would connect best with, like, there's a lot of different…there’s different people. So, I think that's important to incorporate. Because I think that not everybody is comfortable talking with everybody, you know?

**Theme 8: Factors ATs Perceive Promote Interaction with MPCs**

Participants also recognized that there were multiple factors that could promote interaction between ATs and MPCs. The most prominent factor that was discussed was the structure of the athletic department, and if it was conducive to interaction and collaboration between professionals. However, ATs also felt that camaraderie between professionals and knowledge of MPCs’ skillset were necessary for more interaction to occur. This theme contains three subthemes that ATs perceived could help enhance interaction with MPCs: (a) Integration of MPCs; (b) Camaraderie; and (c) Interprofessional education.

**Integration of MPCs**

Participants felt that the most important factor that could promote interaction was integrating MPCs into athletic departments. Specifically, participants indicated that interaction would be more likely to occur if the MPC was a full-time employee. In particular, Bruce noted that once the part-time MPC at his university began working more hours, “we just had a lot more conversations, and just…talking shop.” Monica also mentioned that having MPCs full-time in the athletic department would enhance interactions between ATs and MPCs:
I think a lot changes, you know, just having the face time of, you know, getting to know them [MPCs], and... if they are full-time, you know, everyone's going to have some downtime throughout their day. So, taking advantage of that downtime and talking to them about specific cases, and, you know, them kind of realizing that...we [ATs] are helpful attributes that they can use to build on the student-athletes' care. And same for us...we can kind of...we'd have more time to kind of mesh our, our, our knowledge together to better care for an athlete rather than doing it as separate entities.

In addition to being a full-time employee, Clint said that specifically making the MPC a member of the athletic department would help to “close the gap” that can exist between ATs and MPCs and make the two professions a “complete package” for student-athletes.

Additionally, many participants thought that the layout of offices in the athletic department was also a factor that influenced interaction. For instance, even though her university’s MPCs were full-time athletic department employees, Susan lamented the fact that she rarely saw them around the office:

But since sports psych is down the hall, I don't really ever see them. And so like, there's a couple of the staff members that I'm not even sure what they look like in real life, just because I don't see them as a human, I see their email address. And that's something I would love...to like, actually see them as a human and like, have them be more like directly present.

Carol also felt that if the part-time MPC at her university was provided an office in the athletic department it would allow for, “more of an offering...an integration within the other aspects of our...medical group.” Scott recognized that having his office next to his university’s MPC was conducive to interaction: “I think the ability to like, walk out of your door and walk 100 feet and
walk into somebody else’s door, it just like, increases the frequency at which those types of conversations happen.” Conversely, Stephen thought that not having an MPC as a full-time member of the athletic department made this professional “less visible, less accessible, less apparent.”

ATs also recognized that there needed to be a certain culture within the department that encouraged interaction. Kate referenced this as a “team atmosphere” that helped encourage collaboration and interaction within that athletic department. Clint felt that, in order to have this atmosphere, it was vital to have buy-in from the administration: “I think it starts from the top, the administration in athletics…And it’s never going to happen until they understand what we [ATs and MPCs] do and the importance of what we do.” Anthony felt the same way, but was very pleased with the atmosphere at his university:

I think it starts at the top. Our athletic director…he's been incredible. He's been here for five years, I think. And he…it just starts from the top down of like, everybody, we're in this together, we're going to work as a team. He makes an effort to always come around practice. Makes an effort to know everybody's name and know what you do. So, like, there's not an unfamiliar face to him, which I think is really important. He does a lot to encourage like, togetherness, like, we're very spread out in terms of space, because…we basically all have our own facility. And he does a good job of like, making sure that everybody knows that it's important that we work together, and we find a way to like, collaborate. So ultimately, it starts at the top. And then that trickles down, through head coaches, through support staff…down to our student-athletes.
Camaraderie

ATs also believed that interaction would be encouraged by more camaraderie between ATs and MPCs. For instance, when asked how a better relationship could be formed between ATs and MPCs Kate noted, “I really believe it’s just forming an intentional and trustworthy relationship with one another.” One thing that Kate thought would help promote this relationship between ATs and MPCs was an “open-door” policy in which they could ask each other questions and have regular discussion. Anthony felt that having a sense of “togetherness” and “genuinely caring about each other” helped create more interaction in the workplace.

While many participants believed that camaraderie was naturally developed by more visibility in the workplace (i.e., integration), some recognized that it could take effort and it is important to reach out to MPCs. For instance, Jane noted that it can be a powerful relationship-building tool to simply ask MPCs, “how are you doing?” when you see them during the day. Furthermore, Monica recognized that camaraderie could also be developed by more regularly including MPCs in social gatherings: “Including them [MPCs] and realizing that hey, they are a big part of our team...And we can...get to know each more personally...you know, outside work, outside the office, on a personal level. I think that would be huge.” Scott specifically mentioned that having more camaraderie would allow him to be more open and vulnerable with his university’s MPC:

You know, it's like, when...you've had a tough morning, and you should probably get out of the office or go for a walk, it's like...you're most likely to buckle down and just keep grinding. And so, I think, yeah, if you have that openness, be like, 'damn, this was a shitty day.' And like, you can just speak bluntly like that with your colleagues then you know, they're more likely to be like, 'oh, like, you want to go get lunch? Or do you need to take
off to go get a cup of coffee’…And I think some of that comes down to like, self-confidence and being comfortable with the people you're around.

### Interprofessional Education

Interprofessional education was also found to be an important factor in promoting interaction. In particular, Carol was interested in learning more about the professional skillset of MPCs. Specifically, Carol noted that more ATs would view interaction with an MPC as beneficial if, “a sports psychology person was to come in, and just kind of share some information about their beliefs and…their tools that they share with athletes.” Other participants thought that ATs needed to have a greater understanding that MPCs can work with others besides athletes. For instance, Susan said that it would be helpful for ATs to have a “better understanding that they treat more than just athletes.” Bruce expanded on this concept when asked how interaction could be promoted:

> I think just getting them [MPCs] in front of different types of people. And just having that exposure and the education. I know our sports psych professionals met with our coaches in their coaches’ meeting…I heard the meeting went for about two hours, and they just talked about everything under the sun. And that really helped them because the coaches then understood that like, you know, the sports psych professionals were not just for the athletes, they were also, you know, for everyone…So, I think just having those conversations with them and just…understanding their scope and the goal of what sports psych is.

In addition to better understanding what MPCs do and who they can work with, some participants indicated that it was important to have a better understanding of the difference between MPCs and clinical psychology professionals. Peter noted that it was important for ATs
to know the difference between “performance psych” and “clinical psych” because “that always gets messed up.” Scott also felt that education could help bring ATs and MPCs together. Specifically, Scott said the following:

I think, yeah, like the education component, is like making sure that people understand what the different types of providers can do it, whether it's a psychiatrist, or a psychologist, or a mental health performance specialist, and like, there's so many titles out there that are confusing and somewhat the same thing, but slightly different.

It is possible that these misunderstandings surrounding sport psychology reinforced the stigmas discussed in Theme 7.

**Conclusion**

In this chapter, I discussed the eight themes that I developed via thematic analysis procedures (Braun & Clarke, 2006). Participants discussed the multidimensional aspects of their performance and the various stressors and pressure that they experienced as athletic trainers in the NCAA DI environment. Furthermore, participants recognized that they used a variety of psychosocial strategies to manage their stress, improve their well-being, and enhance their performance. While no participants used sport psychology services in the traditional sense (i.e., one-on-one consulting), several ATs believed that informal interactions with an MPC helped them manage their stress, improve their well-being, and enhance their performance. It should be noted that, while many similarities were found between participants’ perceptions and experiences, each participant had a unique story that contributed to a more complete understanding of the stated research questions. In the next chapter, I will examine the results of the current study in the context of the wider body of literature, provide practical implications
from the current research, discuss the limitations of the current investigation, and propose future research.
CHAPTER 5
Discussion

The purpose of the current investigation was to explore NCAA DI ATs’ perceptions of and experiences with the personal use of psychosocial strategies and sport psychology services to manage their stress, improve their well-being, and enhance their performance. In this chapter I interpret the results of this study and explore how they relate to previous research. First, it was found that ATs are performers in their own right. Indeed, participants identified several complex elements of their performance related to the physical and psychological care of student-athletes. To my knowledge, this was the first exploration into how ATs define their performance success. The fact that player availability was often the first thing that participants mentioned when asked about their role and how they defined their performance success is not surprising. As college sports have become more competitive and profitable in the United States, player availability is more important than ever (Sanderson & Siegfried, 2018). Additionally, the number of student-athletes and teams that participate in NCAA DI athletics is at an all-time high (NCAA, 2018). These elements combined create more pressure surrounding player availability and a heightened number of injuries that must be managed by ATs (Kerr et al., 2015; Pike Lacy et al., 2020). Athletic trainers may also immediately identify player availability as part of their performance success because the majority of content in accredited athletic training education programs (ATEPs) revolves around the prevention and treatment of injury (Commission of Accreditation of Athletic Training Education, 2021). Additionally, while player availability is not specifically referenced, five out of the eight content areas (i.e., evidence-based practice, prevention and health promotion, clinical examination and diagnosis, acute care of injury and illness, therapeutic interventions) listed in the Athletic Training Education Competencies are directly related to
injury management (National Athletic Trainers’ Association [NATA], 2011). This education may reinforce the perception that an ATs’ role primarily surrounds player availability.

That said, ATs felt it was important to expand their definition of performance success to include developing trusting relationships with those around them and providing holistic care to student-athletes. This finding is encouraging and makes sense given that previous investigations with ATs (Clement & Arvinen-Barrow, 2019; Wiese et al., 1991; Zakrajsek et al., 2017) and physiotherapists (Tracey, 2008) showed that these professionals recognized the importance of developing strong relationships with athletes and providing person-centered care. Additionally, a novel result from the current investigation is that ATs consider advocacy as part of their performance success. Notably, these ATs did not just reference that providing holistic care, advocacy, and creating a trusting environment were part of their performance but stressed that these took precedence over player availability.

This particular result may be explained by the fact that these ATs genuinely cared for the student-athletes they worked with, and saw them as people, not a product. This supports the notion that ATs are healthcare professionals and should be more concerned with the overall well-being of student-athletes than player availability (Guskiewicz et al., 2004; Scheid, 2011). It is also promising that ATs primarily based their performance success on holistic care of student-athletes, advocacy, and creating a trusting environment because these are more controllable aspects of their performance than player availability. In other words, while ATs generally cannot prevent the occurrence of serious injuries (e.g., ACL tear), they can still do their best to deliver person-centered care to student-athletes. It has been found that performers who focus on “controlling the controllables” generally have reduced stress, more well-being, and better
performance than those who focus on the uncontrollable aspects of their performance (Harmison, 2011, p. 14).

