

Student Athletes' Perceived Barriers to and Preferences for Seeking Counseling

Renée L. López and Jacob J. Levy

The purpose of this study was to investigate attitudes of intercollegiate student athletes regarding their use of counseling services. The authors assessed student athletes' perceived barriers to seeking counseling services and their preferred characteristics of a helping professional. Several barriers to counseling were identified. Results suggest student athletes have strong preferences for counselor characteristics, including familiarity with sports, gender, and age. Practical applications of these findings are discussed.

Keywords: student athletes, help seeking, counseling athletes

Athletes operate in a culture of “no pain, no gain” in which a good competitor is a “mentally tough competitor” (Coakley, 2004). Such attitudes and social norms may foster an underutilization of mental health services (Martin, 2005). As Mentink (2002) found, athletes often treat emotional distress in a manner similar to the ways in which physical distress is dealt with—emotional pain is “shaken off.” Denial of emotional problems is just one possible means through which athletes make the decision to not seek help for psychosocial problems, and society’s stigmatized and negative view of mental health problems may only exacerbate this denial.

On college and university campuses, intercollegiate athletic departments may serve to further endorse underutilization of services. Pinkerton, Hinz, and Barrow (1989) pointed out that athletic departments often provide an array of services most students on a college campus must seek out on their own. By providing athletes with one-stop shopping for academic advising, physical health services, financial aid, and academic support (such as tutoring and computer services), student athletes become encapsulated and dependent on athletic department services. Additionally, Pinkerton et al. noted that within the social circles of athletes, it is more socially accepted to remain reliant on these internally provided services and thus, student athletes end up failing to seek out resources beyond the confines of the athletic department. An athlete’s teammates and department contacts remain their reference group, providing the athlete with a value system that endorses closed communication (within the athletic department) and a sense of being separate and unique. The athletic department culture, perhaps, endorses underutilization of mental health services on campus and in the community. Although professional practice literature hypothesizes student athletes are underutilizing campus services and the reasons why, student athletes’ attitudes toward mental health services and utilization have not been empirically addressed in the literature to any great extent. The following review highlights findings of

Renée L. López and Jacob J. Levy, Department of Psychology, University of Tennessee at Knoxville. Correspondence concerning this article should be addressed to Jacob J. Levy, Department of Psychology, University of Tennessee at Knoxville, 1404 Circle Drive, Room 410E, Knoxville, TN 37996 (e-mail: jlevy4@utk.edu).

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research on athletes' attitudes toward sport psychology consultation, the more researched avenue of student-athlete help seeking, as well as findings of the few research studies exploring athletes and mental health counseling.

Attitudes Toward Sport Psychology Consultation

A number of studies have investigated student athletes' attitudes toward and preferences for sport performance-related and sport psychology issues. Sport psychology consultants often provide such services. Sport psychology consultants are helping professionals who provide services including educating clients on the role of psychological factors in sports, exercise, and physical activities and provide skill training on the mental, behavioral, psychosocial, and emotional aspect of sports and other physical activities (Association of Applied Sport Psychology, 2010).

Martin (2005) assessed high school and college student athletes' attitudes toward sport psychology consultation. The findings of that study suggest (a) male athletes are more likely to stigmatize sport psychology consultants and prefer consultants of their own race, ethnicity, or culture than are female athletes; (b) noncontact sports participants reported greater confidence in and held less negatively stigmatized views toward sport psychology consultation than did other groups; and (c) prior experience with a modality of consulting and age bettered the respondents' attitudes toward services.

Martin et al. (2001) examined how gender influenced athletes' and nonathletes' expectations about sport psychology consultation. They found that college sports experience did not affect the expectations about sport psychology consultation; however, gender did have an effect on expectations. For example, female athletes had higher expectancies about personal commitment to the process and lower expectancies with regard to a consultant's expertise, and male athletes held greater expectations that consultants be directive and capable of solving their problems quickly. Similarly, Maniar, Curry, Sommers-Flanagan, and Walsh (2001) found male athletes to be significantly less willing to seek help from a sport psychology consultant than are female athletes, thus preferring to seek help from friends, family, and coaches.

