

Student-Athlete Well-Being Scale

The Student-Athlete Well-Being Scale (SAWS) is a 13-item brief measure that is in the process of being developed to provide athletic departments, regardless of division or financial status, with a resource that can be incorporated into their mental health screening protocols and practices. Once the beta version of the measure is psychometrically evaluated we believe the measure should be feasible for implementation in multiple settings.

The SAWS will provide student-athletes, practitioners, and athletic department medical teams with feedback regarding mental health outcomes of student-athletes utilizing mental health services. The SAWS will be the first measure of its kind developed to track student-athletes' mental health and overall wellbeing.

For more information about the development of the SAWS please contact Rena Curvey at Rena.goodwin@uky.edu

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STUDENT-ATHLETE WELL-BEING SCALE (SAWS)

FINAL REPORT

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Problem Statement

In recent years, the NCAA has taken necessary steps to raise awareness of student-athletes' mental health needs. It is recommended practice that all athletic departments offer mental health screening and resources (Klenck, 2014). As sport psychology and mental health professionals are becoming members of athletic department medical teams, it is important that we begin to implement ways to adequately screen student-athletes for psychological distress and monitor their progress as they receive psychological services. However, there is currently no culturally informed, standardized screening measure that is used by athletic departments to screen student-athletes, evaluate their overall psychological wellbeing, or monitor student-athlete mental health treatment outcomes. Therefore, the purpose of this project was to create a psychometrically sound, yet user-friendly measure named the Student-Athlete Well-Being Scale (SAWS) that was designed to serve as both a screening tool and outcome measure. For example, athletic trainers, medical professionals, mental health professionals, and sport psychology professionals can use the SAWS to ensure that student-athletes are being screened for symptomology of psychological distress. Additionally, the SAWS can be used to monitor treatment progress and outcomes of student-athletes utilizing mental health services. Such data can be used at the individual level and the systems level to evaluate the benefit of mental health services offered in athletic departments.

Project Description

The Student-Athlete Well-Being Scale (SAWS) will provide student-athletes, practitioners, and athletic department medical teams with feedback regarding mental health screening and outcomes of student-athletes utilizing mental health services. Monitoring treatment outcome is a recommended best practice by the American Psychological Association (APA, 2006) and has substantial research evidence that it improves treatment outcomes and reduces premature termination (Duncan & Reese, 2015; Lambert et al., 2011). The SAWS was modeled after other feedback measures, such as the Outcome Rating Scale (ORS; Miller & Duncan, 2000) and the Outcome Questionnaire – 45 (OQ45; Lambert et al., 1996). These measures evaluate general well-being. For example, both the ORS and OQ45 assess three domains of a person's life: a) individual (personal well-being), b) interpersonal (family, close friends), and c) social (work, school, friendships). These measures are administered to the client at the beginning of each psychotherapy session for the purpose of engaging the client in treatment and being proactive, responsive to client progress throughout treatment. General distress/well-being measures such as these have also been used to screen for identification of mental health concerns in a primary care setting (DeSantis, Jackson, Duncan, & Reese, 2017).

According to the NCAA, it is recommended practice for all athletic departments to implement precautionary screening for mental health issues to ensure student-athletes are receiving appropriate support (Klenck, 2014). However, there has not yet been a standardized measure developed for the student-athlete population. Unlike other specialties under the psychology umbrella, such as counseling and clinical psychology, researchers in sport psychology have not yet found a way to effectively measure sport psychology services in relation to an athlete's performance and/or overall wellbeing (Bennett, 2007). Therefore, it was our hope the development of this instrument will provide athletic departments, regardless of division or financial status, with a resource that can be incorporated into their mental health screening

protocols and practices. Once the instrument is psychometrically tested, we believe the measure should be feasible for implementation. Clinicians are unlikely to use lengthy measures, so being user-friendly is another dimension that was included.

Program Evaluation Plan

Literature Review. Research has consistently shown that student-athletes, as a whole, perform well in academic settings and have an above-average work ethic both in and out of the classroom (Etzel et al., 2002). Despite these findings, some student-athletes may still suffer from both academic and personal issues that are not always related to athletics just like their non-athlete peers. Etzel and colleagues further remarked that student-athletes represent a special population on hundreds of campuses across the nation. Specifically, they are young people who have unique demands coupled with the common developmental challenges of college-aged individuals. Collegiate student-athletes are faced with these challenges as they manage the demands of being both a college student and an athlete (Bennett, 2007). In addition, student-athletes' schedules are far from standard as they are expected to attend competitions, practices, strength and conditioning sessions, treatments, meetings, study hall hours, and tutor sessions throughout their week as well as travel when necessary (Bennett, 2007). Therefore, mental health services are an integral part of providing holistic care for collegiate student-athletes to help them develop as people and players (Klenck, 2014). Mental health concerns require the same treatment attention as physical injuries. Studies exploring the relationship between depression and student-athletes (e.g., Davoren & Hwang, 2014; Nixdorf, Frank, Hautzinger & Beckmann, 2013) have revealed that between 30%-34% of college student-athletes reported symptoms of depression in a 12-month period. Along with feelings of anxiety, depression is one of the most experienced mental illnesses on college campuses across the United States (APA, 2016). Therefore, athletic departments must make an effort to ensure student-athletes receive effective treatment.

