

Injured Athlete Wellness Program Brief

Who: Funded by the NCAA Innovations in Research and Practice Grant in 2017. Developed by Julie Rudy M.A., ATC (Sonoma State University) and Joe Puentes, Psy.D. (Psychologist and Sport Psychology Consultant)

What: Internet based educational program for student athletes to learn core sport psychology concepts and skills related to recovery from injury.

Where: Student athletes access the program at the Sports Medicine Center with iPads.

Why: Research indicates student athletes who learn core sport psychology strategies in their rehabilitation are more likely to return to their sport healthy and faster than those who do not.

How: First, the student athlete is referred to the program after a significant injury. Second, they fill out the initial paperwork and are oriented to the program by an athletic trainer. Third, they engage in the internet based modules (educational modules and positive imagery exercises). Finally, they complete a final assessment and evaluation.

A look at some of the module topics:

- Planning for Success: Goal Setting and Motivation
- Building Your Camp: The Power of Support
- Getting into the Zone for Recovery
- The Conversation in Your Head: Thoughts Matter
- Sport Psychology Skills 101
- Hardiness
- The Mental Weight Room
- Returning to Your Sport

Findings and Implications: Nine total student athletes started the program and four finished all ten modules and completed the final assessment and evaluation.

- The student athletes that completed the program reported it helped them recover from their injury, benefitted their emotional health and that they would recommend it to a teammate.
- Results were mixed regarding quantitative pre and post assessments measuring student athlete coping.
- The methods of implementation need to be revised to better fit the demands of student athletes and staff
- A combination of weekly group meetings and the internet based program would likely reduce drop out rates and increase integration of core concepts and coping skills.
- Similar online programs could be created for a) Substance Abuse, b) Eating Concerns, c) Stress Management and d) Performance Psychology Skills.



2017 NCAA Innovations in Research and Practice Grant Program

FINAL REPORT

**Injured Athlete Wellness Program: Creation of an Internet-Based Intervention, Providing
Mental Health Support for Injured Athletes**

Sonoma State University

NCAA Division II Member

Part of the California Collegiate Athletic Association (CCAA), Western Water Polo Association
(WWPA) and the Pacific West Conference (PacWest)

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PROBLEM STATEMENT

Sustaining an injury can be one of the most stressful occurrences collegiate athletes will face during their athletic career. From the moment an athlete sustains an injury, to the moment they return to sport, an athlete will go through a wide range of emotions (Clement, Arvinen-Barrow, & Fetty, 2015; Tracey, 2003). Injured athletes often struggle with feeling isolated from their teams as well as experience the negative emotions of fear, anxiety, and depression (Arden, Taylor, Feller, & Webster, 2013). Support with both the emotional and physical factors involved with injury recovery is imperative for successful rehabilitation and prevention of re-injury.

Although research shows that the use of mental skills training during injury recovery benefits the physical and mental well-being of athletes, many athletes have limited (if any) exposure to expert mental training services specific to sports injury (Arvinen-Barrow, et al., 2015). Not every university has the access to, or the budget for, a qualified, trained and licensed Sport Psychologist that can deliver the education and resources needed to support injured student-athletes.

Concern for the psychological health of injured athletes was recognized by Granito, Hogan, and Varnum (1995). They formed a Performance Enhancement Group (PEG) to support injured collegiate athletes with the goal of integrating social support and psychological skills training into the rehabilitation process. Based on this initial research, many institutions have subsequently created their own PEG programs to help serve the psychological needs of injured collegiate athletes.

At Sonoma State University we piloted a PEG style group called the Injured Athlete Wellness Program that ran over the course of 3 semesters, (Spring 2016, Fall 2016 and Spring 2017). The group is an 8-week program providing educational and emotional support to help increase the athletes' coping skills to reduce stress. The athletes are introduced to evidence-based techniques that enhance the recovery process, help athletes transition successfully back to training and competition, and assist in preventing re-injury. The program has had a significant positive impact on the athletes that have been a part of it. At the completion of the eight weeks, participants fill out a program evaluation; here are some of the comments from the participants about the program:

"You become equipped with the tools and confidence to positively get through your injury process."

"It was very helpful. It made you think about more positives and find the good things about your injury. It's encouraging and gives confidence and reduces anxiety/stress. It's the best thing to happen to me during my injury."

“The tools learned here help me guide myself through difficult situations both in and out of my sport, and help keep a positive mental attitude.”