Attitudes Toward Mental Health Service

The literature focusing on the attitudes of student athletes toward mental health services utilization is limited, and findings are inconsistent. Miller and Moore (1993) found no difference in expectations about counseling when comparing athletes and nonathletes, whereas Watson (2005) found significant differences in expectations and attitudes held by athletes and nonathletes. In line with expert opinions, Watson (2006) found differences in barriers to seeking treatment when he compared athlete and nonathlete responses to an open-ended

question. Perhaps the limitations of each of these studies are contributing to the contrasting results. Each of these studies focused on a moderate to small student-athlete sample from a single institution. In addition, biases inherent in the sampling for each of these studies, such as participant self-selection or cultural norms at each of the institutions, may be clouding the results.

Current Study

Although research has indicated that student athletes experience mental health issues and may be even more susceptible to developing certain psychopathologies, experts have noted that student athletes, as a group, maintain negative attitudes toward psychological help providers, specifically sports-related professionals (Maniar et al., 2001; Martin, 2005; Martin et al., 2001; Watson, 2005), and characteristically underutilize mental health services (Pinkerton et al., 1989). Literature focusing on sport psychology consultation provides the bulk of the profession's knowledge of the views athletes hold toward psychological help; however, the extant literature neglects to address student athletes' attitudes toward seeking help from mental health professionals, such as professional counselors, for issues that are not necessarily sports-related. Also, helping professionals working with and researching student athletes have indicated that student athletes underutilize mental health services (Pinkerton et al., 1989), yet no empirical research has been conducted to explore the barriers student athletes perceive as thwarting their use of services or their preferences should they choose to seek services. This gap in the literature makes it difficult to address student athletes' reluctance to use services.

The current study was designed to expand on previous research efforts and investigate the attitudes held by student athletes across the United States regarding seeking counseling services. In addition, we sought to draw on a broader, national sample of student athletes. Specifically, we explored the barriers student athletes perceive to seeking mental health treatment as well as preferences for various counselor characteristics. We sought to answer the following research questions:

Research Question 1: What are the barriers to seeking psychological counseling that intercollegiate student athletes perceive?

Research Question 2: What preferences do intercollegiate student athletes have with respect to counselor location, racial similarity, gender match, sports experience, and age of counselor if the student athletes were to seek help for a personal psychological concern?

Method

Participants

The participants in this study were 165 National Collegiate Athletic Association (NCAA) Division I-A and Division I-AA intercollegiate varsity student athletes.

The majority of the participants were women (111; 67.3%), and ranged in age from 18 to 26 years ($M = 20.07$, $SD = 1.48$). Participants identifying as Anglo/Caucasian/White made up 80.6% ($n = 133$) of the sample, whereas the remaining 14.5% ($n = 24$) participants identified as African/African American/Black, Hispanic/Latino(a), Asian/Asian American/Pacific Islander, or other. Additionally, 4.9% of the sample ($n = 8$) identified themselves as multiracial/biracial. The sample consisted of student athletes from all academic classifications (22% freshman, 24% sophomore, 28% junior, 21% senior, and 5% graduate student). Participants represented 20 intercollegiate sports, with the greatest number of participants representing track and field (19%), lacrosse (13%), cross-country (9%), rowing (9%), and soccer (8%).

Instruments

Barriers to Help-Seeking Checklist. The Barriers to Help-Seeking Checklist is a self-report checklist adapted with permission from Givens and Tjia's (2002) study of barriers preventing medical school students from seeking professional mental health services. Additional items were created from the existing literature on student athletes and were added to Givens and Tjia's checklist for the purposes of this study. Respondents were asked to imagine that they were in need of help for a personal issue and they were considering seeking help at their institution's counseling center. They were then asked to select all items they perceived to act as or would act as a barrier to seeking professional mental health services. Cronbach's alpha for the current sample was .80 (consistent with Givens & Tjia's original scale).

Counseling and Psychotherapy Preferences Questionnaire. The Counseling and Psychotherapy Preferences Questionnaire is a self-report measure adapted from Smith (2005) for the purpose of this study. This instrument required the student-athlete participants to indicate the magnitude of their preference for a number of mental health service provider characteristics using a 5-point, Likert-type scale anchored with 1 (*do not prefer this characteristic*) and 5 (*strongly prefer this characteristic*). Preferences were assessed in three general categories: counselor type, counselor's location and/or association with the athletic department, and counselor qualities (e.g., race, gender, familiarity with sport). The preferred age range of a counselor was also assessed by presenting the respondent with age ranges (in 5-year increments), from less than 20 years to over 50 years, as well as an item that indicated the respondent had no preference for the counselor's age. Cronbach's alpha for the current sample was .84 (consistent with Smith's original scale).