It is possible that ATs viewing this person-centered care as part of their performance success is the reason that many have expressed a desire to receive more education surrounding how to incorporate sport psychology principles into their practice (Stiller-Ostrowski et al., 2010). In particular, Clement and colleagues (2013) found that ATs were especially interested in learning about concepts like individual motivation, using effective communication, and setting realistic goals. While these concepts can certainly be geared towards player availability, it can be argued that they are even more relevant for creating a trusting rehabilitation environment and helping student-athletes develop holistically. These results also support previous researchers who have argued that basic counseling skills such as active listening and empathy are essential for ATs to have (Moulton et al., 1997; Roh & Perna, 2000). Having these skills would allow ATs to better perform the elements of their performance that they perceive as most critical (e.g., creating a trusting environment).

However, ATs did not just view developing positive relationships and caring for student-athletes as part of their performance success. In fact, ATs had a genuine passion for these elements of their job. In many respects, ATs’ motivation to perform these aspects of their job (e.g., relationship building) operated intrinsically, meaning that ATs enjoyed them solely because they provided them with accomplishment, knowledge, or stimulation (Ryan & Deci, 2000a). Previous research concerning self-determination theory has found that when other medical professionals (e.g., physicians) are intrinsically motivated in the workplace, they experience reduced levels of stress, more well-being, and enhanced performance (Tak et al.,
Consequently, as much as possible, ATs should identify, engage with, and support their intrinsic passions. Unfortunately, ATs also described a variety of workplace stressors that they experienced. Some of the stressors that were reported, such as poor work-life balance, are similar to those seen in previous research (Eason et al., 2015; Mazerolle & Eason, 2017; Oglesby et al., 2020). Participants in the current investigation recognized that many of these stressors were reinforced by a “pressure culture” that surrounds athletic training in NCAA DI athletic departments. This was especially visible in the current study when it came to the pressure that ATs experienced from coaches regarding player availability. This particular result brings to mind previous literature that explored the power dynamic that exists between ATs and coaches. For instance, in a 2019 article for the *Chronicle of Higher Education*, Wolverton outlined several instances in which NCAA DI ATs have been fired for not submitting to the desires of head coaches. This coercive power (French & Raven, 1959) that coaches have appears to be a driving force behind this “pressure culture” that participants in this study described and the stress that comes with it.

As a whole, this culture seemed to clash with the passion that these ATs had for athletic training (see Figure 1 in Appendix J). For instance, pressure from coaches ran counter to ensuring the well-being of student-athletes. Participants recognized that being continually exposed to this culture has resulted in reduced performance, burnout, and attrition in the field. As previously discussed, burnout in the athletic training profession is a regularly studied topic and has been linked to poor work-life balance, limited control over one’s daily schedule, and pressure from coaches (Kania et al., 2009; Mazerolle et al., 2013; Oglesby et al., 2020). Furthermore, burnout is a potential cause of AT attrition, and likely leads to worsened injury prevention and rehabilitation outcomes for student-athletes (Brumels & Beach, 2008; Dewa et al., 2017;
Goodman et al., 2010; Terranova & Henning, 2011). So, ironically, while coaches may feel that reinforcing this culture promotes athletic program success, they may be damaging their program by losing experienced ATs and artificially reducing the performance of those who stay.

Participants in the current investigation discussed additional stressors that have not been examined in previous literature surrounding NCAA DI ATs were. For instance, no previous investigations have discussed how performing in front of a crowd and cameras puts pressure on ATs. However, this idea certainly makes sense and other non-athlete performers such as coaches (Sheehy et al., 2019), actors (Goodman and Kaufman, 2014), and musicians (Studer et al., 2011) have reported similar pressures. Furthermore, participants discussed an internal pressure that they put on themselves to perform optimally (i.e., properly care for student-athletes). While some ATs found that internal pressure reduced their well-being and performance, it is important to recognize that this form of pressure is not inherently a bad thing to experience. For some time, scholars have suggested that a key determinant as to whether internal pressure positively or negatively affects stress and performance is the sense of control over the situation that a performer perceives (Grobbelaar et al., 2018; Jones & Swain, 1995). This same hypothesis is supported by the current investigation. In fact, participants who primarily defined their performance success on more controllable factors (e.g., creating a trusting environment) experienced facilitative internal pressure while ATs who primarily defined their performance success on uncontrollable factors (e.g., player availability) experienced debilitative internal pressure. These results demonstrate that, similar to other performers, ATs can alter their affect, behavior, and cognitions in order to better navigate stressful environments and thrive personally and professionally.
Much like other performers, ATs reported using a variety of psychosocial strategies to manage their stress, improve their well-being, and enhance their performance. These techniques represent a “toolbox” (see Figure 2 in Appendix J) that can help ATs thrive professionally and personally. Many of the basic psychosocial strategies that participants discussed have also been seen in previous literature surrounding ATs. For instance, Mazerolle et al. (2011) also found that time management and setting boundaries with student-athletes helped ATs promote a stronger work-life balance. Additionally, it has previously been seen that effective communication with coaches reduced pressure surrounding player availability (Lacey et al., 2020).

In the current investigation, one of the most commonly reported basic psychosocial strategies was disengagement. Mazerolle et al. (2011) referred to a similar concept as “work-life separation” (p. 201). Disengagement is generally thought to be an emotion-focused coping skill, meaning that it is traditionally used to suppress adverse emotions created by stressors (Carver & Schier, 2000). However, ATs in the current investigation reported using disengagement in a more active manner. Specifically, disengagement helped ATs prevent the development of an “athletic trainer identity.” There is evidence that, for athletes, a strong athletic identity is associated with a heightened incidence of burnout (Brewer & Petipas, 2017; Chang et al., 2018). A commonly reported solution to help prevent the debilitative effects of an athletic identity is for athletes to create more “balance” in their lives (Gould & Whitley, 2009, p. 28). It seems that these ATs were actively trying to do just that by “leaving work at work” when at home and finding passions outside of athletic training. Furthermore, ATs incorporated breaks (e.g., walks) into their workday, which is essentially another, briefer, form of disengagement that has also shown to improve employee well-being and performance (Nejati et al., 2016; Scholz et al., 2018).
Many participants also recognized that social support helped them manage their stress, improve their well-being, and enhance their performance. This was not surprising as previous researchers have found that social support is a regularly used psychosocial strategy by ATs (Crutcher et al., 2018; Holmes et al., 2022; Rynkiewicz et al., 2022). However, it is interesting to note that participants in the current investigation found that different forms of social support were valuable for different reasons. According to Thoits (2011), there are two primary types of social support: Emotional sustenance and active coping assistance. Emotional sustenance involves the provision of empathy, sympathy, or acceptance. On the other hand, active coping assistance has instrumental value in the form of information, advice, or threat reappraisal. Furthermore, Thoits (2011) noted that social support can come from either significant others (e.g., spouse, partner, close friend) or a similar other (e.g., coworker, mentor). It is expected that social support from different providers may result in distinct benefits (Thoits, 2011, 2021). In the current investigation, participants discussed both emotional sustenance and active coping assistance from significant and similar others; indeed, these forms of social support provided ATs with different benefits. For instance, emotional sustenance support from significant others was primarily used to help ATs better manage their stress. On the other hand, active coping assistant from coworkers was something that many ATs believed improved their performance.

Participants in the current investigation discussed additional basic psychosocial strategies that ATs can use to manage their stress, improve their well-being, and enhance their performance. For instance, several participants in the current investigation discussed their use of goal setting. Regardless of what format they used (e.g., SMART, vision board), participants recognized that setting goals for themselves enhanced their motivation and confidence with regard to athletic training. These are commonly reported benefits of goal setting among other
populations such as athletes (Weinberg et al., 1993), coaches (Freitas et al., 2013; Thelwell et al., 2008), and even MPCs (Filion et al., 2021). From a productivity and professional development standpoint, it is promising to see that ATs set many different learning goals (Seijts & Latham, 2011). These goals surrounded obtaining new certifications and further developing their skillset. However, it is also important to consider that goal setting tends to be most effective when goals are developed that relate to a performer’s intrinsic motivations (Gagné & Deci, 2005). With this in mind, ATs should also strive to set goals that surround elements of athletic training that they have a passion for (e.g., relationships, collaboration). These may include simple goals such as asking student-athletes about their life outside of sport at the start of their rehabilitation session or introducing oneself to the university’s MPC.

In addition to goal setting, some participants reported using different journaling procedures. One specific technique that Jane discussed was gratitude journaling, which “consists of writing on a regular basis about things, people, and events one feels explicitly grateful for” (Jans-Beken et al., 2020, p. 743). While journaling was the least used basic psychosocial strategy, there is evidence that it can be a powerful tool. For example, Flinchbaugh et al. (2012) found that college students who completed weekly gratitude journaling experienced significantly more meaningfulness in life and engagement in daily activities than a control group. These effects were amplified when participants used stress management techniques (e.g., breathing techniques) in addition to gratitude journaling. Physiologically, gratitude journaling has also been linked to reduced inflammation and a healthier heart rate variability (Redwine et al., 2016). When considering the relative ease of this strategy, it should be encouraged among all ATs.

While participants reported using many basic psychosocial strategies, it was promising to see that most ATs also incorporated advanced techniques such as imagery, self-talk, and
breathing into their lives. Overall, ATs used these techniques in a manner comparable to coaches (Freitas, 2013; Thelwell, 2008). For instance, ATs in the current study used a variety of breathing techniques (e.g., diaphragmatic breathing, box breathing) to induce a sense of relaxation and be more focused in the workplace. Furthermore, multiple ATs recognized that using imagery to prepare for rehabilitation sessions and emergent injuries helped to manage their stress and improve their performance. This reported use of imagery is also quite similar to that of other medical professionals. For instance, Arora et al. (2011) found that surgeons who used more imagery experienced less stress during complex procedures compared to their counterparts. Additionally, in a qualitative investigation, Ibrahim et al. (2015) discovered that orthopedic surgeons regularly used imagery to plan and prepare for procedures, which enhanced their confidence. However, some ATs in this study used imagery beyond this traditional “preparatory” format (Weinberg, 2008, p. 5). For instance, Scott believed imagery helped him better navigate difficult conversations with coaches and student-athletes while Kate recognized that imagery also helped stimulate a sense of relaxation.

