The Role of Social Work Values in Promoting the Functioning and Well-Being of Athletes

Matt Moore, Ph.D., MSW
Ball State University
mattmoore@bsu.edu

Jorge Ballesteros, MS
Arizona State University
Jlb9224@gmail.com

Cale J. Hansen, BSW
Ball State University
cjhansen2@bsu.edu

Abstract

Recent studies show college athletes are susceptible to problems such as depression, suicidal ideation, substance use, and disordered eating (e.g., Cox, 2015, Rao & Hong, 2015). In an effort to investigate athletes' perceptions of current behavioral health services, this study explored whether athletes believed existing services embody the values of the social work profession. The researchers used a cross-sectional, web based survey design to collect information from college athletes. The final sample included 221 college athletes who completed a demographic questionnaire and a values survey. A MANOVA was run to explore the impact gender and class standing had on college athletes' perceptions of how services on their campus adhered to the values of the social work profession. Results showed an overall significant difference between athletes' class standing and their perceptions of social work values being used by service providers on their campus (Pillai's Trace = 0.11, $F_{(4, 216)} = 6.81$, $p < 0.001$). In conclusion, the values and ethics of the social work profession could help engage athletes in overcoming behavioral health risks.

Keywords: values, ethics, sport, athletics, social work

Introduction

Over the last few years, a group of dedicated social work faculty members, practitioners, advocates, and students started grassroots efforts to lead the integration of social work into all realms of sports. These social workers recognize the need to share a collective voice in advocating and educating about the breadth and depth of behavioral health and psychosocial needs of the athlete population. They also recognize the need for social workers to establish a professional network that can further the social work perspective of promoting the safety and well-being of athletes. This is coupled with advocating for athlete rights and ensuring all athletes receive the recognition and help they need to become strong global leaders.

Through these collective efforts, a sub-field of social work emerged—sport social work. Sport social work promotes social justice and social change by focusing on the unique needs of athletes at both an individual and an environmental level (Moore, 2016). Sport social workers promote the health and well-being of athletes through direct

practice, community organizing, advocacy, policy development, education, and research (Moore). Sport social workers seek to enhance the capabilities of athletes to address their own psychosocial needs. They also encourage athletic organizations, communities, and other social institutions to recognize athletes as a vulnerable population and to join in the fight to reduce the challenges present in athletics (Dean & Rowan, 2014). At the heart of these efforts, is a focus on the values and ethics of the social work profession.

Social Work Values

Sport social workers believe strongly in the values and ethics that drive the larger social work profession (NASW, 2008). The core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence are prominent in the sport social worker game plan (See Figure 1.)

One particular interest is the exploitation of athletes, which relates directly to the concepts of social and economic justice.

We often associate exploitation with concepts such as human trafficking and child sexual abuse. However, an argument exists for the exploitation of college athletes as well. Athletes are often commercialized and targeted for economic gain (Murty & Roebuck, 2015). At the collegiate level, it is not uncommon to see the NCAA with revenues nearing one billion dollars and particular athletic programs seeing multimillion-dollar revenues off of their athletes (USA Today, 2014). From a sport social work perspective, if athletes are producing these revenues, athletic organizations should properly use these revenues to ensure the overall health and well-being of their athletes. In other words, are athletes granted access to value-based services that can help in their overall development as an athlete and as a person?

A sport social workers' goal is to help athletes in need and to address the behavioral health and psychosocial needs impacting their abilities to be successful both in and away from competition. In order to do this, sport social workers must be aware of the micro, mezzo, and macro mechanisms of the social work profession (Moore, 2016). From a micro perspective, Sport social workers engage directly with athletes, teams, and sports organizations to facilitate social, emotional, and behavioral change. From a mezzo perspective, Sport social workers help teams, sports organizations, colleges and universities, and other entities involved in athletics to promote cultural and institutional change that better supports the needs of athletes. Sport social workers engage in macro social work by involving professional sport leagues, college athletic governing bodies, and legislative bodies in conducting research, organizing athletic communities, and advocating for public policy that influences athletes' well-being. Without an emphasis on micro, mezzo, and macro levels, addressing the behavioral health and psychosocial needs of athletes would be a much tougher task.