Procedure

After receiving human subjects approval from a university's institutional review board, we contacted via e-mail 197 NCAA Division I-A and I-AA athletic

departments (based on NCAA Division classifications from 2006). We followed Austin, Richter, and Reinking's (2008) suggestions for maximizing response rates for web-based surveys including the following.

Precontact. An attempt was made to contact all CHAMPS (CHallenging Athletes' Mind for Personal Success)/Life Skills coordinators employed within each of the NCAA Division I-A and I-AA athletic departments; however, when the CHAMPS/Life Skills coordinator could not be reached or was not specified on the institution's web page, athletic directors and/or assistant athletic directors were e-mailed. Of the 197 institutions contacted, 11 universities responded to inquiries and declined to participate.

Follow-up reminders. After the initial contact was made, follow-up reminders were sent to CHAMPS/Life Skills coordinators on three occasions. The study measures were available to the participants through an Internet survey using mrInterview software.

Results

Research Question 1

Mean responses to the 17 items concerning participants' perceived barriers to seeking counseling are presented in Table 1. To determine if participant responses to specific items were significantly different from

TABLE 1
One-Sample *t* Tests Comparing Individual Barriers to Seeking Counseling Item Means to Overall Means of the Scale

Item	<i>M</i>	<i>SD</i>	<i>t</i> (164)	<i>p</i>
Lack of available services during my free time	.18	.39	-0.44	<.001
Lack of time to seek services	.58	.50	6.99	<.001
Services not available during my free time	.38	.49	1.67	.097
Difficulty finding or accessing services	.23	.42	-2.51	.013
Lack of confidentiality	.27	.45	-1.15	.252
Fear diagnosis will become part of school record	.25	.43	-1.90	.059
Fear the Dean's office will know I am using services	.12	.32	-7.93	<.001
Fear Athletic Director will know I am using services	.38	.49	1.67	.097
Fear of stigma for using services	.42	.50	2.74	.007
Fear using services will have a negative impact on career	.21	.41	-3.38	.001
Fear coaches will know I am in counseling	.32	.47	0.07	.946
Belief that "no one will understand my problems"	.19	.39	-4.09	<.001
Counselor will not understand needs of athletes	.32	.47	0.07	.946
Fear I will be recognized	.29	.46	-0.61	.540
Fear teammates will know I am using services	.41	.49	2.44	.016
Fear I will be considered weak	.42	.50	2.74	.007
Lack knowledge of services offered	.38	.49	1.67	.097

Note. Item range is 0 to 1, with 1 indicating participants identified the item as a barrier to counseling and 0 indicating the item was not identified as a barrier.

responses to all other items, we conducted one-sample *t* tests to compare the mean response of each item with the overall mean of .31. The means of nine items were found to be significantly different from the overall mean (see Table 1). Of note, five potential barriers were identified significantly less than were others, including “lack of available services during free time,” “difficulty finding services,” “fear the Dean’s office will know [they] are using services,” “fear using services will negatively impact [their] career,” and “a belief that no one will understand their problems.” However, four items were significantly identified as barriers, including “lack of time to seek services,” “fear of stigma for seeking services,” “fear teammates will find out [they] are in treatment,” and “fear [they] will be considered weak.”

Research Question 2

Mean responses to the nine items concerning participants’ preferences for counselor/counseling characteristics are presented in Table 2. To determine if participants had significantly different preferences compared with all other items, we conducted one-sample *t* tests (compared against overall item mean of 3.36). Significantly weaker preferences were found on items related to counselor’s race/ethnicity and counselor location, and significantly stronger preferences were found with regard to counselor’s sport knowledge and experience.

