



Development of Student Health Allies & Peer Educators Competencies and Its Effect on Student-Athletes' Well-Being

Marquette University

Department of Counselor Education and
Counseling Psychology

Department of Computer Science

Athletics Department

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Presenters

- Department of Counselor Education and Counseling Psychology
- Lee Za Ong, PhD, Assistant Professor
- Amber Herbst, M.S. Clinical Mental Health Counseling '22
- Justin Ogle, M.S. Clinical Mental Health Counseling '22 | RSA Scholar



Student Health Allies & Peer Educators Competencies and Its Effect on Student-Athletes' Well-Being

- Student-athletes underutilized counseling services on campuses
- Peer Support
- Marquette University's Athletics Department (AD) launched a Student Health Allies & Peer Educators (SHAPE) program
- The challenges of SHAPE
- SHAPE competency pilot project



SHAPE Project Description

- SHAPE competency training and peer support among student-athletes using well-being promotion web application
- Project period- July 2020 to May 2021
- One in-person session and 3 virtual sessions of SHAPE competency skills training
- 75 minutes per training session
- Monitor participants' well-being using web application from January – April 2021, weekly



Competency Training Modules

- The training modules were prepared based on SAMSHA's core competencies (SAMHSA, 2018). The SHAPE competencies training will consist of the following topics:
 - Responsibility and expectation
 - Effective and empathic communication skills
 - Ethical and multicultural issues in communication
 - Effective and empathic communication via social media
 - Self-care and self-compassion
 - Effective self-disclosure of shared mental health lived experience and healthy boundaries



SHAPE Web Application (SHAPE App)

- The SHAPE App enabled pairing of SHAPE and their student-athletes as partners
- The student-athletes would be reminded to login to the app and complete World Health Organization (WHO) Five Well-Being Index (WHO-5) items survey each week from January 2021 to April 2021, during the Spring semester
- This weekly check in also served as a safeguard for the participants' mental health



Methodology and Data Collection

- Procedure
 - Measuring SHAPE peer support ability and how the support affected the well-being of all participants.
 - Data collection: baseline, midpoint, and post training
- Research Designs
 - Mixed-methods design
 - Group A – SHAPE with training, Group B – SHAPE without training, Group C – non-SHAPE
 - three measurement instruments: DQ, MCA, WHO-5
 - Focus groups – midpoint and post
 - Weekly WHO-5 survey data in Spring 2021



Summary of SHAPE Competency Training Methodology

Research Question	Data Collection	Data Analysis
What are the characteristics of the participants?	Online demographic survey	Frequency distribution
How does participation in the SHAPE competency training affect the SHAPE's peer support ability?	Mentoring Competency Assessment (MCA)	Repeated Measure ANOVA was conducted. Independent variables were (a) groups: experimental (Group A)/control (Group B), and (b) time: baseline, midpoint, and post.
How does SHAPE's peer support ability affect student-athletes' well-being?	<ul style="list-style-type: none"> World Health Organization Five Well-Being Index (WHO-5) Weekly (WHO-5) web app Short wellness prompts 	<ul style="list-style-type: none"> Repeated Measure ANOVA was conducted. Independent variables were (a) groups: experimental (Group A)/control (Group B), and (b) time: baseline and post. Average weekly score of WHO-5 Thematic analysis of the responses
What are the SHAPE's and their partners' perception on their experience in this pilot program?	Virtual focus groups with semi-structured interview questions	Thematic analysis



Participants

		Group A (n=8)	Group B(n=8)	Group C (n=18)	Total (N=34)
Age: M (SD)		19.88 (1.13)	21.0 (1.7)	19.83 (1.29)	20.12 (1.27)
Age range		18-21	19-22	18-22	18-22
Sex					
	Female (%)	6 (75)	7 (87.5)	16 (88.9)	29 (85.3)
	Male (%)	5(14.7)	1 (12.5)	2 (11.1)	5 (14.7)
Race/Ethnicity (%)					
	White	7	7	17	31 (91.2)
	Black/AA	1	1	1	3 (8.8)
	Hispanic/Latinx	0	1	0	1 (2.9)



SHAPE Competencies Training Effects

Mean Differences Between Groups on SHAPE Peer Support Ability Scores (MCA) Across Time

Group	Pre		Mid		Post	
	Mean	SD	Mean	SD	Mean	SD
A	81.00	9.77	85.17	5.57	89.00	9.97
B	80.63	8.45	86.50	9.11	84.00	13.71

Although there is mean difference between the groups across time, there is no significant difference effects on SHAPE peer support ability. A repeated measure analysis of variance yielded a non-significant main effect for the group, $F(1, 35) = .18, p = .67$. The main effect of time was non-significant, $F(2, 35) = 1.48, p = .24$. Similarly, the interaction effect was non-significant, $F(2, 35) = .36, p = .70$.