Of these three advanced techniques, ATs demonstrated an especially strong use of self-talk, and particularly reframing practices. In essence, reframing is a three-step process (Weinberg & Bianco, 2020). First, an individual must be aware of their own self-talk patterns, and how these correspond to certain situations. Next, one must evaluate the content of their self-talk and determine if it is facilitative or debilitative, relative to the current context. Finally, the reframing aspect of this technique involves replacing debilitative self-talk with a facilitative statement to produce a more realistic, positive, and productive inner monologue. Reframing is a core element of cognitive behavioral therapy and similar schools of thought (e.g., rational emotive behavior therapy; Turner et al., 2020).
Participants recognized that, in many ways, their self-talk dictated their mindset. This “mindset” can also be thought of as one’s cognitive appraisal to stressful events (Crum et al., 2020). Jamieson and colleagues (2018) contrasted the ideas of a “stress-is-enhancing mindset” compared to a “stress-is-debilitating mindset” (p. 251). In essence, when one has a “stress-is-enhancing mindset” they view stressful events as a challenge that could actually improve their performance and well-being. Conversely, a “stress-is-debilitating mindset” references instances when an individual perceives stress to be a threat to their performance and well-being. The reframing process that several ATs in the current study used helped them enter into a “stress-is-enhancing mindset.” In the workplace, having a “stress-is-enhancing mindset” has demonstrated to improve workplace satisfaction, optimism, resilience, and performance (Casper et al., 2017; Crum et al., 2013). To be clear, this is not to say that all workplace challenges can be dissolved by simply changing one’s cognitions. Indeed, many elements of the athletic training culture (e.g., always “on,” lack of control) are systematic issues and require more nuanced solutions. However, self-talk reframing appeared to be a valuable tool in reducing the stress that ATs experienced related to the performance and internal pressures that were described.

Despite this population’s robust use of psychosocial strategies, it should be noted that not all ATs used these techniques (particularly the advanced techniques) to their full potential. For instance, ATs did not report setting process goals (i.e., goal achievement strategies), which have demonstrated to reduce stress, improve well-being, and enhance performance in athletes (Daumiller et al., 2021; Kingston & Hardy, 1997). Additionally, Weinberg (2008) stressed that one of the most important elements of effective imagery is that the images an individual creates are vivid and include multiple sensory components. Some participants reported having very basic images that only included visual stimuli. Furthermore, while some participants referenced how
being “present” with student-athletes aided their performance, very few used any sort of deliberate mindfulness practice (e.g., meditation), which can promote this type of focus in daily life (Kabat-Zinn, 2015). Notably, some ATs were dissuaded from participating in deliberate mindfulness practices due to misconceptions surrounding the time and expertise that it takes to properly use this technique. This particular insight may explain the results of Goodman and Howard (2022) who found that, out of 547 ATs only 128 (23.4%) had previously tried meditation. As a whole, ATs’ incomplete use of these psychosocial strategies likely limited how effective their “toolbox” was in helping them manage their stress, improve their well-being, and enhance their performance.

Interestingly, ATs’ more refined use of basic psychosocial strategies somewhat mirrors their professional use of these techniques with injured athletes (Clement et al., 2013; Stiller-Ostrowski & Hamson-Utley, 2010). Specifically, Zakrajsek et al. (2017) found that NCAA DI ATs more regularly taught student-athletes basic psychosocial strategies (e.g., time management) compared to advanced techniques (e.g., self-talk). It possible that these trends are a byproduct of the limited sport psychology training that ATs receive in ATEPs (Cormier & Zizzi, 2015; Hamson-Utley & Stiller-Ostrowski, 2011; Stiller-Ostrowski & Ostrowski, 2009; Zakrajsek et al., 2016). It is likely that this limited training is focused most on understanding basic psychosocial skills, which could result in ATs having a stronger foundational knowledge of these strategies compared to those that are considered more advanced. Additionally, it is possible that ATs’ knowledge of and comfort with basic psychosocial strategies is then reinforced by regularly teaching them to student-athletes. In turn, ATs may be more comfortable personally using the basic techniques they teach most often to athletes.
Moreover, it is important to highlight that there were gender discrepancies related to the use of certain psychosocial strategies. Specifically, only female ATs reported using any sort of journaling practice. Additionally, only one male AT out of six reported using social support to help them emotionally (i.e., emotional sustenance). This brings to mind a similar trend seen in sport psychology where females report being more open to certain MPC services than males (Wrisberg et al., 2010; Zakrajsek et al., 2015, 2016). Specifically, NCAA DI female student-athletes and ATs reported perceiving greater benefits of services related to communication practices and team cohesion compared to male student-athletes and ATs (Wrisberg et al., 2009; Zakrajsek et al., 2015, 2016. It is possible that these overall perceptions of sport psychology services also influence how valuable men perceive certain psychosocial strategies, such as journaling and social support, to be. These trends can also likely be attributed to the socialization that men receive in the United States that results in this population being less likely to openly discuss emotions and display help-seeking behavior (Barbee et al., 1993; Parent et al., 2018; Sharp et al., 2022; Wasylkiw & Clairo, 2018).

With this in mind, it should be noted that participants who had more exposure to sport psychology principles had a more refined use of both basic and advanced psychosocial strategies, regardless of gender. For instance, Carol worked with a life coach and was a yoga instructor. These previous experiences likely helped her have a strong understanding of how to seamlessly incorporate different breathing practices into her day and effectively manage her self-talk. Additionally, Kate worked with a licensed clinical social worker and had a strong command of reframing her self-talk, setting boundaries for herself, and “leaving work at work.” Finally, Peter had a master’s degree in sport psychology and was adept at using imagery, breathing techniques, and his self-talk to manage his focus throughout the day. This same trend has actually been seen
concerning ATs’ professional use of psychosocial strategies. Specifically, NCAA DI ATs who have advanced education in sport psychology more regularly used advanced psychosocial strategies with student-athletes (e.g., imagery; Zakrajsek et al., 2017). While it is unreasonable to expect all ATs to have had the above experiences, it seems clear that more education and exposure to sport psychology results in a more complex understanding and use of psychosocial strategies.

Therefore, it is not surprising that ATs recognized that they could experience many personal benefits from using sport psychology services. In fact, participants in the current investigation believed that sport psychology services could help them develop their “toolbox” of psychosocial strategies. Furthermore, participants believed that interaction with MPCs could help improve ATs’ well-being by reducing the burnout that this population experiences. Specifically, some participants recognized that an MPC could help ATs develop definitions of performance success outside of player availability. Others believed that MPCs could help ATs better understand who they are as a person and prevent an “athletic trainer identity” from developing. While not explicitly said, it seems that using sport psychology services is also something that could help ATs better connect to the aspects of athletic training that they are passionate about. For example, by having more effective communication skills and being able to be more present at work, ATs will have an easier time developing trusting relationships with student-athletes and promoting a more holistic recovery. As previously discussed, ATs connecting with these passions more in the workplace may allow for more workplace satisfaction (Gagné & Deci, 2005).

It should be noted that, when considering the multidimensional model of sport psychology service provision (M^2SP^2; Zakrajsek, 2019), the situational and personal
characteristics discussed above lay the foundation for positive attitudes toward and subsequent use of sport psychology services. For instance, the NCAA DI context clearly creates a stressful environment that MPCs could help ATs better navigate. For the most, part, ATs recognized this. Furthermore, the participants in this study already seemed to have positive (albeit incomplete in some instances) perceptions regarding sport psychology services and recognized that the services of an MPC could be personally beneficial. In this regard, it is particularly interesting to consider that three participants, Bruce, Jane, and Susan, arguably had the most interest in seeking out sport psychology services for themselves. While these three participants did not have any formal sport psychology education, all had positive past interactions with MPCs and a strong understanding of what sport psychology was. Furthermore, these participants all had a strong use of psychosocial strategies which likely helped them gain more exposure to the potential benefits of sport psychology services. Perhaps it was for these reasons that they were interested in learning more from and working with an MPC. This would make sense as Zakrajsek et al. (2018) found that NCAA DI ATs who had more understanding of the benefits of sport psychology professionally used the services of MPCs more often than their counterparts.

Despite participants recognizing the potential personal benefits of sport psychology services, no one in the current study used these services in their traditional format (i.e., one-on-one consulting). With this in mind, it is important to consider that multiple participants in the current investigation recognized that interaction (i.e., “friendly talks”) with their university’s MPC resulted in them better understanding the psychosocial challenges that surround athletic training and life overall. The relationships that some participants had with MPCs were actually quite similar to how coaches have previously reported using sport psychology services (Sheehy et al., 2019). Specifically, these relationships did not have any sort of client-consultant dynamic
and instead operated as a friendship between peers. These “friendly talks” that participants described can be considered interprofessional interaction, because they were between professionals from different fields (Reeves et al., 2009). Clearly, interprofessional interaction between ATs and MPCs can help ATs manage their stress, improve their well-being, and enhance their performance.

In some ways, interprofessional interaction was really just another form of social support. While there has been little research conducted regarding how to reduce the incidence of burnout among ATs (see Oglesby et al., 2020), the research that has been done demonstrates that social support from coworkers may be a valuable tool in preventing burnout (Crutcher et al., 2018; Mazerolle et al., 2013). A similar phenomenon has also been seen in other professions such as nursing (Velando-Soriano et al., 2019). In essence, it is expected that social support may reduce feelings of isolation and spur more intrinsic forms of motivation towards an activity, such as athletic training (DeFreese & Smith, 2013; van Yperen & Hagedoorn, 2003). Therefore, not only is it beneficial to emphasize the importance of seeking out and using social support resources for ATs; MPCs should be highlighted as a social support resource due to their strong understanding of stress management.

Outside of benefitting them personally, ATs also believed that regular interprofessional interaction with MPCs would result in more interprofessional collaboration. This is important to consider because there is evidence that patient outcomes are improved when their condition is managed by an interprofessional team (Bretibach & Richardson, 2015; Martin et al., 2010). It stands to reason that interprofessional interaction between ATs and MPCs would result in more trust between these professionals due to an enhanced understanding of each other’s knowledge, skillset, and expertise (Breitbach & Richardson, 2015; Fewster-Thunte & Velsor-Friedrich,
2008; Suter et al., 2009). With this in mind, the potential relationship between interprofessional interaction and interprofessional collaboration makes sense as, according to the M^2SP^2, trust is a crucial antecedent to using sport psychology services either personally or professionally (e.g., collaboration). The concept of trust may also explain why ATs believed that interprofessional interaction would result in student-athletes being more likely to seek out sport psychology services. Because ATs and student-athletes tend to develop such close relationships, it is possible that trust between ATs and MPCs has a transitive effect. In other words, student-athletes may have more trust in their university’s MPC when it is clear that their AT has trust in them as well.