With regard to preferences for counselor’s age, 43 participants (26%) indicated no age preference, 37 participants (22%) indicated preference for a counselor between 26 and 30 years of age, 35 (21%) indicated a preference for a counselor between 31 and 35 years of age, 16 (10%) preferred a counselor between 36 and 40 years of age, 14 (9%) preferred a counselor between 41 and 45 years of age, 11 (7%) preferred a counselor between 20 and 25 years of age, six (4%) preferred a counselor between 46 and 50 years of age, and three (2%) preferred a counselor at least 50 years of age.

TABLE 2
One-Sample *t* Tests Comparing Individual Preferences for Seeking Counseling Item Means to Overall Means of the Scale

Item	<i>M</i>	<i>SD</i>	<i>t</i> (164)	<i>p</i>
Similar racial/ethnic background	3.13	1.05	-2.79	.006
Counselor who is not associated with athletic department	2.87	1.26	-4.99	<.001
Counselor whose office is within the athletic department	2.81	1.23	-5.79	<.001
Counselor who is located off-campus	2.81	1.25	-5.64	<.001
Counselor who located on-campus	3.09	1.21	-2.85	.005
Counselor who has knowledge of sports	4.00	1.06	7.76	<.001
Counselor who has participated in any sport	3.75	1.09	4.56	<.001
Counselor who has participated in client’s sport	3.89	1.09	6.27	<.001
Counselor who has participated in sport in college	3.90	1.07	6.46	<.001

Note. Item range is 1 to 5, with 1 indicating no preference and 5 indicating a strong preference.

Preferences for the gender of the counselor for male and female participants were examined using independent sample *t* tests. Both male and female participants demonstrated fairly neutral preferences for a male counselor (male: $M = 2.96$, $SD = 1.01$; female: $M = 2.63$, $SD = 0.98$), with male participants significantly differing from female participants in their preference ($t = 2.02$, $p = .045$). Female participants indicated a stronger preference for a female counselor than did male participants, who again indicated a neutral preference (male: $M = 2.93$, $SD = 1.04$; female: $M = 3.51$, $SD = 0.94$; $t = -3.63$, $p < .001$).

Discussion

To understand some of the possible reasons for the underutilization of mental health services by collegiate student athletes (Watson, 2006), we explored the barriers that student athletes perceive to thwart their seeking of professional counseling and their preferences for counseling and counselor characteristics if they did seek counseling.

Perceived Barriers to Seeking Counseling for Collegiate Athletes

Time to seek services. Lack of time to seek services was the chief barrier to not seeking treatment. This finding is supportive of Watson's (2006) study of student athletes in which time was found to be the fourth most prominent reason for not seeking counseling. The great frequency with which student athletes endorsed the perception that their ability to seek services was limited because of a "lack of time to use services" and because "services [are] not available during [student athletes'] free time" supports the claims of university staff members who work closely with student athletes, suggesting student athletes operate with limited flexibility in their daily schedules, which impedes them from using campus resources (Etzel, Ferrante, & Pinkney, 1991; Jordan & Denson, 1990; Watson, 2006). On top of their requirements as students, which may entail at least 12 hours of course work a week, study time, group meetings, tutoring, and test preparation, student athletes are managing over 20 hours a week of sport-related practice time, injury treatments, travel, and games/matches. This dawn-to-after-dusk schedule leaves little opportunity to seek psychological treatment, particularly if services are only offered during regular business hours (i.e., 9 a.m. to 5 p.m.). The findings of Watson (2006) and this current study reinforce the notion that time constraints serve as a very important barrier to seeking psychological services and highlight the importance of making these services available to student athletes in light of their demanding schedules, time constraints, and needs. On the positive side, participants in our study were generally aware of services available and did not indicate finding or accessing services to be difficult.

Social stigma. Our results revealed student athletes avoided seeking counseling due to the societal stigma associated with being considered mentally

unhealthy or weak if seeking counseling as well as sport-specific stigmas such as having teammates finding out about one's need for or use of counseling. There is an extremely strong social stigma attached to the notion of being mentally ill and, therefore, seeking treatment or counseling aids in indirectly stigmatizing the consumer of services because they are often labeled as *mentally ill* despite their diagnosis or lack thereof (Wahl, 1999). Being labeled as *crazy* is a long-standing barrier to seeking therapy. Vogel, Wester, and Larson (2007) reported the stigma was greater for seeking treatment than it was for actually being diagnosed with a mental illness. Seeking psychological treatment will be avoided as long as the risks outweigh the benefits (Vogel et al., 2007), and it appears this finding suggests being stigmatized by others is a great risk to student athletes.