Service
Helping athletes to address the behavioral health and psychosocial challenges impacting their abilities to be successful both in and away from competition.

Social Justice
Ensuring access to education on behavioral health and psychosocial needs and the availability of services to address identified needs.

Dignity and Worth of the Person
Being mindful of the individual and cultural differences each athlete brings to competition and their life aspirations.

Importance of Human Relationships
Understanding the relationship an athlete has with both their athletic and non-athletic supports.

Integrity
Following the mission, values, ethical principles, and ethical standards established by NASW.

Competence
Repurposing existing social work competencies to the athletic arena and developing an understanding of athletic identity and culture.

To promote athletic well-being, sport social workers promote sensitivity to and knowledge about the behavioral health and psychosocial needs facing athletes. Ensuring access to education, availability of services to address identified risks, and providing athletes a safe space to advocate for their own needs are paramount in the sport social work approach.

Sport social workers are mindful of the individual and cultural differences each athlete brings to competition and their life aspirations. Sport social workers recognize athlete individuality means no two athletes experience athletic participation in the same manner. Additionally, sport social workers must understand the multiple roles that an athlete fulfills. While many individuals only see an athlete who competes in their sport, sport social workers see them as students, friends, family members, community leaders, and through other lenses an athlete identifies.

Sport social workers must understand the variety of human relationships an athlete has in their life. Understanding the relationship an athlete has with teammates, coaches, athletic personnel, other helping professionals, friends, and family is important for helping athletes make changes in their lives. Social workers must work collaboratively with others in the helping process to restore, maintain, and enhance an athlete's ability to be successful in all areas of life.

Study Significance

The social work profession has a track record of working in facilities that assess, plan, and intervene in a variety of behavioral health and psychosocial needs. This study explores whether athletes believe existing services available to them embody the values of the social work profession. In particular, whether the services available to Division I college athletes encompass social work values. Knowing college athletes may be at jeopardy for developing behavioral health and psychosocial needs, examining the perceived presence of value-based service delivery is paramount. In many cases, an athlete's initial perception of services dictates whether or not they seek treatment (Barnhard,

2016). A lack of treatment could have a negative impact on the short- and long-term aspirations and life trajectories of these athletes (Cox, 2015).

The results of this study will illustrate the strengths and areas of growth for existing service structures. The study will also illustrate the impact Sport Social Workers could have in promoting and providing value-based services to vulnerable athletes. To date, there is no study exploring the role of social work values in athletic support services. This study will further promote the Sport Social Work Movement and provide a framework for supporting the functioning and well-being of athletes.

Literature Review

Social work values

The primary mission of the social work profession is to enhance human well-being and help humans meet their basic needs (NASW, 2008). In order to promote social justice for clients and support the functioning of their clients, social workers need a foundation of values to guide their professional conduct. These values include: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW, 2008) (See Table 1.)

Throughout history, social workers have applied these values to successful practice in many domains. Recent studies illustrate how incorporation of social work values helped juvenile offenders improve their case outcomes (Prinsloo, 2014), improved services in community mental health centers (Brophy & McDermott, 2013), encouraged human service administrators to become stronger leaders (Watson & Hoefer, 2014), refined family centered health care (Craig, Betancourt, & Muskat, 2015), promoted self-determination for members of the LGBT+ population (Erdley, Anklam, & Reardon, 2014), and provided insight on working with members of the military community (Olson, 2014). This list of recent articles illustrates the diversity of clients social workers serve through their value-based practice. It also encourages social workers to critically examine additional populations that social workers might serve.