These results also support the contention that MPCs have the greatest impact on organizations when a culture is developed that promotes and recognizes the importance of sport psychology (Bemiller & Wrisberg, 2011; Jones, 2020; McGuire & Scogin, 2013). When operating in such a culture, MPCs have the ability to work with and thorough the entire athletic department to improve program functioning and performance (McGuire & Scogin, 2013; Zakrajsek, 2019). With this in mind, the factors that ATs in this study believed could impede and promote interprofessional interaction also reflect how a culture of sport psychology (i.e., a culture where sport psychology is respected, understood, and encouraged) can be created and sustained in athletic departments. For instance, Poczwardowski and Sherman (2011) stressed that it is important for MPCs to be fully “immersed” in their organization in order for a culture of sport psychology to develop (p. 513). Unfortunately, ATs in the current study felt that limited access to MPCs prevented these professionals from being fully immersed in the organization. This was particularly true for ATs who worked at an organization that employed a part-time MPC. For instance, Monica recognized that time constraints resulted in her university’s part-time MPC mostly remaining in their office to work one-on-one with student-athletes. This is
unfortunate, because visibility and participation in the workplace have demonstrated to be important for supporting MPC immersion in other contexts such as Major League Baseball (Jones, 2020).

However, it is not surprising that access and time constraints were perceived to be so problematic. In fact, the most recent estimate suggests that only 28.3% of NCAA DI (Football Bowl Subdivision) universities provide access to an MPC (Hayden et al., 2013). Moreover, only 9.1% of NCAA DI (Football Bowl Subdivision) institutions offer access to multiple MPCs (Hayden et al., 2013). Connole et al. (2014) also found that athletic administrators preferred hiring part-time MPCs over full-time MPCs and the majority preferred that MPCs were affiliated outside of the athletic department (e.g., counseling center, academic services). According to the M²SP² (Zakrajsek, 2019) the limited access that many participants believed they had to MPCs was an antecedent to sport psychology service use that adversely influenced ATs’ control beliefs. In other words, these ATs did not feel that sport psychology services were readily available; therefore, they did not believe they had control to access and use these services. As a whole, these restrictive hiring practices (i.e., part-time employment outside of the athletic department) make the immersion of an MPC into athletic departments near impossible and prevent MPCs from working with and through other members of the athletic department (Eckenrod, 2019; McGuire & Scogin, 2013; Zakrajsek, 2019).

That said, access to MPCs is not enough to create a culture of sport psychology within organizations (Zakrajsek et al., 2018). This was evidenced by the fact that some ATs in the current investigation did not regularly interact with MPCs despite multiple, full-time MPCs being present at their institution. Therefore, it is important to consider the other barriers to interprofessional interaction that participants discussed. Similar to coaches (Sheehy et al., 2019),
ATs in the current study perceived sport psychology to be “athlete-centered.” In essence, this meant that sport psychology services were thought to be a resource for student-athletes. This particular perception likely influences multiple attitudes and beliefs outlined by the M²SP² (Zakrajsek, 2019). For instance, the idea that sport psychology services are for student-athletes creates a perceived norm (i.e., normative beliefs) within ATs that may make personally utilizing an MPC’s services seem inappropriate. Additionally, if these services are presented as “athlete-centered,” it may be difficult for ATs to fully understand how these services could benefit them personally (i.e., expectations).

While the perception that sport psychology services are “athlete-centered” could point to general misunderstandings of what sport psychology is, this perception is also likely a byproduct of the culture that exists at many NCAA DI institutions, in which emphasis is placed on student-athlete performance and health, not employee well-being (Spavero & Warner, 2013). In other words, it is likely that MPCs are only expected to interact with student-athletes at many NCAA DI universities since that provides the most tangible benefit (e.g., athletic performance and winning). Nevertheless, such an environment clearly runs counter to the culture of sport psychology described above, which actually tends to lead to sustained organizational success (Jones, 2020; McGuire & Scogin, 2013).

At the same time, ATs reported that there were certain stigmas that surrounded the use of sport psychology services. There was the classic stigma of “mental weakness” that can accompany sport psychology (Parlington & Orlick, 1987); however, participants also felt that others would look down on “helpers” receiving help themselves. Naturally, the M²SP² (Zakrajsek, 2019) would predict that these perceived stigmas would influence one’s receptivity to sport psychology services. However, the idea that “helpers” do not need any help themselves
represents another normative belief that exists within both athletic training and the NCAA DI overall.

These stigmas potentially stem from some of the confusion participants reported surrounding sport psychology and the role of MPCs. In particular, some participants seemed to believe that sport psychology included the management of mental health disorders such as depression and anorexia. However, the Association for Applied Sport Psychology (AASP) states that, “the field of sport and performance psychology focuses on providing every performer the resources to power their inner edge by strengthening the ability to perform, as well as the ability to thrive” (n.d.b, para. 1). Therefore, it is clear that the goal of MPCs is not to diagnose and treat psychological disorders, but to help individuals build upon their strengths and flourish in their chosen domain. It is critical that everyone within the athletic department recognizes that, while some professionals can address both mental performance and mental health concerns (Moore & Bongura, 2017), sport psychology (i.e., mental performance) is quite different from other mental health services (e.g., clinical psychology, counseling psychology). Having this understanding could help counter the perception that sport psychology is something that is done “behind closed doors” (Sharp et al., 2014, p. 80).

This confusion between mental health and mental performance is likely enforced by athletic administrators’ preference to hire an individual who can address both concerns (Connole et al., 2014). In other words, athletic departments prefer hiring an individual who is a licensed psychologist and has some understanding of sport performance issues. Because of this, many ATs may only be exposed to MPCs who are also licensed to address student-athletes’ clinical mental health concerns. This desire to “double-dip” while hiring likely stems from a desire to save money on these resources; however, this results in an implicit undervaluing of sport
psychology in athletic departments (Wrisberg et al., 2012). It is important for NCAA DI athletic administrators to recognize that having a dedicated team of MPCs allows these professionals to be fully immersed in the athletic department and spread a culture of sport psychology (Bemiller & Wrisberg, 2011; Jones, 2020; McGuire & Scogin, 2013).

Finally, while participants did not discuss these topics in depth, some ATs did recognize that sociocultural factors could influence receptivity to interprofessional interaction. Participants actually recognized that both men and women could have some hesitation regarding interacting with an MPC. For men, participants believed this hesitation could stem from the, as Scott said, “be a man” culture that exists within NCAA DI environments. In other words, men working in sport are not expected to openly discuss the emotional or psychological challenges that they experience. Jones (2016) found that this same “hypermasculine” mindset predicted professional and collegiate football players’ tendency to neglect their mental health needs (p. 422). However, some female ATs also believed that interacting with an MPC (particularly one that was male) could amplify any doubts that their male coworkers harbor about their competence. While this is another byproduct of the “hypermasculine” NCAA DI environment, this result also further supports the argument that sexism adversely influences the well-being of female ATs in the NCAA DI (Burton et al., 2012; Goodman et al., 2010; Mazerolle et al., 2012; Perez et al., 2006).

On the other hand, ATs recognized that certain factors could promote interprofessional interaction between ATs and MPCs and encourage more of a culture of sport psychology in the athletic department. Overall, the factors that participants described fully support the M²SP² (Zakrajsek, 2019). Figure 3 (see Appendix J) demonstrates how these factors have the potential to circumvent the barriers to interprofessional interaction discussed above.
In addition to these structural elements of the organization, ATs thought that having more camaraderie in the workplace would lead to interprofessional interaction. In essence, participants believed that this camaraderie would create more trust between the two professionals. This supports a consistent trend seen within sport psychology where trust is a key antecedent to athletes and coaches utilizing the services of an MPC (Jones, 2020; Sharp et al., 2015; Sheehy et al., 2019; Zakrajsek et al., 2013). In the specific case of ATs and MPCs, it appears that this trust can be fostered by regular interaction both in and out of the workplace. Once again, this indicates that for the services of an MPC to be most effective and omnipresent they must be integrated into an organization so that professionals can develop meaningful relationships with one another.

Finally, participants recognized that it would be beneficial to have a stronger understanding of MPCs’ skillsets and qualifications. So, it is promising to see that there have been recent appeals to incorporate stronger interprofessional education practices into ATEPs (Breitbach, 2016; Breitbach & Richardson, 2015; Williams, 2020). In brief, interprofessional education can be thought of as actively learning about other professionals’ skillset, expertise, and qualifications (Breitbach & Richardson, 2015). However, it is concerning that sport psychology is rarely referenced in these publications. If MPCs are not included in these burgeoning interprofessional practices, it will be difficult for them to be seen as a true part of the sports medicine team, which will continue to limit immersion and subsequent interprofessional interaction. Therefore, for the benefit of student-athletes and other professionals, it is important that MPCs are not left out of these developments.

**Practical Implications**

The results of the current investigation have implications for MPCs and the field of sport psychology overall. First, it is important to consider what MPCs themselves can do to promote a
culture of sport psychology within NCAA DI athletic departments. Mental performance consultants should recognize that they can use their skills and expertise to benefit everyone within an athletic organization. Even if an MPCs’ primary goal is to enhance student-athletes’ on-field performance, it is important to recognize that this is best accomplished by working with and through others in the athletic department. With this in mind, MPCs should be aware that there are certain characteristics that may make interacting with them more appealing (Woolway & Harwood, 2020). Specifically, Chandler et al. (2014) found that medical professionals preferred to interact with MPCs who were empathetic and trustworthy. These participants also favored MPCs who had strong communication skills and displayed professionalism.

Additionally, MPCs should consider that the term “sport psychology” may be confusing and create an incomplete view of the profession (i.e., mental health focus, athlete-centered). Mental performance consultants should be cognizant of how powerful their professional title can be and how it markets the services that they can offer. That said, it does appear that ATs would respond well to sport psychology practitioners using the certified mental performance consultant professional title (Association for Applied Sport Psychology, 2021). Practitioners may also consider presenting the field as “performance psychology” or “mental performance” rather than “sport psychology” when possible.

Furthermore, it is clear that when MPCs are visible and active in the workplace, it can facilitate a culture of sport psychology. This visibility also appears to make other professionals, such as ATs, more comfortable interacting with MPCs for both personal and professional reasons. Therefore, if MPCs want to be viewed as essential elements of athletic departments, it is important that they take active steps to make themselves visible. Professionally, MPCs may
consider attending practices, games, and meetings; however, MPCs should also attend social events when possible and initiate “friendly talks” with support staff when appropriate.

These results also suggest that strategies should be considered that expose prospective and current ATs to the “toolbox” outlined in Figure 2. One potential strategy is to include more information surrounding ATs’ personal use of psychosocial strategies into ATEPs. While full courses surrounding this are likely unfeasible, ATEPs could consider weaving this education into discussions regarding the psychological care of injured athletes. Additionally, ATEPs could hold occasional presentations that are hosted by an MPC and geared towards addressing the psychosocial challenges that ATs may face in the workplace (e.g., preventing burnout, communicating effectively with coaches, managing pressure from crowds).