“Every time I leave or think about this program I am excited to go and tell my friends what’s happening and how amazing it is. This has helped me tremendously through an extremely tough time.”

We are greatly encouraged by the positive feedback, however, we experienced challenges and barriers that other universities have also faced when trying to serve the mental health needs of injured student-athletes. One of the greatest barriers with this type of program is scheduling and logistics. With conflicting academic and practice schedules among the athletes and sports, it is difficult (if not impossible) to choose a time that will allow for every injured student-athlete to have the opportunity to participate. Additionally, since the program only runs for eight weeks during a semester, this type of program doesn’t allow for support during academic breaks.

Every university in every division is dealing with the challenges and ramifications, both physical and psychological, of injured college athletes. Many universities have made it a priority to have qualified personnel on staff to guide and support a student athlete through the physical recovery. What seems to be lacking, is the emphasis on support for the mental health of the student athlete, as they physically recover from injury. Injured student-athletes (as well as the coaches and athletic trainers serving the needs of these athletes) need to have the resources and support to handle the psychological challenges they will face. This pilot program directly addresses the biggest barriers and challenges involved in getting injured student-athletes, coaches, and athletic trainers access to this expert resource and support.

CONCEPTUAL FRAMEWORK

Research has demonstrated that an effective rehabilitation program needs to include interventions for both physical and psychological recovery (Hamson-Utley & Vasquez, 2008). The greatest predictor of successful recovery for college athletes from injury is adherence to the rehabilitation treatment plan (Creasy, Rearick, Buriak, & Motely, (2012). There are significant psychological factors involved that affect athletes' motivation and confidence to adhere to their treatment plans.

The barriers of scheduling, logistics, budget, and access to expert resources prevent many universities, especially Division II and Division III, from providing this essential education and support to their injured student athletes. This pilot program includes the creation and implementation of an internet-based intervention supporting the emotional well-being of injured student-athletes.

The program is accessible through a Learning Management System, Moodle and/or Canvas, and provides an online resource center and educational component with mental skills training and interventions. The proposed program includes ten units covering a range of topics that promote and support the positive psychological responses known through research to help manage stress, alleviate negative emotions, and increase the likelihood of a successful return to sport (Arden et al., 2013). Each unit includes two modules; they begin with a 10-minute educational webinar-style videos with supplemental Mental Training worksheets and activities that apply to the module topic (please see Appendix A for an outline of the modules). The unit finishes with a 10 minute visualization module.

The videos and audio exercises are designed for lengths of time that would allow the athlete to log-in and either watch or listen while they are in the Sports Medicine Center. While the athlete is being treated, the Athletic Trainer can encourage them to work on their mental training and have the athlete check out an iPad and headphones in order to access the online resource center. The entire module series would be strongly recommended for season-ending injuries with all of the resources being available as optional for other injuries.

An additional potential benefit of creating an online resource center is that it will provide access to student athletes that may not be reaching out for psychological services that would benefit them. Student-athletes are not as likely to seek out mental health services and support compared to non-athletes and internet-based interventions are being proposed as a safe and non-threatening way to provide this support (Putukian, 2016).

If proven successful, the online format could be easily adopted or adapted and implemented at a wide-range of member institutions. It will provide expert, data-driven education and evidence-based tools to help support injured athletes through their injury recovery. It has the

potential to positively impact the mental health of thousands of injured-athletes across multiple universities. The education and tools the student-athletes learn will not only help them successfully return to sport, but also teach them life skills that will continue to have a positive impact on them as they transition out of college.

METHODOLOGY AND DATA COLLECTION

Participants:

NCAA Division II, Student Athletes.

Student athletes with season-ending injuries were recommended to go through the Injured Athlete Wellness Program (IAWP) as a part of their rehabilitation time in the sports medicine center. Every injured student-athlete had access to the program online as well as in the sports medicine center through the use of iPads.

Collection of Data:

Prior to starting the online program, the student athlete completed the Athletic Coping Skills Inventory-28, i.e. ACSI (see Appendix A) to measure their baseline/post-injury level of overall coping (Smith & Smoll, 1995). At the completion of the online program student athletes completed the ACSI again as well as the feedback form (see Appendix B).