Student athletes appeared to be greatly concerned with the perceptions of others, and this acted as a strong perceived barrier to seeking treatment. Student athletes are certainly praised and recognized for their performance, but more negative viewers see them as overprivileged, pampered, indolent, unmanageable, unintelligent, incompetent, and primarily motivated to attend school for sports (Etzel et al., 1991). Etzel et al. (1991) suggested this negative view of student athletes, as a group, may keep them from addressing their problems. Although student athletes may be more compelled to seek help from coaches, teammates, and athletic staff (Maniar et al., 2001; Selby, Weinstein, & Bird, 1990), student athletes appear to see these same individuals as barriers to seeking professional psychological help. Perhaps, sports ethic and cultural norms are preventing student athletes from seeking help. Denial of emotional problems and reliance on the team system reinforce athletes' resistance to seeking help (Pinkerton et al., 1989). In addition, by taking the risk of violating the unwritten code of athletics, student athletes also risk being recognized entering counseling centers. This visibility could have negative effects on privacy and confidentiality and have an adverse effect on teammates' perceptions of the athlete's performance and coach's confidence in the athlete. The benefits, again, must outweigh the risks for an individual to seek help for psychological problems (Vogel et al., 2007). The barriers related to stigmatization are strong for individuals in need of psychological help (Barney, Griffith, Jorm, & Christensen, 2006; Givens & Tjia, 2002; Wahl, 1999), and these appear to be preventing student athletes from entering into treatment they may need, particularly on college campuses where there is a possibility of one's peers finding out that mental health services are being sought.

Preferences When Seeking Counseling

Counselor's familiarity with sport. Student athletes preferred to seek help from counselors who had knowledge and experience with sports participation, especially experiences related to collegiate sports participation. As Watson (2005) attested, student athletes expect their counselors to be knowledgeable

and competent, and this appears to include knowledge of the student athlete role and collegiate sports in general and the respondent's sport specifically. This finding is supported by the participants' perceptions that believing they would not be understood acted as a barrier to seeking services. Similarly, our results indicate student athletes prefer help providers who potentially will understand the athlete's complex role and sport-related issues.

Lack of understanding of client characteristics and environmental demands has been cited as a significant issue in counseling gifted and talented populations (Givens & Tjia, 2002; Levy & Plucker, 2003, 2008). Student athletes often feel isolated from the general population (Parham, 1993), face a unique set of demands and challenges, and are treated as a special population on campuses (Jordan & Denson, 1990; Pinkerton et al., 1989). The fear of not being understood seems to reflect their desire to not have to explain their complex day-to-day existences or the intricacies of their sport, but to be free to focus on the issue troubling them. For example Watson (2005) noted student athletes had greater expectations than nonathletes of a counselor's being knowledgeable and competent.

Counselor's race/ethnicity and gender. Overall, student athletes reported to have a neutral opinion as to whether their counselor was racially/ethnically similar to them. The majority of participants in this study were White, non-Hispanic, and other racial data could not be used for analysis because of corruption of the data; therefore, interpretations are put forth with great caution. Many studies have shown individuals, particularly ethnic minorities, prefer a counselor of the same racial/ethnic background (e.g., Atkinson & Lowe, 1995). However, because the current study's sample was composed of mostly White, non-Hispanic participants, perhaps the majority racial/ethnic status of the group is contributing to the lack of opinion about racial similarity of one's counselor.

Overall, the student athletes in this sample reported to have neutral opinions about whether their counselor was the same gender. However, when analysis was conducted as a function of gender, women had a significantly stronger preference for seeking treatment from a female counselor and men had a significantly stronger preference for seeking treatment from a male counselor. The finding that potential clients preferred counselors of similar gender is possibly explained by the college students' needs to be understood.