Value	Definition
Service	Social workers primary goals are to help people in need and to address social problems. Using knowledge and skills to help people in need and to address social problems achieves this value.
Social Justice	Social workers challenge social injustice by pursuing social change on behalf of vulnerable individuals and groups. Social workers seek to promote sensitivity to and knowledge about exploitation and oppression.
Dignity and Worth of the Person	Social workers respect the inherent dignity and worth of the person. Social workers are mindful of individual differences and promote the self-determination of clients.
Importance of Human Relationships	Social workers recognize the central importance of human relationships. Social workers engage people as partners in the helping process to encourage clients to make needed improvements in their lives.
Integrity	Social workers behave in a trustworthy manner by promoting ethical practice.
Competence	Social workers practice within their areas of competence and develop and enhance their professional expertise.

(NASW, 2008)

One specific population under the examination of social work lenses is that of college athletes. College athletes face immense pressures including performing in their sport, doing well in the classroom, managing finances, and maintaining a social and family life (Murty & Roebuck, 2015). It is problematic to assume that the status of being an *athlete* automatically equips these individuals with an innate resilience to these stressors (Student-Athlete Mental Health Initiative, 2017). Sadly, college athletes are often overlooked as a vulnerable group, which places them at risk of developing behavioral health or other psychosocial needs (Dean & Rowan, 2014).

Behavioral health and psychosocial needs of athletes

Recent studies show college athletes are susceptible to problems such as depression, suicidal ideation, substance use, and disordered eating (e.g., Cox, 2015; NCAA, 2013; Rao & Hong, 2015; Wolanin, Hong, Marks, Panchoo, & Gross, 2015). Additionally, athletes are often under the spotlight for sexual assault and interpersonal violence, impairments in physical health (e.g., concussion,

overuse injuries), criminal justice involvement, and an array of other health and safety issues (NCAA, 2017). Having knowledge of college athlete needs makes it easier for social workers to identify them as members of a vulnerable population. This will further allow social workers to advocate on their behalf and provide support using a value-based social work approach.

A study by Cox (2015) found an estimated 33% of Division I college athletes self-identified as being depressed. Wolanin and colleagues (2015) found 23% of Division I college athletes met clinically relevant levels of depression. A study examining mental health needs across division levels found that 26% of college athletes felt a moderate to severe need to seek mental health services (Moore, 2015, 2016). Suicide is also a central concern ranking as the fourth leading cause of death in college athletes (Rao & Hong, 2015). Moore (2015, 2016) found 9% of athletes across division levels felt a moderate to severe need to seek suicide prevention.

Up to 52% of college athletes report they have consumed more than five drinks on multiple occasions in the past year (Druckman, Gilli, Klar, & Robison, 2015). In addition to concerns over

alcohol abuse, the high-risk consumption of alcohol correlates with risky sexual behaviors and criminal activity in the college athlete population (Grossbard, Lee, Neighbors, Hendershot, & Larimer, 2007; White & Hingson, 2013). Moore (2015, 2016) found 11% of college athletes reported a moderate to severe need for alcohol-related treatment. The NCAA (2013) found 22% of college athletes use marijuana and smaller percentages of athletes use various other controlled substances.

Wollenberg, Shriver, and Gates (2015) found 6.6% of female college athletes showed symptoms of disordered eating. Nearly 10% of female college athletes had low self-esteem about their appearance and 12% of female college athletes were dissatisfied with their body image (McLester, Hardin, & Hoppe, 2014). Male athletes also have a subculture that promotes the use of unhealthy weight control measures (DeFeciani, 2016). Male athletes often stress about their body image, which encourages restrictive eating practices, binging and purging, and consuming steroids and other performance enhancing drugs (DeFeciani, 2016; Galli, Petrie, & Chatterton, 2017).

Existing challenges in service delivery

In addition to facing a wide-range of behavioral health and psychosocial needs, current service structures often present several barriers that discourage college athletes from seeking help (Moore, 2016). These barriers go against the value structure of the social work profession.