The ACSI has seven subscales including Coping with Adversity, Coachability, Concentration, Confidence, Goal Setting, Peaking Under Pressure and Freedom From Worry. Total subscale scores range from 0-12 with higher scores indicating stronger functioning in that area. There is also a total score calculated which ranges from 0-84 with higher scores signifying overall stronger athlete coping ability.

The feedback form had five Likert style questions and six open ended questions assessing the student athlete's subjective report of the program usefulness.

Program Implementation:

The framework and outline for the online program was developed by Julie Rudy M.A. ATC and Joe Puentes Psy.D (see Appendix C). The content of the modules was created by Dr. Puentes using basic PowerPoint presentation software with voice over that was then converted into video.

Staff athletic trainers went through the online program themselves to familiarize with the content and process. They were then trained on the implementation of the program including the step by step process as well as helpful language in referring student athletes.

The coaching staffs were provided with an introduction to program at the annual Sports Medicine Update meeting (see Appendix D).

Three phases of the program were then applied:

Phase 1, the student athlete (SA) initiates IAWP. The student athlete is injured and the staff Athletic Trainer refers and introduces them to the program. The SA completes the initial

assessment (ACSI). The SA then reviews and signs the IAWP welcome letter (see Appendix E). The Student Athlete then gets added to the Moodle or Canvas “class”. In order to keep privacy of SA, they are placed in their own “group” in Moodle. In Canvas the participants are blocked from seeing others in the class.

Phase 2, the SA begins participating in modules. During scheduled rehab times the SA does one unit per week. A unit consists of the following:

- Content Module
- Questionnaire
- Imagery Exercise

Phase 3, the SA completes the program. The SA completes the final assessment (ACSI) and the feedback form/program evaluation.

Program Evaluation:

The program was evaluated formally through the feedback form at the completion of the online program. Other informal sources of evaluation of program effectiveness were the informal student athlete feedback, observations of student athletes in the program, and Athletic Trainer and coach’s feedback.

FINDINGS

The IAWP was first initiated in the Fall semester of 2017. The program faced multiple implementation barriers at that time including staff shortage, administration change and then devastating fires in the area. No data was collected in that semester. The time frame for the pilot program was extended and the IAWP was re-started at the beginning of the Fall semester of 2018.

Nine participants started the IAWP and four completed the online program (summarized in Table 1 (Participant Total Scores). The data for both pre and post ACSI assessments was available for a total of four student athletes. The same four students athletes completed the final feedback form after finishing the program.

Table 1
Participant Total Scores

Participant	ACSI Pre Total	ACSI Post Total
1	71	X
2	53	X
3	65	63
4	56	X
5	42	X
6	67	X
7	58	57
8	57	41
9	34	40

Note. Higher scores indicate greater strength/functioning.

Subscale scores from pre to post assessment for the four students athletes who completed the program are summarized in Table 2 (Subscale Scores). Overall subscale scores increased in seven occurrences and decreased or stayed the same in all others subscales. Also the total scores decreased in three student athletes indicating a weakening in overall coping from pre to post assessment as measured by the ACSI. The total score increased in one participant indicating strengthening in overall coping.

Table 2
Subscale Scores

ACSI Subscales	Participant 3	Participant 7	Participant 8	Participant 9
Pre Coping	8	8	8	6
Post Coping	8	6	10*	3
Pre Coachability	12	9	9	9
Post Coachability	12	8	6	10*
Pre Concentration	9	8	10	4
Post Concentration	8	7	4	8*
Pre Confidence	11	11	8	6
Post Confidence	12*	9	7	5
Pre Goal Setting	8	9	8	6
Post Goal Setting	8	9	7	6
Pre Pressure	11	9	8	3
Post Pressure	8	11*	5	4*
Pre Worry	6	4	6	0
Post Worry	7*	7*	2	0
Pre ACSI Total	65	58	57	34
Post ACSI Total	63	57	41	40

Note. Decrease in score from pre to post signified weakening in the subscale area while increase in score signified improvement. Seven subscales across the participants showed improvement from pre to post assessment, noted by an *, and all other subscale scores stayed the same or decreased.

Four student athletes completed the final feedback form, which provided feedback on the athlete's perceived effectiveness of the IAWP. There were five Likert style questions and two yes or no question with additional open ended response option. Results indicated 75% agreed it helped with their understanding of psychological processes involved in recovery from injury. 75% agreed it helped grow their knowledge of sport psychology strategies involved in recovery from injury and sport performance (i.e. breathing and self talk). 50% agreed it helped improve awareness of their own injury process including opportunities for growth and potential barriers. 75% agreed it helped them recover better from their injury. 100% agreed the IAWP benefitted their overall mental and emotional health. 100% indicated yes, they would refer a teammate to the program. Finally 100% of the four student athletes indicated yes the sports medicine center staff were supportive during their recovery.