Outside of ATEPs, participants felt that NATA could also help educate ATs about the value of these different techniques. Similar to the above points, NATA could disperse monthly newsletters or hold virtual seminars that explore how ATs can better manage their stress, improve their well-being, and enhance their performance. Additionally, programs have been developed surrounding how physicians (Stefanidis et al., 2017) and physical therapists (Thompson et al., 2022) can best incorporate sport psychology principles into their careers and lives. It is clear that ATs could benefit from similar MPC-led programming.

However, many of the stressors and pressure that ATs experienced were systematic in nature. Therefore, in addition to ATs using a full “toolbox” of psychosocial strategies and regularly interacting with MPCs, it is critical that efforts are made to dismantle the current “pressure culture” that exists for ATs in the NCAA DI environment. One important step is for NCAA DI institutions to continue transitioning to medical models (Baugh et al., 2020). The use of medical models have demonstrated a reduction in undesirable aspects of the athletic training
culture that participants in the current investigation identified (e.g., poor work-life balance, external pressure from coaches) and enhance the elements of athletic training that ATs have a passion for (e.g., relationships, collaboration; Baugh et al., 2020; Eason et al., 2017; Goodman et al., 2017). It is also expected that medical models allow for more interaction and collaboration between professionals (Hankemeir & Manspeaker, 2018). This is likely because medical models shift power from coaches and athletic directors to ATs, giving them more autonomy over their own decisions and schedule (Scheid, 2011).

Finally, participants believed that aspects of cultural identity (i.e., gender, race) could influence ATs’ interprofessional interaction with MPCs. Accordingly, it is important to diversify the predominantly White field of sport psychology (Bejar et al., 2021; McCarver et al., 2019) and encourage NCAA DI athletic departments to hire a team of diverse MPCs. Furthermore, in order to dismantle the patriarchal nature of NCAA DI athletic departments, it is essential to have more women in positions of power (e.g., Head AT, Director of Rehabilitation) in sports medicine departments (Kamphoff, 2010). It is likely that doing so will create more equity in the workplace and promote a culture of sport psychology (Mazerolle et al., 2015; Zakrajsek et al., 2018).

**Limitations and Future Directions**

The current study does have certain limitations that can inform future research. First, it is important to consider that this was a very young sample of ATs, and the oldest participant was 45 years old. Participants indicated that age and years of experience in athletic training may be factors that influence ATs’ use of psychosocial strategies and their perceptions of sport psychology overall. Therefore, additional insight may be gained from interviewing older ATs who have had more exposure to the athletic training culture that participants described. Additionally, only one participant in the current investigation worked at a university that utilized
a medical model. Considering how much organizational structure may influence interprofessional collaboration (Hankemeier & Manspeaker, 2018), it would be valuable to have an investigation that allows for a fuller exploration into how interprofessional interaction occurs at universities that use a medical model. Furthermore, it is important to consider that the current investigation only explored the perceptions and experiences of NCAA DI ATs. The way psychosocial strategies and sport psychology services are viewed by ATs in other contexts (e.g., high school, hospitals, NCAA DII) could be quite different.

It would also be valuable to have more critical exploration into the experiences of female ATs and ATs of color. While half of the current sample was female and a third was non-White, participants were not asked questions that inquired into their personal cultural experiences and how these interacted with the NCAA DI environment. That said, some participants did indicate that elements of sexism and racism could influence interprofessional interaction between ATs and MPCs. Investigations more situated in cultural sport psychology (see Schinke & Hanrahan, 2009) should explore these topics in more depth.

Finally, quantitative studies exploring how frequently a large sample of ATs use the psychosocial strategies that have been outlined would be valuable. Through this, the influence that the use of these psychosocial strategies has on constructs such as burnout and workplace satisfaction could be more formally explored. Quantitative studies could help to assess how common interprofessional interaction between ATs and MPCs is in the NCAA DI and other sport environments (e.g., professional sports).

**Conclusions**

This investigation resulted in novel information regarding NCAA DI ATs’ perceptions of and experiences with psychosocial strategies and sport psychology services to manage their
stress, improve their well-being, and enhance their performance. Participants saw themselves as multidimensional performers who experienced a good deal of stressors and pressure in the workplace. In order to navigate their role and performance in the NCAA DI environment, ATs used a range of basic and advanced psychosocial strategies. However, ATs did not use all of these strategies to their full capability. Additionally, ATs recognized that, while it would be difficult to use sport psychology services formally, interprofessional interaction with MPCs could be quite valuable. Specifically, participants felt that MPCs could help ATs enhance their use of psychosocial strategies and reduce the potential for burnout. Participants believed that several factors, including limited access to MPCs, prevented interprofessional interaction. However, ATs in the current investigation emphasized that better integrating MPCs into the athletic department would help these professionals be more immersed in the organization and promote a culture of sport psychology.
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Appendix A

Multidimensional Model of Sport Psychology Service Provision

Adapted from *Working with and through athletic staff personnel: A key ingredient to the growth of sport psychology services*, by R. A. Zakrajsek, 2019. Adapted with permission.

Figure 4. Multidimensional model of sport psychology service provision
Appendix B

IRB Approval

December 10, 2021

Alexander George Bianco,
UTK - Coll of Education, Hlth, & Human - Kinesiology, Recreation and

Re: UTK IRB-20-06182-XP
Study Title: Athletic Trainers' Personal Use of Psychological Strategies and Mental Performance Services: A Mixed Methods Investigation

Dear Alexander George Bianco:

The UTK Institutional Review Board (IRB) reviewed your application to continue your previously approved project, referenced above. It has determined that your application is eligible for expedited review under 45 CFR 46.105(c)(1). The IRB reviewed your renewal application and determined that it does comply with proper consideration for the rights and welfare of human subjects and the regulatory requirements for the protection of human subjects. Therefore, this letter constitutes approval of your renewal application, including the consent form dated and stamped IRB approved. Approval of this study will be valid from 12/10/2021 to 12/28/2022.

Any revisions in the approved application, consent forms, instruments, recruitment materials, etc., must be submitted to and approved by the IRB prior to implementation. In addition, you are responsible for reporting any unanticipated serious adverse events or other problems involving risks to subject or others in the manner required by the local IRB policy.

Finally, re-approval of your project is required by the IRB in accord with the conditions specified above. You may not continue the research study beyond the time or other limits specified unless you obtain prior written approval of the IRB.

Sincerely,

Lora Beebe, Ph.D., PMHNP-BC, FAAN
Chair

Institutional Review Board | Office of Research & Engagement
1334 White Avenue | Knoxville, TN 37996-1570
865-974-7597 | 865-974-7400 IRB @ utc.edu
Appendix C

Recruitment Email

Dear NCAA Division I Athletic Trainer,

Currently there is little research regarding how athletic trainers personally use psychosocial strategies and sport psychology services. We feel that it is important to explore how athletic trainers personally use psychological strategies and services to further understand how these constructs can improve well-being and professional performance.

To do this, we are inviting you to participate in two interviews. Each interview is expected to take roughly one hour and will be completed roughly one month apart. Participation is completely voluntary and interview responses will remain confidential.

Following completion of each interview, you will be provided with a $50 Amazon gift card ($100 total).

Any publications or presentations resulting from this project will report summary information only. Please review the attached consent document for more information regarding this research project.

If you are interested in participating in this research, please reply back to me at abianco@vols.utk.edu or text me at 805-807-1796 and we will schedule a day and time for the first interview.

If you have any questions about this project, please email Alexander Bianco, PhD student of Sport Psychology & Motor Behavior, University of Tennessee (abianco@vols.utk.edu).

Thanks in advance for your thoughtful consideration of this request.

Best wishes,

Alexander Bianco
Rebecca A. Zakrajsek
Appendix D

Head AT Recruitment Email

Dear (insert name):

Currently there is little research regarding how athletic trainers personally use psychosocial strategies and sport psychology services. We feel that it is important to further explore how athletic trainers personally use psychological strategies and services to further understand how these constructs can improve well-being and professional performance.

To do this, we are inviting you to participate in two interviews. Each interview is expected to take roughly one hour and will be completed roughly one month apart. Participation is completely voluntary and interview responses will remain confidential.

Following completion of each interview, you will be provided with a $50 Amazon gift card ($100 total).

Any publications or presentations resulting from this project will report summary information only. Please review the attached consent document for more information regarding this research project.

If you are interested in participating in this research, please reply back to me at abianco@vols.utk.edu or text me at 805-807-1796 and we will schedule a day and time for the first interview.

If you have any questions about this project, please email Alexander Bianco, PhD student of Sport Psychology & Motor Behavior, University of Tennessee (abianco@vols.utk.edu).

We would appreciate it if you would forward this e-mail link to your athletic training staff and graduate student athletic trainers as they are welcome to participate as well. If they are interested, they can also reach out me at abianco@vols.utk.edu or text me at 805-807-1796 to schedule an interview.

Thanks in advance for your thoughtful consideration of this request.

Best wishes,
Alexander Bianco
Rebecca A. Zakrajsek
Appendix E

Consent Document

Consent for Research Participation

**Research Study Title:** Athletic Trainers’ Personal Use of Psychological Strategies and Mental Performance Services: A Mixed Methods Investigation

**Researcher(s):** Alexander Bianco, M.S., University of Tennessee, Knoxville, Rebecca Zakrjasek, PhD, University of Tennessee, Knoxville, & Sharon Couch, M.S., University of Tennessee, Knoxville

We are asking you to be in this research study because you have been identified as a current NCAA Division I athletic trainer who works at a university that employs a mental performance consultant. You must be age 18 or older to participate in the study. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researcher(s) to ask questions if there is anything you do not understand.

**Why is the research being done?**
The purpose of the research study is to further understand how NCAA Division I athletic trainers use psychosocial strategies for their personal benefit. We are also interested in how NCAA Division I athletic trainers use, or could use, sport psychology services for their own personal benefit.

The research team received funding for this study from the Association for Applied Sport Psychology.

**What will I do in this study?**
If you agree to be in this study, we will ask you to complete two interviews that are expected to take approximately one hour each to complete. These interviews will take place approximately one month apart from each other. You can complete these interviews over the web-conference program Zoom or over the phone. These interviews will be recorded (audio and video if occurring over Zoom).

You can skip any questions that you do not want to answer or exit the interview at any time.

**How long will I be in the research study?**
If you agree to be in the study, your participation will last for roughly one hour per interview (two hours total).

**Can I say “No”?**
Being in this study is up to you. You can say no now or leave the study later. Either way, your decision will not affect your relationship with the researchers or the University of Tennessee. Additionally, if you are a University of Tennessee employee, your decision will not affect your employment status.
What happens if I say “Yes” but change my mind later?
Even if you decide to be in the study now, you can change your mind and stop at any time. If you decide to stop before the study is completed, simply inform the interviewer that you would not like to continue.

Are there any risks to me?
It is possible that someone could find out you were in this study or see your study information, but we believe this risk is small because of the procedures we use to protect your information. These procedures are described later in this form.