According to the researchers' knowledge, there is no literature pertaining to the use of standardized screening tools or outcome measures used by athletic departments in the United States. However, as noted earlier, APA recommends all practitioners to routinely monitor client outcomes as they progress through treatment (2006). Psychotherapy research (Duncan & Reese, 2015; Lambert et al., 2011) has found tracking client progress, often called client feedback, substantially improves treatment effectiveness. The use of an outcome measure that has normative data with predicted treatment trajectories permits clinicians to identify clients who are "not on track" and at-risk for dropping out of treatment or having a poor outcome. Clinicians, unfortunately, are not good at identifying these clients (Chapman et al., 2012; Hannan et al., 2005). Moreover, it has been theorized that using a client feedback system promotes client engagement and the therapeutic relationship because it encourages collaborative discussion regarding treatment progress (Duncan & Reese, 2015). We believe such an approach is critical when working with the student-athlete population and will result in reduced stigma for student-athletes who seek or are referred for mental health services.

The use of such a measure also has the possibility of being used as a screener within an integrated care paradigm to facilitate making treatment referrals when necessary (DeSantis et al., 2017). Therefore, the utilization of the SAWS by athletic trainers, mental health teams, sport psychology professionals, and mental health professionals will serve multiple purposes for improving and tracking student-athletes' mental health and overall wellbeing. For example,

athletic trainers can utilize the SAWS to screen student-athletes who are showing signs of psychological stress or symptomology of mental health disorders such as anxiety and depression. After administering the SAWS the athletic trainer can better conceptualize which area(s) of the student-athlete's life are causing the greatest amount(s) of distress. This information will help athletic trainers and other medical professionals determine which steps should be taken to better support the student-athlete, such as a referral to an "in-house" sport psychologist or university counseling center.

Instrument Development

Phase 1: The research team utilized focus group methodology in the developmental phase of this instrument to generate domain identification and item generation (Willgerodt, 2003). There is little research pertaining to student-athlete mental health screening and feedback. Therefore, involving the student-athlete population and athletic department support staff was a key part of our instrument development. Four focus groups (approximately 60 minutes in length) containing 3-7 participants in each group were conducted that included student-athletes and athletic department support staff (e.g., trainers, mental health and sport psychology professionals). Three focus groups consisted of student-athletes' and one focus group consisted of athletic trainers. Participants were only allowed to participate in one focus group and were financially compensated for volunteering their time. All focus groups sessions were recorded for the purpose of transcribing. Twenty participants participated in the study (12 females and 8 males). The sample predominately identified as White, with representation from African Americans and Asian Americans. Sports represented included football, track, tennis, golf, swimming, baseball and volleyball.

Focus groups are a useful step for developing a measure that is content valid and culturally responsive, because this methodology allows discussion and inclusion of the population for which the instrument is being developed (Willgerodt, 2003). Due to the demands of collegiate athletics and the unique culture of sport in the United States we believed it was necessary to create an instrument that captured student-athletes' mental health and sport psychology needs. Additionally, due to the time demands of student-athletes and athletic department policies, focus group methodology was ideal because it required limited involvement of the population, which results in greater feasibility of data collection (Willgerodt, 2003).

After analyzing the data using a thematic data analysis approach (Braun & Clarke, 2019), the research team identified the following nine themes: Relationships with coaches and teammates, academic stress, time demands, stress/worry, sleep and nutrition, performance stress, physical wellness, family/interpersonal, and enjoyment of sport. The researchers then developed a 12-item beta version of the SAWS based on the domains that emerged from the focus groups.

Phase 2: One follow-up focus group (approximately 60 minutes in length) contained 3 participants (2 females and 1 male) was conducted to gather feedback on the initial version of the 12-item measure (e.g., readability of the measure, content valid, ease of use, recommended changes to format or content). An incentive of \$50 per participant was given for participation. The focus group included student-athletes who participated in Phase 1 of the study. Selection was based on diversity of sport, gender, and race/ethnicity. Based on feedback from the follow-up focus group, adjustments were made to one question's readability and one item was added making the beta measure 13-items. To see the beta version of the SAWS please refer to Appendix A.

Membership Deliverability and Next Steps

After presenting our project at the 2020 NCAA Convention, we plan to contact universities and colleges to identify programs that are willing to help us collect data in order to psychometrically evaluate the measure. Once the SAWS has been psychometrically evaluated and demonstrates the ability to generate reliable and valid scores it will provide student-athletes, practitioners, and athletic department medical teams with feedback regarding mental health outcomes of student-athletes utilizing mental health services. The SAWS will be the first measure of its kind developed to track student-athlete's mental health and overall wellbeing. For more information about the development of the SAWS please contact Rena Curvey at Rena.goodwin@uky.edu

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Appendix A

Student-Athlete Well-Being Scale (SAWS)

Name: _____ Date: _____ Session: _____

Instructions: This outcome measure consist of 13 statements. After reading each statement carefully, please select the answer that **best represents how you have been feeling the past two weeks**, including today. Please select only one answer per question.

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|---|--------------------------------|------------------------------------|--------------------------------|--|
| 1. I have satisfying relationships with my coaches. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 2. I have satisfying relationships with my teammates. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 3. I effectively manage my academic stress. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 4. I effectively manage my academic and athletic time demands. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 5. I feel stressed. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 6. I feel worried. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 7. I feel happy. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 8. I effectively manage pressure related to my athletic performance. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 9. I am satisfied with my physical health. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 10. I am satisfied with my body. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 11. I have satisfying relationships with my family and other close relationships. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 12. I enjoy my sport. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
| 13. I am satisfied with my athletic performance. | <input type="checkbox"/> never | <input type="checkbox"/> sometimes | <input type="checkbox"/> often | <input type="checkbox"/> almost always |
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