First, college athletes are socialized to accept pain and deal with adversity, which may lead athletes to underutilize behavioral health services (Martin, 2005). More specifically, college athletes, coaches, and staff members tend to minimize behavioral health symptoms, as it is counter-productive to traditional sport culture that tells athletes they are supposed to be mentally tough (Baumann, 2016; Birky, 2007; Carr & Davidson, 2015; Corrigan, Druss, & Perlick, 2014). This is especially concerning given the impact behavioral health services can have on a college athlete's needs. Services available to college athletes can improve alcohol and substance abuse (Brenner &

Swanik, 2007), difficulties with eating (Reinking & Alexander, 2005), and performance anxiety (Humara, 1999). Researchers have hypothesized that the social stigma of using behavioral health services could help explain athletes' negative attitudes (Beauchemin, 2014; Lopez & Levy, 2013; Wahto, Swift, & Whipple, 2016; Watson, 2003, 2006). These studies build onto existing concerns about mental health stigma in the overall population (e.g., thoughts of insecurity, inadequacy, inferiority, and weakness) (Lannin, Vogel, Brener, Abraham, & Heath, 2016).

Second, a college athlete's mental health literacy, which includes athletes who cannot distinguish between normal and abnormal distress, is a service barrier (Gulliver, Griffiths, & Christensen, 2012; Kelly, Jorm, & Wright, 2007; Kim, Saw, & Zane, 2015).

Third, college athletes may resist using services because of the type of language used to describe treatments, rationales provided for using various treatments, and socialization factors, such as an athlete's cultural background (Maniar, Curry, Sommers-Flanagan, & Walsh, 2001). College athlete's attitudes and views regarding helping professionals, which include a college athlete's lack of confidence in helping professionals and preconceived ideas about how a helping professional will view their problem, are a major concern to providers (Lopez & Levy, 2013). College athletes also have concerns over privacy and confidentiality with services (Lopez & Levy).

Finally, college athletes also believe that disclosing a behavioral health risk could result in loss of playing time, loss of scholarship, loss of relationships with teammates, and cause disappointment in the eyes of a coaching staff and their informal support network (Ford, 2007; Williams et al., 2008). These findings reinforce the belief for athletes that their athletic success is more important than their overall health and well-being.

Current study

This study seeks to explore whether current Division I college athletes perceive the values of the social work profession as being present in the current behavioral health services available to

them. Knowing the success of value-based social work practice, it is important for these values to be apparent in the mind of athletes to potentially remove some of the service barriers previously discussed. The results of this study will illustrate the perceived strengths of services and areas where the perceived presence of social work values could improve. As the social work profession continues to advocate for positions in athletic departments, research of this nature provides solid evidence for what social work could bring to athletics.

Method

Research question

This research study explored college athletes' perceptions on the value base of existing behavioral health and psychosocial services on their campus. Researchers structured the perceptions of values around the primary social work values. Additionally, this research explored whether or not significant differences existed between a college athlete's perception values based on their gender and class standing (e.g., freshman, sophomore, junior, senior, or fifth-year senior/graduate student). Researchers selected gender as a variable as there are over 200,000 college athletes who identify as male and female. Understanding whether or not there are significant differences between genders could provide practitioners with key strategies for engaging the majority of athletes who identify with one of these genders. The researchers selected class standing as a variable for two primary reasons. First, freshman and sophomores are more likely to receive mandatory training on behavioral health risks and routine discussions on available services. College athletes in their third year of competition or beyond do not always receive ongoing training on behavioral health risks and available services. Second, athletic culture and identity becomes more engrained as college athletes progress in their athletic career. In other words, college athletes tend to minimize behavioral health symptoms as it is counter-productive to traditional sport culture that tells us athletes are supposed to be mentally tough (Carr & Davidson, 2015). Knowing if there is a

difference based on class standing could provide useful information to athletic administrators and support persons on how best to engage athletes in discussions about behavioral health risks and the service structure on their campus.

Research design

For this exploratory study, the researchers used a cross-sectional, web-based survey design to collect information from college athletes at NCAA Division I affiliated colleges or universities. To determine the desired sample size, the researchers began by selecting the statistical test necessary to answer the research questions. The researchers used a Multivariate Analysis of Variance (MANOVA) for answering the research question. The researchers used a statistical power of 0.80 and a medium effect size. With the lack of existing research to build a theoretical framework, the researchers used a medium as opposed to small or large effect size. The researchers used confidence intervals of 0.05, which were liberal rather than accurate estimates. The final sample included 221 college athletes. With this sample size, the statistical power for the research question exceeded 0.8.