Are there any benefits to me?
We do not expect you to benefit from being in this study. Your participation may help us to learn more about how athletic trainers can best use psychological strategies and sport psychology services. We hope the knowledge gained from this study will benefit others in the future.

What will happen with the information collected for this study?
We will protect the confidentiality of your information by keeping all interview recordings and transcriptions on password protected computers. We will also provide you with a pseudonym that will be put into the interview transcriptions. Additionally, any identifying information (e.g., university name) will be removed from transcripts.

If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information, we collect about you. These include:

- People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly
- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research
- If a law or court requires us to share the information, we would have to follow that law or final court ruling

What will happen to my information after this study is over?
We will not keep your information to use for future research or other purposes. Your name and other information that can directly identify you will be deleted from your research data collected as part of the study.

We will not share your research data with other researchers.

Will I be paid for being in this research study?
Yes, you will be provided a $50 Amazon gift card following each interview ($100 total).
Following each interview, an email will be sent to your preferred email address that will contain a unique gift card code that can be redeemed by going to this web address: https://www.amazon.com/gc/redeem.

Who can answer my questions about this research study?
If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers:
Alexander Bianco, M.S (abianco@vols.utk.edu)
Rebecca Zakrajsek, PhD (raz@utk.edu)

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:
Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

Statement of Consent
I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told who to contact. I understand that I am agreeing to be in this study. I can keep a copy of this consent information for future reference. If I do not want to be in this study, I do not need to do anything else.
Appendix F
First Interview Guide

Introduction
- Greetings
- Informed consent review
- Permission for recording
- Double check recording is working

Section 1: Role, pressure, and stress
To begin, I would like to better understand your role as an NCAA DI AT and some of the pressure and stressors that you face in your position.

Q1: What are some of your favorite aspects of being an NCAA DI athletic trainer?
Q2: What are some of your least favorite aspects of being an NCAA DI athletic trainer?
Q3: What does successful performance look like as an NCAA DI AT?
   Q3a. What do you believe has influenced your perception of successful performance as an NCAA DI AT?
   If they are struggling suggest culture, upbringing, and peers
   Q3b. How do you measure your own professional performance?

Q4: Can you talk about the pressure that you experience as an NCAA DI athletic trainer?
Q5: What are some of the main stressors that you experience as an NCAA DI athletic trainer?

Section 2: How do ATs personally use psychosocial strategies?
In this next section, I am interested in learning about the psychological or psychosocial strategies that you use to help manage your personal stress, well-being, and performance.

If the participant is struggling to think of any provide the following examples: Goal setting, social support, imagery, breathing, focus strategies.

If the participant says that they do not use any, ask “How do you manage your stress/well-being/professional performance?”

Q6: What strategies do YOU use, or have used, to help you manage your workplace stress?
- For each strategy that is mentioned, consider asking when, where, why, and how it is used.

- For each strategy that is mentioned consider asking what challenges they face in using it.

- If multiple strategies are listed, consider asking which they rely on the most.

Q7: What strategies do YOU use, or have you used, to enhance your well-being?

- For each strategy that is mentioned, consider asking when, where, why, and how it is used.

- For each strategy that is mentioned consider asking what challenges they face in using it.

- If multiple strategies are listed, consider asking which they rely on the most.

Q8: What strategies do YOU use, or have you used, to improve your performance?

- For each strategy that is mentioned, consider asking when, where, why, and how it is used.

- For each strategy that is mentioned consider asking what challenges they face in using it.

- If multiple strategies are listed, consider asking which they rely on the most.

- No matter what ATs define “performance” as earlier, ask if they use any strategies to improve their performance in pressure situations

Q9: Is there anything else that you do that helps you…

- manage your workplace stress?
- enhance your well-being?
- improve your performance?

Section 3: How do ATs personally use psychosocial services?

In this next section, I would like to get to know about your own personal interactions with sport psychology professionals and your own personal use of sport psychology services

Q10: Have you ever personally used sport psychology services?

- If no, ask if they have ever personally interacted with a sport psychology professional
IF YES

Q11: Can you please tell me more about the specific services that you have used?
Q12: What led you to engage in sport psychology services personally?
Q13: What kind of support did you receive from others for engaging in these services?
Q14: What was your previous knowledge and/or experience with sport psychology?
Q15: How did using sport psychology services influence your workplace stress?
Q16: How did using sport psychology services influence your well-being?
Q17: How did using sport psychology services influence your professional performance?
Q18: What challenges did you face in using these services?

IF NO

Q11: What are some of the reasons that you do not personally use sport psychology services?
Q12: What do you think could lead NCAA DI ATs to engage in sport psychology services?
Q13: What kinds of sport psychology services could you see NCAA DI ATs using?
Q14: How could using sport psychology services influence NCAA DI ATs’ workplace stress?
Q15: How could using sport psychology services influence NCAA DI ATs’ well-being?
Q16: How could using sport psychology services influence NCAA DI ATs’ professional performance?
Q17: What challenges might NCAA DI ATs face in trying to use sport psychology services?

Q19/18: Have you ever referred an athlete to or incorporated a mental performance consultant or sport psychologist into injured athletes’ rehabilitation?

IF YES

Q20/19: How has this previous experience influenced your personal use of psychosocial strategies?
Q20/21: How has this previous experience influenced your personal use of sport psychology services?
IF NO

Q20/19: Why have you not referred an athlete to or incorporated a mental performance consultant into injured athletes’ rehabilitation?

Section 4: Extra

Is there anything else that you would like to add about your personal use or NCAA DI ATs’ personal use of psychosocial strategies or sport psychology services that you think is important?

Do you know any other NCAA DI ATs who may be willing to participate in this project?

Section 5: Demographics

Before we finish, I would like to ask you about some basic demographic information. Please let me know if there are any questions that you would prefer not to answer and we can skip them.

What is your current age?

How do you self-identify in regard to gender?

How do you self-identify in regard to race?

How do you self-identify in regard to sexual orientation?

What is the highest level of education that you have achieved?

Are you currently Board of Certification certified?

What is your current professional title (e.g., assistant athletic trainer)?

How many years of experience do you have as an athletic trainer, post bachelor’s degree?

How many years have you been at your current organization?

What is the primary sport that you cover at your current organization?

Are there any other sports that you cover?

What is the competition level at your current organization (i.e., FBS, FCS, No football)?

How would you describe the organizational structure at your university (i.e., who does the head AT report to?)
Appendix G
Second Interview Guides

Anthony

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our first interview you talked a little bit about how you take walks around the facility and that these sometimes help you to ‘refocus.’ Why do you think this helps you? Is there anything else that you do that helps you refocus during the day?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use their self-talk to create a more positive and productive mindset during the day.

- Have you ever used self-talk to change your mindset?
- How do you think this strategy could benefit you as an AT?

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

We found that some participants use imagery (i.e., mentally create or recreated an experience) to help them relax or improve their performance.

- Have you ever used imagery?
- How do you think these strategies could benefit you as an AT?

We found that some participants take time out of their day to reduce their stress by using strategies like breathing and mid-day walks.

- Have you ever used strategies to promote relaxation?
- How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

- Have you ever used strategies be more mindful?
- How do you think these strategies could benefit you as an AT?
We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

- Have you ever used goal setting?
- How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

**Section 2: Interprofessional Collaboration**

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

In our last interview you mentioned that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that could help reduce your stress and enhance your performance.

- What can be done to encourage this interprofessional collaboration?

**Section 3: Sport Psychology Professionals**

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

In our last interview you mentioned that you sometimes ‘talk through some stuff’ with your university’s sport psychology professional. Can you tell me a little bit more about these interactions?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to talk with a sport psychology professional because people may think you are ‘mentally weak’ or ‘unstable.’

What do you think about this?

What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

You previously mentioned that a sport psychology professional could help change your perception of stress and rationalize events. What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Scott

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

Last time we talked, you mentioned that your self-talk can help you maintain a positive perspective and keep things ‘light’ and ‘jovial.’ Can you talk about that idea a little bit more? What else do you do that helps you keep a positive perspective in the workplace?

You also touched on the idea that ‘you care much more about how the athlete is doing as a person.’ How do you maintain this type of focus throughout the day?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer. I make good decisions’) to help reduce their stress and improve their performance.

   o Have you ever used positive affirmations?
   o How do you think this strategy could benefit you as an AT?

We found that some participants use imagery (i.e., mentally create or recreated an experience) to help them relax or improve their performance.

   o Have you ever used imagery?
   o How do you think these strategies could benefit you as an AT?

We found that some participants take time out of their day to reduce their stress by using strategies like breathing and mid-day walks.

   o Have you ever used strategies to promote relaxation?
   o How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

   o Have you ever used strategies be more mindful?
   o How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

   o Have you ever used goal setting?
   o How do you think this strategy could benefit you as an AT?
For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Last time we talked, you mentioned that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped enhance your performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about what sport psychology professionals and ATs can learn from each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak’ or ‘unstable.’

- What do you think about this?
- What do you think could be done to reduce this stigma?
In our last interview you mentioned how ‘every athletic department can afford it’ and it comes down to a ‘willingness to do it.’ How do you think ATs’ learning from sport psychology professionals could be “sold” to administration? Coaches? ATs?

You also mentioned that it may be hard to have a professional relationship with someone you share personal information with. Can you tell me more about why you feel this way? Is there anything that could be done to change this perception?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

Last time we talked, you mentioned that ‘everything that a sport psychologist can do for an athlete they can do for an athletic trainer.’ Can you tell me a little bit more about why you feel this way?

In our last interview you mentioned that sport psychology professionals could help ATs develop more emotional control. What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning about psychological strategies from a sport psychological professional, do you think that there are any other good ways for ATs to learn about these techniques that we’ve discussed?

**Section 4: Closing**

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Bruce

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you talked a little bit about the idea of setting SMART goals and how they help you ‘not get stuck in a rut.’ Can you talk a little bit more about this idea?

You also touched on the idea that you use self-talk to be a ‘calming voice’ in tough moments. Are there any other instances where you use your self-talk to shift your mindset?

Finally, you mentioned that you used to ‘visualize’ yourself going through EAPs and other duties because it gives you a ‘sense of familiarity.’ Can you tell me a little bit more about this?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

  o Have you ever used positive affirmations?
  o How do you think this strategy could benefit you as an AT?

We found that some participants take time out of their day to reduce their stress by using strategies like breathing and mid-day walks.

  o Have you ever used strategies to promote relaxation?
  o How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

  o Have you ever used strategies be more mindful?
  o How do you think these strategies could benefit you as an AT?

We found that some participants find it helpful to monitor and maintain their focus throughout the day.

  o Have you ever used any strategies to monitor and maintain your focus?
  o How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?
Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Last time we talked, you mentioned that working with a SCC was something that helped improve your performance. Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance.