SHAPE Wellbeing Effects

Mean Differences Between Groups on Wellbeing Scores (WHO-5) Across Time

Group	Pre		Mid		Post	
	Mean	SD	Mean	SD	Mean	SD
A	13.63	5.29	15.00	3.74	19.37	2.83
B	18.00	4.38	15.75	3.86	19.14	2.41

- A repeated measure analysis of variance yielded a main effect for the time, $F(2, 35) = 4.06$, $p = .03$, such that the wellbeing score was significantly higher at the post training ($M = 19.27$, $SD = 2.55$) than at the pre-training ($M = 15.81$, $SD = 5.21$). The wellbeing score was significantly higher at the post training ($M = 19.27$, $SD = 2.55$) than at the mid-training ($M = 15.30$, $SD = 3.59$). There is no significant difference between midpoint and pre-training, and midpoint and post-training. The main effect of group was non-significant, $F(1, 35) = 1.68$, $p = .20$. Similarly, the interaction effect was not significant, $F(1, 35) = 1.46$, $p = .25$.



SHAPE's and Non-SHAPE's Perception on Their Experience at Midpoint

Summary of Midpoint Focus Group Responses

Theme	Subtheme
SHAPE's experience	Awareness; connection; self-care
SHAPE self-expectation	Open, fluid, honest, invested, peer-to-peer, applying the skills
Non-SHAPE expectation toward SHAPE	Active listener; compassionate; supportive relationship
Non-SHAPE self-expectation	Self-awareness on mental health
Non-SHAPE fear and hope	Not being able to do the right things; men break the stigma



Participants' Post Training Experience

- Empathy
- Connection
- De-stigmatization
- Advocacy
- Challenges

"Understand their perspective and how they feel."

"We definitely learned about a few more people or places that we could recommend."

"People can hide emotions over text so easy, so it would be way better to be able to get together in person with people."

"I also think it was easier to talk [to you, a former student-athlete] and like these breakout sessions with you or just someone that has gone through it."

"...like advocating for mental health in some way to recognize that it's okay to have a not perfect week and make sure everyone is comfortable talking about that and realizing that they're not alone"



SHAPE Web App Findings

Participants' Wellbeing Scores (WHO-5) Across Time

Group	A		B		C	
	Mean	SD	Mean	SD	Mean	SD
WHO-5	14.66	3.19	17.93	1.76	16.92	3.26

There is no significant difference in participants wellbeing scores (WHO-5) between Group A, B, and C. $F(2, 29) = 2.47, p = .10$.



Themes from Weekly Prompts

Social Connectedness

- “I have had great few days with some really great people, and I am just so thankful and feel very blessed. One thing that went well is that I got to see my family this weekend. The sucky part is that leaving them never gets easier.”

Optimism

- “I am busy doing all the things I am invested in, I am surrounded by high quality, genuine people, who make me better, I am doing all things I love, life is good.”

Tiredness

- “I’m very sleepy and didn’t get a lot accomplished.”



Discussion/Conclusion

- The results showed that the peer support training did not have an effect on the SHAPE peer support skills.
- However, we found a significant effect on the SHAPE wellbeing over time. Their wellbeing scores were significantly higher at the post training than at the pre-training and the mid-training.
- This is important especially this project occurs during the pandemic.
- The non-significant results of the peer counseling skills could be due to the small sample size.
- Furthermore, it might not be sufficient to conduct only four training sessions for the SHAPE to master the skills and to have an effect on wellbeing. We might need more than four sessions to build the peer support skills.
- Despite the non-significant results, the participants indicated the benefits of receiving training, especially they had opportunities to gain strong connection with the former student-athletes who were the graduate assistants of this project.
- Moreover, the student-athletes shared that they have increased their level of empathy and minimized stigma by being able to talk about mental health issues. They further described their mental health using the following elements: social connectedness, optimism, and tiredness.