To obtain responses from college athletes, the researchers used publicly available and complete lists of colleges and universities from the NCAA (2016) to conduct a random sample of Division I programs. To ensure they obtained a statistically significant sample, the researchers included 30 Division I programs in their final sample.

Once the researchers used random sampling techniques to identify 30 colleges or universities, the researchers used the school's website to obtain the contact information (name and email address) for the athletic director. The researchers asked the athletic director to pass along the link for a web-based survey, a cover letter, and a study information sheet to his or her college athletes for completion. To avoid potential selection bias, the researchers asked the athletic director to send the survey to all college athletes competing at the university.

Study participants

The researcher collected participation

information regarding age, gender, race, class standing, and sport played. (See Table 2.) The age range for this sample was 18–25 years (*M* = 20). Female athletes accounted for 54% of the total sample. A majority of the athletes identified as white (71%). Fifty-five percent of the respondents were upperclassmen (juniors, seniors, of fifth-year senior/graduate student). The most popular sports played were volleyball (12%), swimming/diving (12%), and basketball (10%). Overall, the sample comprised athletes from 19 sports.

Demographic Characteristic	*N*	%
Age (*M*, SD)	20 (1.39)	
Gender		
Male	102	46%
Female	119	54%
Race		
White	156	71%
Black	45	20%
Multi-racial	7	3%
Asian	6	3%
Pacific Islander	5	2%
American Indian	2	1%
Class Standing		
Upperclassmen	121	55%
Underclassmen	100	45%

Measures/instruments

Development of web-based survey

The researchers were not able to locate previously validated surveys for this study. Thus, the researchers developed a new survey. The researchers provided the draft survey to a panel of five experts in the field of social work for their review and feedback of the survey's readability, content, length, and face validity. Feedback from these experts was incorporated into the survey. The researchers then pilot tested the survey. The researchers conducted the initial piloting of this measurement tool by randomly selecting Division I athletes from a Midwestern university to answer the proposed research questions. The goals of the pilot test were to (1) evaluate the flow of the survey instrument as a whole and (2) revise the questions developed specifically for this survey. Twenty athletes completed the survey and provided feedback. The researchers incorporated feedback from the pilot testing in the final survey.

The final version of the survey indicated strong internal consistency, Cronbach's alpha (α = 0.89). The researchers did not remove any items from the questionnaire, as the internal consistency did not increase significantly with item removal. The composite mean for final survey was 66.24 with a standard deviation of 11.96 and a variance of 142.97. Test for skewness and kurtosis revealed the results of the survey were normally distributed.

Value survey

Twenty-one questions relating to the presence of social work values in college athlete mental health services were factor analyzed using principal component analysis with Varimax rotation. College athletes were asked to answer each question about the values on a five-point Likert scale ("1 = Strongly Disagree" to "5 = Strongly Agree"). The analysis yielded four factors (Table 3) explaining a total of 61.92% of the variance for the entire set of variables. All four factors had eigenvalues greater than 1.00.

Factor one was labeled service and social justice due to high loadings by the following items: caring about athlete mental health, availability of mental health services, affordability of mental health services, access to mental health services, and ability of mental health services to address athlete needs. This first factor explained 22.15% of the variance.

The second factor was labeled dignity and worth of the person due to high loadings by the following factors: respectfulness of mental health providers, whether athletes are encouraged to seek mental health services when needed, level of privacy for mental health services, and whether providers understand the dual role of being a student-athlete.