In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

In our last interview you mentioned that you would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak’ or ‘unstable.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration?
How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

Last time we talked, you mentioned that sport psychology professionals could help ATs reframe stress and develop a better definition of success. What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning about them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Stephen

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you mentioned that ‘mental preparation’ helps you perform well as an AT. Can you tell me a little bit more about how you use this strategy?

You also noted that you find it important to remain mentally flexible throughout the day. Specifically, you mentioned you abide by the military slogan of ‘adapt and overcome.’ How do you remain mentally flexible?

Finally, you talked about your leadership style as the head AT and that you try to ‘relate to each person individually.’ Can you tell me some more about your leadership style?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use their self-talk to create a more positive and productive mindset during the day.

- Have you ever used self-talk to change your mindset?
- How do you think this strategy could benefit you as an AT?

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer. I make good decisions.’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

We found that some participants take time out of their day to reduce their stress by using strategies like breathing and mid-day walks.

- Have you ever used strategies to promote relaxation?
- How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

- Have you ever used strategies to be more mindful?
- How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.
Have you ever used goal setting?
- How do you think this strategy could benefit you as an AT?

We found that some participants find it helpful to monitor and maintain their focus throughout the day.

Have you ever used any strategies to monitor and maintain your focus?
- How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

In our last interview, you specifically noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped enhance your performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning psychological strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about how sport psychology professionals and ATs can best work with a through each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

In our last interview you mentioned that the sport psychology professional at your university ‘helps out’ people besides athletes, but this is not something that he does ‘formally.’ Can you talk a little bit more about that idea?
How do you think sport psychology professionals ‘helping out’ ATs in this way could be ‘sold’ to administration? Coaches? ATs?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about that?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can ‘help’?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak’ or ‘unstable.’

- What do you think about this?
- What do you think could be done to eliminate this stigma?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

In our last interview you noted that you have learned more about communication skills from a sport psychology professional. What other strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning about psychological strategies from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the techniques that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Carol

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you talked about your use of breath work, meditation, and yoga. Can you talk a little bit more about how the benefits of these practices translate to the workplace?

You also mentioned that ‘your thoughts create your emotions which influence your actions.’ Can you tell me a little bit more about how you try to observe and control your thoughts?

Next, you also mentioned how it is important for you to get up from your desk occasionally and talk a walk or just get away for 15 minutes. What do you feel like this does for you?

You also mentioned how important it is for you to ‘trust in yourself and your skills.’ Is there anything you do to help enhance this sense of trust?

Finally, you talked about how important it is for you to be ‘present’ with your athletes. How do you maintain this kind of focus throughout the day?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use imagery (i.e., mentally create or recreated an experience) to help them relax or improve their performance.

- Have you ever used imagery?
- How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

- Have you ever used goal setting?
- How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.
Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

You mentioned the last time we talked that you would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak’ or ‘unstable.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

Last time we talked, you mentioned that athletic trainers tend to ‘put others first,’ but when you take care of yourself you do your best job taking care of others. Can you expand on this idea a little bit? How do you think this idea could be promoted?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration? Coaches? ATs?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?
In our last interview you talked about how a sport psychology professional could help with team cohesion among the athletic staff. What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
**Clint**

**Introduction**

Greetings, consent review (if needed), permission to record

**Section 1: Psychological Strategies**

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

Last time we talked, you mentioned that being confident in your abilities as an athletic trainer was important for your performance. What do you do that helps you stay confident in your abilities?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use their self-talk to create a more positive and productive mindset during the day.

  - Have you ever used self-talk to change your mindset?
  - How do you think this strategy could benefit you as an AT?

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer. I make good decisions.’) to help reduce their stress and improve their performance.

  - Have you ever used positive affirmations?
  - How do you think this strategy could benefit you as an AT?

We found that some participants use imagery (i.e., mentally create or recreated an experience) to help them relax or improve their performance.

  - Have you ever used imagery?
  - How do you think these strategies could benefit you as an AT?

We found that some participants take time out of their day to reduce their stress by using strategies like breathing and mid-day walks.

  - Have you ever used strategies to promote relaxation?
  - How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

  - Have you ever used strategies be more mindful?
  - How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.
Have you ever used goal setting?
How do you think this strategy could benefit you as an AT?

We found that some participants find it helpful to monitor and maintain their focus throughout the day.

Have you ever used any strategies to monitor and maintain your focus?
How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

What could be done to better integrate sport psychology professionals into athletic departments?
Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance.

In this next section I would like to talk some more about what sport psychology professionals and ATs can learn from each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

What do you think some good methods would be to provide ATs with this knowledge?

In our last interview you talked a little bit about your experiences at Louisville and how, ‘you don’t need to go full-scale consultation with sport psychology professionals to get something out of it.’ Can you talk a little bit more about that idea?
You also mentioned that ‘athletic trainers tend to put themselves last.’ Can you tell me a little bit more about what you mean there?

Some participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Some participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration? Coaches? ATs?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

Last time we talked, you mentioned that you learned more about mindset and stress management from a sport psychology professional. What other strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning about psychological strategies from a sport psychological professional, do you think that there are any other good ways for ATs to learn about these techniques that we’ve discussed?

**Section 4: Closing**

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Natalie

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you mentioned that after stressful moments you sometimes like to ‘shut it off for a moment and take some breaths.’ Can you talk to me a little bit more about when and why you do this? Are there any other strategies you use during the day to relax?

You also talked about how being in control of the situation is something that helps ‘drive your focus.’ Is there anything that you do to help you enhance that sense of control?

Finally, you talked a little bit about how you ‘run through’ different situations in your head. Can you tell me some more about this process?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use their self-talk to create a more positive and productive mindset during the day.

- Have you ever used self-talk to change your mindset?
- How do you think this strategy could benefit you as an AT?

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

- Have you ever used strategies be more mindful?
- How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

- Have you ever used goal setting?
- How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to
experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration? Coaches? ATs?
You mentioned in our last interview that even if the university encouraged ATs to use sport psychology services you would probably want to keep things ‘separate.’ Can you tell me a little bit more about this? Is there anything that would help you change this perception?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

Last time we talked you talked about how a sport psychology professional could help ATs develop more mindfulness and better communication practices. What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Jane

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you talked about the ideas of reflection, journaling, and goal setting and how these help you set a ‘strong foundation’ and help you not stay ‘stagnant.’ Can you touch a little bit more on this idea?

You also talked a little bit about how you like to occasionally step out of the training room to just breathe a little bit and be mindful of how you’re feeling. Why do you think this is helpful?

Next, you talked a little bit about self-talk correction and how this helps you ‘turn things around.’ Can you tell me a little bit more about how exactly you do this?

You also talked about how you try to ‘focus on what’s in front of you’ and that this makes you feel more confident. You also mentioned the idea of a ‘game day zone.’ How do you maintain this focus?

Finally, in our last interview, you discussed how you ‘mentally prepare’ for situations. Can you tell me a little bit more about this process?

Next, I would like to talk about a psychological strategy that other participants have used to reduce their stress, improve their well-being, and enhance their performance.

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer. I make good decisions.’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.
What could be done to better integrate sport psychology professionals into athletic departments?
Is there anything else that you think can be done to promote this relationship?

Last time we talked you mentioned that one thing you really enjoy about being an AT is that you get to work with a ‘holistic team.’ Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

What do you think some good methods would be to provide ATs with this knowledge?

In our last interview you discussed how ‘everybody could benefit from sport psychology services’ even if it’s a ‘once in a while conversation.’ Can you talk a little bit more about this idea?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

What do you think about this?
What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak.’

What do you think about this?
What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?
Last time we talked, you mentioned how a sport psychology professional helped you better recognize stress triggers. What strategies or skills would you be most interested in learning from a sport psychology professional?

In our last interview you touched on the idea of an ‘AT identity’ and how this can be a negative thing to have most of the time. Do you think that a sport psychology professional could help ATs develop a more productive identity?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Kate

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you talked about the idea of ‘cognitive restructuring’ and how this can help you ‘leave work at work.’ Can you tell me more about this process? Are there any other ways that you use your self-talk?

You also talked a little bit about how you sometimes like to ‘take a breath’ in your office to calm down. You also mentioned that sometimes you combine this with calming music. How do you think the benefits of this practice translate to your work? Do you use any other methods to relax during the day?

Additionally, you noted that breathing and some apps help you be more mindful in the workplace. Do you use any other strategies to help promote mindfulness?

You also talked about how you sometimes use imagery for relaxation purposes. Do you ever use imagery for performance purposes?

Finally, you talked a little bit about the idea of setting goals and developing your ‘vision board.’ You mentioned that this strategy served as a ‘confidence booster.’ Can you tell me some more about that idea?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

We found that some participants find it helpful to monitor and maintain their focus throughout the day.

- Have you ever used any strategies to monitor and maintain your focus?
- How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?
Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Last time we talked you mentioned that having a strong professional relationship with your university’s sport psychology professional would make you more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to talk with a sport psychology professional because people may think you are ‘mentally weak.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration?
How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

Last time we talked you mentioned that sport psychology professionals could help ATs with ‘confidence building.’ What strategies or skills would you be most interested in learning from a sport psychology professional?

In our last interview you noted that sport psychology professionals could help ATs ‘set a foundation for success.’ Can you talk some more about that idea?

You mentioned in our last interview that ‘not having your entire identity in athletic training’ has made you a better AT. How do you think sport psychology professionals can help ATs develop a more productive identity?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Monica

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you talked about how important it get out of the office and ‘restart and refresh.’ You also mentioned that these experiences can be meditative in a way. Can you talk a little bit more about how the benefits of these practices translate to the workplace?

You also talked a little bit about how you like to ‘run through’ different procedures or stressful moments in your head. Can you talk some more about this process?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use their self-talk to create a more positive and productive mindset during the day.

  o Have you ever used self-talk to change your mindset?
  o How do you think this strategy could benefit you as an AT?

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

  o Have you ever used positive affirmations?
  o How do you think this strategy could benefit you as an AT?

We found that some participants take time out of their day to reduce their stress by using strategies like breathing and mid-day walks.

  o Have you ever used strategies to promote relaxation?
  o How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

  o Have you ever used goal setting?
  o How do you think this strategy could benefit you as an AT?