Counselor's age. Student athletes most often endorsed that they had no preference as to the age of a practitioner they would seek help from for a personal problem. However, when student athletes endorsed specific age categories, they most often preferred to seek help from counselors who were closer in age to themselves. Student athletes preferred to seek treatment from practitioners who were 26 to 30 years of age and then 31 to 35 years of age. This finding, in conjunction with the lack of preference for counselors who were 20 to 25 years old, suggests student athletes desire to seek treatment from individuals who are older than they are but still close enough in age to understand their journey as college-age students. This finding is supported by

Smith's (2005) finding that African American women preferred to seek help from women older than themselves but not old enough to be "out of touch with the realities of their lives as young adults" (p. 113).

Limitations

There were several methodological limitations of the present study that should be acknowledged. The primary limitation to the study was related to recruiting methodology. The student athletes were recruited from each Division I-A and I-AA institution; however, the participant recruiting process was such that it was impossible to ascertain which institutions participated and did not permit for calculation of response rates. However, it can be assumed that our sample size ($N = 165$) is considerably smaller than the total number of student athletes solicited. Surveys that are e-mail/web-based have become common for the advantages of reaching a broad sample of potential participants (Austin et al., 2008); however, response rates to e-mail surveys (i.e., the difference between the total number of individuals who receive the e-mail invitation and the number of individuals who complete the online survey) are typically less than 25% (Sheehan, 2001). We did work to maximize our response rate to the current study by following Austin et al.'s (2008) recommendations of precontact and follow-up reminders.

Because the participants were recruited from NCAA Division I-A and I-AA institutions, the findings of this study cannot be generalized to all collegiate student athletes. Nor can the findings be generalized to high school student athletes or professional athletes. In addition, the culture and services provided at each institution may also have affected the results, and analysis of this may have added to the findings. This study contained unequal sample sizes with respect to gender and race/ethnicity. Female participants outnumbered male participants 2 to 1, whereas 81% of the sample was White, non-Hispanic.

Recommendations for Counselors in Athletic Departments

On the basis of the findings of this study, it appears important for athletic departments to foster an environment supportive of seeking help for issues of mental health and well-being. To do so, athletic departments would benefit from recruiting and hiring staff members who are aware of the importance of attending to student athletes' mental health and well-being and are outwardly and positively supportive of seeking help when it is desired or necessary. Additionally, diminishing negative stereotypes and stigmas with regard to seeking services through education and positive communication about services and mental health issues would positively enhance the experience of student athletes contemplating seeking services. Because our findings suggest that

a major barrier for seeking counseling is fear of what one's teammate may think, providing stigma-reducing programming directly to teams is suggested.

By developing relationships with campus counseling centers, athletic departments may facilitate the implementation of counseling services that are tailored to meet the unique time demands and providers with sports knowledge so as to enhance the counseling experiences of student athletes. If services are provided to student athletes within the athletic department, services must be provided in a location that protects the student athlete's privacy and confidentiality from other athletes and staff. Practitioners must also maintain firm boundaries around confidentiality of an athlete's use of and content of services. Confidentiality is necessary to build trust between the counselor and client; however, in athletic arenas, information about an athlete is often freely passed between medical staff and coaches for the good of the athlete. Confidentiality and privacy must be promoted with clients and particularly with athletic staff because they may expect to be kept informed about their student athletes.

Recommendations for College Counseling Center Staff

The strongest preferences for student athletes with regard to counselor characteristics were related to the counselors' knowledge and personal experience with sports. Counseling centers would benefit student athletes by employing at least one practitioner who understands the needs of this student population and is culturally competent to serve the student athlete populations (cf. Fletcher, Benschhoff, & Richburg, 2003; Ward, Sandstedt, Cox, & Beck, 2005). To address issues related to stigma, counseling center staff should work to create relationships with student athletes, athletic trainers, coaches, and athletic advisers in order to educate student athletes and to destigmatize the counseling process and promote the benefits of using services and to express the practitioners' understanding of student athletes' challenges, demands, and needs. To overcome the barrier related to time concerns of student athletes, centers might consider expanding operating hours, when possible, or coordinating with athletic personnel to offer services with minimal conflict with other required activities of these students.

Conclusion

This is the first known study to assess a national sample of intercollegiate student athletes on their perceived barriers to and preferences for counseling. The most pronounced barriers to counseling were related to lack of available time to seek services, along with the stigma of seeking help and perceiving oneself as "weak." If participants in our sample were to seek counseling, they would tend to prefer a counselor knowledgeable and personally experienced with sports, and possibly with collegiate sports participation.

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