Social Work Value(s)	Service-related Questions (Mean Score and Standard Deviation)
Service and Social Justice	My college or university cares about the mental health of student-athletes. (3.55, 1.15) The current mental health services on my campus are available when student-athletes need them. (3.19, 0.94) The current mental health services on my campus are affordable for students. (3.62, 0.85) My college or university ensures access to all mental health services a student-athlete might need. (2.97, 0.88) The current mental health services on my campus help student-athletes in need address their problems. (3.07, 0.92)
Dignity and Worth of the Person	The current mental health providers on my campus treat student-athletes in a respectful fashion. (3.68, 0.98) My college or university encourages student-athletes to seek mental health services when needed. (3.38, 0.93) The current mental health services on my campus ensure the privacy of students. (3.67, 1.01) My college or university works hard to help student-athletes balance academics, athletes, and social engagements. (3.75, 1.00)
Integrity and Competence	The current mental health providers on my campus are mindful of individual differences and cultural diversity. (3.33, 1.05) The current mental health services on my campus employ staff that is well trained on mental health issues. (3.41, 0.94) My college or university provides a high level of care for student-athletes with a mental health challenge. (3.09, 0.96) The current mental health services on my campus are providing trusted care to student-athletes. (3.45, 0.97) The current mental health services on my campus provide student-athletes with ongoing support. (3.17, 0.88) The current mental health providers on my campus are knowledgeable about the challenges facing student-athletes. (3.27, 0.97)
Importance of Human Relationships	The current mental health providers on my campus work cooperatively with our athletic department. (3.07, 1.02) My athletic department educates me about the mental health risks facing student-athletes. (3.10, 1.01) If I were experiencing a mental health problem I know where to access services. (3.36, 1.03) My college or university works with agencies in the community to help support student-athlete needs. (3.10, 1.05) My college or university informs me about available mental health services on a routine basis. (3.02, 0.89)

This second factor explained 15.76% of the variance.

The third factor was labeled integrity and competence due to high loadings by the following factors: whether providers are mindful about individual differences between athletes, the training level of mental health staff, the quality of mental health services, the trustworthiness of mental health providers, levels of ongoing support offered by mental health services, and whether providers have knowledge about athletic identity and culture. This third factor explained 13.33% of the variance.

The fourth factor was labeled importance of human relationships due to high loadings by the following factors: the level of cooperation

between athletic department staff and mental health providers, the level of education provided to athletes about mental health risks and campus services, the utilization of community partners to address athlete needs, and whether colleges and universities inform athletes about mental health risks and services on a routine basis. This fourth factor explained 10.68% of the variance.

Data analysis

There were two independent variables in this study—gender (male or female) and class standing (upperclassmen or underclassmen). Athletes had the opportunity to identify their gender as something other than male or female. However, no participants identified as anything other than male or female. Underclassmen included freshman and sophomores. Upperclassmen included juniors, seniors, and fifth-year seniors/graduate students. Both of these independent variables were categorical.

There were multiple dependent variables for this study as the researchers created four composite (sum) scores using the previously discussed factors. Composite scores included a sum score for all the questions associated with each social work value. The researchers calculated four composite scores: (1) a composite score for the social work values of service and social justice, (2) a composite score for the social work value of dignity and worth of the person, (3) a composite score for the social work values of integrity and competence, and (4) a composite score for the social work value of the importance of human relationships. All four of the dependent variables were measured at the interval level.

The researchers used descriptive statistics to provide details about the sample and an overview of the survey results. The researchers used a MANOVA to explore the impact gender and class standing had on a college athlete's perceptions of how well the behavioral health and psychosocial services on their campus adhered to the values of the social work profession. This test allowed the researchers to examine the mean differences between levels of the independent variable(s) on the four dependent variables. The use of a MANOVA not only protected the inflation of type I error, but also allowed the researchers to examine group differences on each dependent variable, as well as group differences on the combined construct (Field, 2009).

Results

Descriptive statistics

Athletes answered questions about the presence of service/social justice, dignity and worth of the person, integrity/competence, and importance of human relationships in existing behavioral health and psychosocial services. Mean scores on individuals questions ranged from 2.97 (ensuring access to behavioral health and psychosocial services) to 3.75 (helping college athletes balance academics, athletics, and social engagements) (See Table 3). Of the 20 service-related questions, the mean scores never reached the point of agree or strongly agree. Most athletes felt social work values had a moderate presence in existing services.