We found that some participants find it helpful to monitor and maintain their focus throughout the day.

  o Have you ever used any strategies to monitor and maintain your focus?
  o How do you think this strategy could benefit you as an AT?
For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Last time we talked you mentioned that having a strong professional relationship with your university’s sport psychology professional would make you more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

You talked a little bit about the relationship you’ve developed with your university’s SCC and how they helped you develop a good workout program. How can ATs develop similar relationships with their university’s sport psychology professional?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?
Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to talk with a sport psychology professional because people may think you are ‘mentally weak.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

In our last interview you mentioned how some people may look down on healthcare providers getting ‘help’ since they’re supposed to be the ‘helpers.’ Can you talk some more about that idea?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

When we last met you mentioned that you could learn more about stress management from a sport psychology professional. What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
**Peter**

**Introduction**

Greetings, consent review (if needed), permission to record

**Section 1: Psychological Strategies**

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you talked about the breathing practice that you do and how after stressful moments you sometimes like to use take some time to use that. Can you talk some more about how the benefits of this translate into your work? What other strategies do you use to promote relaxation?

You also mentioned how important the idea of acceptance is to you. What do you do to help you accept that you have limited control in athletic training?

You also noted that you sometimes use your self-talk to help you focus and create a more productive mindset during the day. What else do you do that helps you focus? What else do you do that helps to create a more productive mindset?

You talked a little bit about the idea of switching focus during the day when necessary. When do you know that you need to switch your focus? How do you switch your focus?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

We found that some participants use imagery (i.e., mentally create or recreated an experience) to help them relax or improve their performance.

- Have you ever used imagery?
- How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

- Have you ever used strategies be more mindful?
- How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

- Have you ever used goal setting?
How do you think this strategy could benefit you as an AT?

For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

Some participants felt that having a strong professional relationship with their university’s sport psychology professional would make them more comfortable interacting with them.

What could be done to better integrate sport psychology professionals into athletic departments?

Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

What do you think some good methods would be to provide ATs with this knowledge?

In our last interview you said that ‘everyone can benefit from sport psychology because it’s not sport psychology, it’s performance psychology.’ Can you tell me some more about that idea?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

What do you think about this?

What do you think could be done to expand the perception surrounding who sport psychology professionals can help?
Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to talk with a sport psychology professional because people may think you are ‘mentally weak.’

- What do you think about this?
- What do you think could be done to reduce this stigma?

How do you think ATs’ learning from sport psychology professionals could be “sold” to administration?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

In our last interview you mentioned that a sport psychology professional could help ATs with ‘mental health maintenance.’ What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

**Section 4: Closing**

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Susan

Introduction

Greetings, consent review (if needed), permission to record

Section 1: Psychological Strategies

To begin, I would like to talk a little bit more about the psychological strategies that you have used.

In our last interview you mentioned that sometimes in tense situations you like to take a moment to ‘be conscious’ of your breath and anxiety symptoms. You also mentioned that your breath is something you can ‘control’ in these moments. Can you tell me a little bit more about this idea?

You also talked about the idea of acceptance and how as an AT you’re not in control of things 99% of the time. What have you done to help you be more accepting of not having control?

Next, I would like to talk about some psychological strategies that other participants have used to reduce their stress, improve their well-being, or enhance their performance.

We found that some participants use their self-talk to create a more positive and productive mindset during the day.

- Have you ever used self-talk to change your mindset?
- How do you think this strategy could benefit you as an AT?

We found that some participants like to use positive affirmations (e.g., ‘I am a good athletic trainer’) to help reduce their stress and improve their performance.

- Have you ever used positive affirmations?
- How do you think this strategy could benefit you as an AT?

We found that some participants use imagery (i.e., mentally create or recreated an experience) to help them relax or improve their performance.

- Have you ever used imagery?
- How do you think these strategies could benefit you as an AT?

We found that some participants found that being more mindful or ‘in the moment’ helped to reduce their stress, improve their well-being, and enhance their performance.

- Have you ever used strategies be more mindful?
- How do you think these strategies could benefit you as an AT?

We found that some participants like to set specific goals for themselves in order to improve and measure their performance.

- Have you ever used goal setting?
- How do you think this strategy could benefit you as an AT?
For the most part, the ATs that I talked to all experience a lot of the same stressors. However, the participants that regularly use a lot of the strategies that we just talked about seemed to experience these stressors with less regularity and less intensity. What do you think about that idea?

Section 2: Interprofessional Collaboration

Next, I would like to talk about some of the professional interactions that you may have with sport psychology professionals.

In our last interview you mentioned that having a strong professional relationship with your university’s sport psychology professional would make you more comfortable interacting with them.

- What could be done to better integrate sport psychology professionals into athletic departments?
- Is there anything else that you think can be done to promote this relationship?

Some participants noted that working with sport psychology professionals in a more collaborative manner (i.e., more than referral) was something that helped reduce their stress, improve their well-being, and enhance their performance.

- What can be done to encourage this interprofessional collaboration?

Section 3: Sport Psychology Professionals

Overall, the ATs that I talked with felt that learning strategies from a sport psychology professional could reduce their stress, improve their well-being, and enhance their performance. In this next section I would like to talk some more about sport psychology professionals and ATs can learn from and about each other.

Some participants noted that they would like to have more knowledge surrounding what sport psychology professionals do, and the psychological strategies that they can teach others.

- What do you think some good methods would be to provide ATs with this knowledge?

In our last interview you mentioned that sport psychology services are something that may help you ‘be a better human.’ Can you tell me a little bit more about that idea?

Several participants mentioned that sport psychology services were specifically meant to be used by athletes.

- What do you think about this?
- What do you think could be done to expand the perception surrounding who sport psychology professionals can help?

Several participants discussed that a stigma still exists with sport psychology services. Specifically, there may be some hesitancy to work with a sport psychology professional because people may think you are ‘mentally weak.’
What do you think about this?
What do you think could be done to reduce this stigma?

You mentioned one of the biggest reasons that you haven’t sought out sport psychology services is because you don’t know if you can use them. How do you think ATs’ learning from sport psychology professionals could be “sold” to administration? Coaches? ATs?

You also mentioned that you don’t want to feel like you’re getting ‘free advice out of sport psychology professionals.’ Can you talk a little bit more about this idea?

How do you think an AT’s gender could influence the way in which they interact with a sport psychology professional? Race? Age? Type of sport?

You mentioned that sport psychology professionals could help you with ‘chaos management.’ What strategies or skills would you be most interested in learning from a sport psychology professional?

In addition to learning them from a sport psychological professional, do you think that there are any other good ways for ATs to learn about the psychological strategies that we’ve discussed?

Section 4: Closing

Thank you so much for taking some more time to talk with me today. Do you have any final comments regarding NCAA DI ATs’ personal use of psychological strategies or interactions with sport psychology professionals?
Appendix H

Memo Example

Post on 1/16/21

It was a little difficult to get up and write this. Our team is a bit weary. Our team has been working hard.

What I've been trying to improve is the quality of my interview.

I felt really comfortable with this one but still there was a bit of jittery in my voice and I felt nervous. Hopefully I feel better after another run.

Strategies: Prioritization, boundaries, self-talk.

Maybe this is how people enjoy their work? It feels more pressure from career development?

Services: He met with me, but very helpful in guiding me on helping myself and use stress. Office performance is mostly by product of stress it can be confusing. Would prefer career interactions.

Coding Notes:

This has been very fun to read. There are a lot of different people. Seeing how people enjoy their work is great.

Trying to take my stress seriously and I'm not the only one. Recognizing that not everyone will have the same journey as me.

After analyzing two I'm doing some changes. AIs focus is important to change from work, though exercise and seeing friend. AIs also need to get an organism immediate stress relief.

Different strategies are employed to help: Refocus, break, focus, take breaks, call, self-talk, mindfulness.

In general developing a positive, proactive mindset seems extremely important. Stress, it seems mostly geared towards work.

Both perspectives have benefited from the casual use of SP services, and these should be provided.

Believe they can end with stress by, hire right, control, cultural, and interpersonal culture.

Common errors are stigma, issues, and confidentiality.
Appendix I

Final Thematic Structure

Theme 1: ATs’ Passion for Athletic Training
   a. Relationships
   b. Helping student-athletes grow and develop
   c. Challenge
   d. Collaboration

Theme 2: ATs’ Role and Definition of Performance Success
   a. Player availability
   b. Holistic care of student-athletes
   c. Advocacy
   d. Create a Trusting environment

Theme 3: Elements of Athletic Training that Create Stress and Pressure
   a. Always ‘on’
   b. Role overload
   c. Lack of control
   d. Poor work-life balance
   e. Pressure from coaches
   f. Performance pressure
   g. Internal pressure

Theme 4: Psychosocial Strategies Used by ATs to Manage Stress, Improve Well-being, and Enhance Performance
   a. Disengagement
   b. Effective communication
   c. Setting boundaries
   d. Time management
e. Social support  
f. Journaling  
g. Goal setting  
h. Self-talk  
i. Breathing techniques  
j. Imagery

Theme 5: Interactions Between ATs and MPCs  
a. Referral  
b. Interprofessional collaboration  
c. Informal interaction

Theme 6: ATs’ Perceived Benefits of Interaction with MPCs  
a. Enhance learning and use of psychosocial strategies  
b. Reduce burnout  
c. Promote interprofessional collaboration  
d. Increase student-athlete receptivity to MPCs

Theme 7: Factors ATs Perceive Impede Interaction with MPCs  
a. Access and time constraints  
b. Athlete-centered services  
c. Stigma  
d. Sociocultural dynamics

Theme 8: Factors ATs Perceive Promote Interaction with MPCs  
a. Integration of MPCs  
b. Camaraderie  
c. Interprofessional education
Appendix J

Figures

![Diagram showing the relationship between ATs' passion and athletic training culture](image)

Figure 1. Relationship between ATs’ passion and athletic training culture
Figure 2. Athletic trainers’ psychosocial strategy “toolbox”

**Basic Strategies**
- Disengagement
- Effective communication
- Setting boundaries
- Time management
- Social support
- Goal setting
- Journaling

**Advanced Strategies**
- Imagery
- Self-talk
- Breathing techniques
IPC = interprofessional collaboration. IPE = interprofessional education. PSS = psychosocial strategies.

Figure 3. Interprofessional interaction mode
VITA

Alexander Bianco was born in Pittsfield, MA to Michael and Margaret Bianco. Alexander attended Viewpoint High School in Calabasas, CA where he played football until an injury prevented further participation. After high school graduation, Alexander attended Miami University (Oxford, OH) where he majored in Psychology and minored in Statistical Methods. Following his undergraduate studies, Alexander worked at the Addiction Recovery Research Center at Virginia Polytechnic Institute (Roanoke, VA) for roughly four years as a research assistant, research coordinator, and research associate. During this time, Alexander regularly competed in powerlifting as a member of the United States Powerlifting Association. Alexander then returned to Miami University to pursue a master’s degree in Kinesiology with a specialization in Sport Psychology. Following graduation, Alexander received his Doctor of Philosophy in Kinesiology and Sport Studies with a specialization in Sport Psychology and Motor Behavior at the University of Tennessee, Knoxville.