There were six open-ended questions. When asked what the most important things the student athlete learned from the program were, participant answers included:

"To think positively and be optimistic about my injury."

"Key skills on how to cope with my injured time and how to stay positive."

"Has taught me to set good goals during recovery."

When asked what ideas or strategies will they continue to use in their recovery and beyond they reported:

"Goal setting weekly."

"Breathing or staying calm during competition."

"Deep breaths, relaxation and positivity."

When asked if they had any suggestions about how the program could be more effective, responses included:

"Perhaps make it more relatable to the sport of the athlete."

"I just got sleepy during the videos but that could be me."

When asked if they would recommend the IAWP to a teammate the participants responded:

"Yes, I found it super helpful with de-stressing and realizing not everything is about being able to compete or be the best at my sport."

"Yes, indeed. This is a program that serves as a support to athletes going through a rough time."

Lastly when asked, overall what have been the most helpful things in their recovery process, they answered:

"Taking care of myself."

"Understanding the advice that taking care of my body and following the rehab protocol will help the outcome of the rehab process."

"People supporting me."

Finally, informal observations and feedback related to the program were collected from the sports medicine staff at the end of the semester. Observations from athletic trainers on student athletes they perceived were engaged in the program included:

"Trust in Athletic Trainer was key. If the athlete had a lot of trust and there has been established care. The athletes were more willing to complete."

"Once the program became a part of my routine as a practitioner, it was very easy to implement."

"The student athletes seemed to like having something to do other than treatments."

"I did not find it hard to have athletes participate in the modules while they were getting care."

“When the athletic trainers had me introduce the program to the athletes they were caring for, they seemed open and willing to do it.”

Observations by athletic trainers of athletes that dropped out and did not complete the program included:

“The treating Athletic Trainer needs to buy in to the program. When the athlete sees one staff member who does not buy in, it seems to make an impression on them.”

“Athletes had a hard time with feeling like they had to make time for the program.”

“There definitely seemed to be resistance with the name “Injured Athlete Wellness Program,” and athletes who did not want to mark themselves as Injured.”

“The program needs to be completed prior to final exams if possible. Priorities, rightly so, were on finishing the semester well.”

IMPLICATIONS FOR CAMPUS PROGRAMMING

Discussion

The IAWP was designed to bridge the gap between need of student athletes for psychological skills in the injury recovery process and their ability to access sport psychology services. The program aimed to do this by bringing an internet based psycho-educational program delivered on iPads to student athletes while in the sports medicine center receiving physiological rehab.

The program faced multiple implementation challenges in the initial semester, which led to its extension in time frame as well as some improvement in the implementation process. Still 5 of the 9 student athletes who started the program did not finish it for a 55% drop out rate. Student athletes who dropped out were observed struggling to carve out time to do the modules while facing other academic and rehab demands. Further, because the program was self-driven by the student athlete, there was little in the way of external follow up, accountability or motivation provided which student athletes are very accustomed to in the athletic environment with coaches and teammates by their side.

For the student athletes that did complete the program, they reported the program was helpful and meaningful to in their recovery. All said they would refer a teammate and each said they took something valuable away from the program, whether it be a positive attitude, knowledge of goal setting, breathing for relaxation or understanding the practical value of self care. Additionally the sports medicine staff observed that the athletes who engaged in the program found it helpful. The sports medicine staff themselves found just being aware of the concepts in the program helped them be more mindful of the student athlete's psychological process.

The results from the Athlete Coping Skills Inventory (ACSI) were mixed and overall showed little positive change from pre test to post test. The sample size was small and with the multiple varying factors involved including difference in sports, injuries, and care factors, minimal conclusions or implications can be drawn from these non significant quantitative results.

Implications and Recommendations.

Overall, the student athlete's who did complete the program reported it was valuable in their injury recovery. Further, sports medicine staff and coaches reported the program and its content were useful and needed for student athletes recovering from injury. The challenge in the program was keeping student athletes engaged once they started. Implications for future research and implementation include addressing the high drop out rate and finding other ways, including other assessment measures, to evaluate student athlete progress and program effectiveness.

Recommendations for increasing student athlete engagement and decreasing drop out rate include:

1. Further work and training with sports medicine staff to efficiently and effectively support engagement in the program. This might include offering student athletes scheduled reminders, learning how to help student athletes with time management, and regular problem solving consultation meetings between sports medicine staff.
2. Make the program worth course credit to increase motivation. Finding time in a student athlete's busy schedule to implement programming is a somewhat universal challenge across athletic departments in the NCAA. Enrolling student athletes in a course for credit related to injury recovery may help increase motivation and reward the athlete for time spent learning.
3. Combine the online program with a counseling group (similar to the one described in the Problem Statement above). The use of online learning can supplement and enhance the benefit of a counseling group. Further, the use of online learning only generally has a higher drop out rate. Adding in person group meetings would likely increase accountability, help maintain motivation and decrease drop out. The combination of online learning and group engagement can enhance both methods of programming and in turn increase benefit to the student athlete's well being.
4. Change the program name to more person centered, positive and or growth oriented language. Other potential names include Student Athlete Return to Sport Program, Stronger and Wiser Recovery Training, Recover and Return Well Program.

Summary and Conclusion

Student athletes who completed the Injured Athlete Wellness Program found it useful in their recovery and beneficial to their emotional health. The drop out rate was high at 55% and reducing this number while not increasing staff and student time burden would be key to the success of future campus program implementation. If engagement in the program could be increased and the feedback by student athletes remained positive, the program model could be adapted to address other aspects of student athlete mental health such as substance abuse, eating concerns, stress management and performance psychology skills.

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I. APPENDIX A – Athletic Coping Skills Inventory

Assessing Your Sport Psychological Skills

Instructions: The following are statements that athletes have used to describe their experiences. Please read each statement carefully, and then recall as accurately as possible how often you experience the same thing. There are no right or wrong answers. Do not spend too much time on any one statement.

Please circle how often you have these experiences when playing sports.

		0	1	2	3
1	On a daily or weekly basis, I set very specific goals for myself that guide what I do.	Almost never	Sometimes	Often	Almost always
2	I get the most out of my talent and skill.	Almost never	Sometimes	Often	Almost always
3	When a coach or manager tells me how to correct a mistake I've made, I tend to take it personally and feel upset.	Almost never	Sometimes	Often	Almost always
4	When I'm playing sports, I can focus my attention and block out distractions.	Almost never	Sometimes	Often	Almost always
5	I remain positive and enthusiastic during competition, no matter how badly things are going.	Almost never	Sometimes	Often	Almost always
6	I tend to play better under pressure because I think more clearly.	Almost never	Sometimes	Often	Almost always
7	I worry quite a bit about what others think of my performance.	Almost never	Sometimes	Often	Almost always
8	I tend to do lots of planning about how to reach my goals.	Almost never	Sometimes	Often	Almost always
9	I feel confident that I will play well.	Almost never	Sometimes	Often	Almost always

10	When a coach or manager criticizes me, I become upset rather than feel helped.	Almost never	Sometimes	Often	Almost always
11	It is easy for me to keep distracting thoughts from interfering with something I am watching or listening to.	Almost never	Sometimes	Often	Almost always
12	I put a lot of pressure on myself by worrying about how I will perform.	Almost never	Sometimes	Often	Almost always
13	I set my own performance goals for each practice.	Almost never	Sometimes	Often	Almost always
14	I don't have to be pushed to practice or play hard; I give 100%.	Almost never	Sometimes	Often	Almost always
15	If a coach criticizes or yells at me, I correct the mistake without getting upset about it.	Almost never	Sometimes	Often	Almost always
16	I handle unexpected situations in my sport very well.	Almost never	Sometimes	Often	Almost always
17	When things are going badly, I tell myself to keep calm, and this works for me.	Almost never	Sometimes	Often	Almost always
18	The more pressure there is during a game, the more I enjoy it.	Almost never	Sometimes	Often	Almost always
19	While competing, I worry about making mistakes or failing to come through.	Almost never	Sometimes	Often	Almost always
20	I have my own game plan worked out in my head long before the game begins.	Almost never	Sometimes	Often	Almost always
21	When I feel myself getting too tense, I can quickly relax my body and calm myself.	Almost never	Sometimes	Often	Almost always
22	To me, pressure situations are challenges that I welcome.	Almost never	Sometimes	Often	Almost always
23	I think about and imagine what will happen if I fail or screw up.	Almost never	Sometimes	Often	Almost always

24	I maintain emotional control regardless of how things are going for me.	Almost never	Sometimes	Often	Almost always
25	It is easy for me to direct my attention and focus on a single object or person.	Almost never	Sometimes	Often	Almost always
26	When I fail to reach my goals, it makes me try even harder.	Almost never	Sometimes	Often	Almost always
27	I improve my skills by listening carefully to advice and instruction from coaches and managers.	Almost never	Sometimes	Often	Almost always
28	I make fewer mistakes when the pressure is on because I concentrate better.	Almost never	Sometimes	Often	Almost always

Scoring

This is the Athletic Coping Skills Inventory (ACSI), a measure of an athlete's psychological skills, developed by Smith et al. (1994). Determine your score on the following subscales by adding the scores on the question numbers identified. Also, note the following numerical scales associated with your ratings.

- 0 = almost never
- 1 = sometimes
- 2 = often
- 3 = almost always

Finally, note that an * after a question number signifies a reverse-scored item (that is, 0 = almost always, 3 = almost never, and so on).

_____ ***Coping With Adversity***: This subscale assesses if an athlete remains positive and enthusiastic even when things are going badly, remains calm and controlled, and can quickly bounce back from mistakes and setbacks.

(Sum scores on questions 5, 17, 21, and 24, and place the total in the blank provided.)

_____ ***Coachability***: Assesses if an athlete is open to and learns from instruction, and accepts constructive criticism without taking it personally and becoming upset.

(Sum scores on questions 3*, 10*, 15, and 27, and place the total in the blank provided.)

_____ ***Concentration***: This subscale reflects whether an athlete becomes easily distracted, and is able to focus on the task at hand in both practice and game situations, even when adverse or unexpected situations occur.

(Sum scores on questions 4, 11, 16, and 25, and place the total in the blank provided.)

_____ ***Confidence and Achievement Motivation***: Measures if an athlete is confident and positively motivated, consistently gives 100% during practices and games, and works hard to

improve his or her skills.

(Sum scores on questions 2, 9, 14, and 26, and place the total in the blank provided.)

_____ ***Goal Setting and Mental Preparation***: Assesses whether an athlete sets and works toward specific performance goals, plans and mentally prepares for games, and clearly has a game plan for performing well.

(Sum scores on questions 1, 8, 13, and 20, and place the total in the blank provided.)

_____ ***Peaking Under Pressure***: Measures if an athlete is challenged rather than threatened by pressure situations and performs well under pressure.

(Sum scores on questions 6, 18, 22, and 28, and place the total in the blank provided.)

_____ ***Freedom From Worry***: Assesses whether an athlete puts pressure on him- or herself by worrying about performing poorly or making mistakes; worries about what others will think if he or she performs poorly. (Sum scores on questions 7*, 12*, 19*, and 23*, and place the total in the blank provided.)

_____ ***Total score or sum of subscales***

Scores range from a low of 0 to a high of 12 on each subscale, with higher scores indicating greater strengths on that subscale. The score for the total scale ranges from a low of 0 to a high of 84, with higher scores signifying greater strength.

II. Appendix B – Feedback Form

SONOMA STATE UNIVERSITY INJURED ATHLETE WELLNESS PROGRAM EVALUATION

Your feedback is essential to enriching the Injured Athlete Wellness Program. Your honesty and thoroughness are greatly appreciated!

1) The Injured Athlete Wellness Program:

- a) **Helped to increase my understanding of the psychological processes (i.e. mental game) involved in recovery from injury. (Circle one)**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- b) **Helped to grow my knowledge of sport psychology strategies (i.e. breathing, self talk, imagery) to use in recovery from injury and sport performance. (Circle one)**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- c) **Helped to improve awareness of my own process of injury recovery including opportunities for growth and potential barriers. (Circle one)**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- d) **Helped me to recover better from my injury. (Circle one)**

Strongly Disagree Disagree Neutral Agree Strongly Agree

- e) **Benefitted my overall mental and emotional health. (Circle one)**

Strongly Disagree Disagree Neutral Agree Strongly Agree

III. APPENDIX C – Program Outline

1. Introduction: The Season of Recovery
 - a. Background
 - b. Goals of the program
 - c. Framing the process of recovery
2. Understanding the Process of Change
 - a. Stages of grief
 - b. Process of change
 - c. Patience vs. pressure
3. Building Your Camp: The Power of Support
 - a. Identifying sources of support
 - b. Connecting with sources of support
 - c. Sharing emotions
4. Planning for Success
 - a. Recovery Plan:
 - i. Goal
 - ii. Reasons to meet goal
 - iii. Steps to goal
 - iv. Supports to goal
 - v. Potential Barriers to goal
 - vi. Rewards for reaching goal
5. Getting into the Zone for Recovery
 - a. Yerkes Dodson Law – physiological arousal and performance
 - b. Core Self Care Strategies
 - c. Breathing
6. The Conversation in Your Head: Thoughts Matter
 - a. Intro to Cognitive Behavioral Concepts
 - b. Common traps of negative thinking
 - c. Reframing thoughts
7. Sport Psychology 101: Becoming Stronger and Wiser
 - a. Failure Avoidant vs. Success Oriented Approach
 - b. Process vs. Outcome Focus
8. Hardiness
 - a. Commitment
 - b. Control
 - c. Challenge
9. The Mental Weight Room: Training While Your Not Practicing
 - a. Sport psycyh strategies
 - i. Imagery
 - ii. Positive self talk
 - iii. Modeling
10. Returning to Your Sport
 - a. What have you learned/how grown
 - b. What to anticipate
 - c. Stronger and Wiser

IV. APPENDIX D – Program Overview

Injured Athlete Wellness Program Overview

Who:

- Funded by the NCAA Innovations in Research and Practice Grant
- Grant was developed and created by Julie Rudy M.A., ATC, Joe Puentes, Psy.D. (Psychologist and Sport Psychology Consultant)

What:

Internet Based Webinar Program for student athletes to learn core sport psychology concepts and skills related to recovery from injury.

Where:

Student athletes will access the program at the athletic training facility with iPads and headphones.

Why:

Research indicates student athletes who learn and apply core sport psychology strategies in their rehabilitation are more likely to return to their sport healthy and faster than those who do not.

How:

1. The student athlete is referred to the program after a significant injury.
2. They fill out the initial paperwork and assessment.
3. They engage in the program modules (10 content modules and 10 relaxation and positive imagery exercises)
4. Upon completion they complete final assessment and evaluation

A look at some of the module topics:

- Planning for Success: Goal Setting and Motivation
- Building Your Camp: The Power of Support
- Getting into the Zone for Recovery
- The Conversation in Your Head: Thoughts Matter
- Sport Psychology 101
- Hardiness
- The Mental Weight Room
- Returning to Your Sport

V. Appendix E – Student Athlete Welcome Letter

Injured Athlete Wellness Program

Welcome to the Injured Athlete Wellness Program! This program was developed by the Sonoma State University Department of Intercollegiate Athletic in collaboration with psychologist and sport psychology consultant Joe Puentes, Psy.D.

This program was conceptualized as a training program for student athletes during their recovery from injury. Research indicates student athletes who utilize sport psychology strategies in their rehabilitation are more likely to return to their sport healthy and even sooner than those who do not.

There are 10 units in the training program and each unit is made up of three parts, 1) the content module (10 minutes each), **2) the follow up brief questionnaire** (3-5 minutes each), and **3) the relaxation and positive imagery exercise** (10 minutes each). The training program was developed so that you as the student athlete could complete one unit (3 parts totaling approximately 25 minutes) per week. The program can be adapted to any timeline needed and any part of the program can be repeated as many times as needed once you are enrolled.

There are three phases to the training program:

Phase 1: You are referred to the program, enrolled in the program, complete the initial assessment, and are oriented to the training program by Sports Medicine Staff.

Phase 2: You engage in the program, completing one unit at a time in order. You will complete each unit by first by watching the content module, then completing the follow up questionnaire and lastly engaging in the relaxation and positive imagery exercise.

Phase 3: After completing the 10 training program units, you will be asked to complete the final assessment and program evaluation.

The training program can be accessed online via Moodle by using the available iPads and headphones at the Sport Medicine Center. Similar to your other rehabilitation exercises in the Sports Medicine Center, your participation and results will be confidential. Sports Medicine staff will be monitoring your progress and be available to answer questions.

Thank you for your participation in the training program and good luck in your recovery!

I understand the above and agree to take part in the Injured Athlete Wellness Program.

Print Name

Signature

Date