When comparing the means of the composite scores, athletes believed the dignity and worth of athletes was most prevalent ($M = 3.62$), followed by integrity/competence ($M = 3.29$), service/social justice ($M = 3.28$), and importance of human relationships ($M = 3.13$). Of particular concern with these score is the percentage of athletes who strongly disagreed or disagreed with these values being present in existing service structures. Thirty percent of athletes did not feel service/social justice was present, 13% felt the dignity and worth of athletes was absent, 23% felt integrity/competence was lacking, and 32% did not feel the importance of human relationships had prominence in service delivery.

MANOVA statistical assumptions

The researchers used a MANOVA to answer the research question. Prior to analysis, data for the research question was evaluated to ensure that the assumptions for this multivariate test were fulfilled. First, each participant's score was independent from all other participant's scores. Second, all four dependent variables were continuous and measured at the interval level. The two independent variables were categorical with two mutually exclusive and exhaustive groups. Third, a cross tabulation of

the independent variables showed all cells had a minimum of 42 cases, thus showing a large sample size for a MANOVA.

Fourth, measures of skewness and kurtosis, histograms, and normal Q-Q plots were examined for all dependent variables. Inspections of these measures and plots revealed non-normal distributions for all dependent variables. While the variables were not normally distributed, a MANOVA can be robust to this violation so long as the smallest cell has 20 cases (Abu-Bader, 2011).

Fifth, the variance on all dependent variables must have equal variance across all groups of the independent variables. To test this assumption, the researcher used Levene's Test of Homogeneity. This assumption was satisfied for all variables ($p > 0.001$).

Sixth, the relationship between all pairs of the dependent variables must be linear. To test this assumption, the researcher used Bartlett's Test of Sphericity. The results of Bartlett's Test of Sphericity showed a significant correlation between the dependent variables ($p < 0.001$).

Seventh, the assumption of homoscedasticity implies that the covariance of all dependent variables across all levels of the independent variables is equal. This assumption was violated (Box's M is significant; $p < 0.001$). Thus, the researchers used Pillai's trace to infer the results of the MANOVA.

Eighth, to test for multicollinearity, the researcher examined the relationship between pairs of the dependent variables. The relationship between variables was not too high ($r < 0.8$). Additionally, scores for the VIF were less than or equal to ten, and scores for tolerance were less than 0.1. These findings indicate the dependent variables for each research question do not appear to be highly correlated.

Results of the MANOVA

Main effect–gender

The results of the MANOVA showed no significant difference between an athlete's gender and their perceptions of social work values being present in behavioral health and psychosocial services on their campus (Pillai's Trace = 0.007, $F_{(4, 216)} = 0.39$, $p > 0.05$).

Main effect–class level

The results of the MANOVA showed an overall significant difference between under and upperclassmen and their perceptions of social work values being present in behavioral health and psychosocial services on their campus (Pillai's Trace = 0.11, $F_{(4, 216)} = 6.81$, $p < 0.001$).

The results of the post hoc between-subjects effects indicated under and upperclassmen differed significantly based on their class level to the level of dignity and worth they believe current behavioral health and psychosocial providers demonstrate towards athletes ($F_{(1, 219)} = 12.26$, $p = 0.001$). Underclassmen ($M = 15.17$) perceived providers to care more about the dignity and worth of athletes than upperclassmen ($M = 13.90$). There were no significant differences between under and upperclassmen on perceptions of social justice, integrity and competency, and the importance of human relationship.

Interaction effect–gender x class level

The results of the MANOVA showed no interaction between an athlete's gender and their class level impacting their perceptions of social work values being present in behavioral health and psychosocial services on their campus Pillai's Trace = 0.006, $F_{(4, 214)} = 0.35$, $p > 0.05$).

Discussion

Significant findings

Overall, the results of this study indicate college athletes believe the values of the social work profession are moderately prevalent, in the current behavioral health and psychosocial services available on their campus. Furthermore, their gender or class standing does not largely influence the perceptions of college athletes. A possible concern is the fact that athletes do not agree or strongly agree that social work values are present. More must be done to consistently support the primary mission of the social work profession—enhancing human well-being and helping to meet the needs of humans. The only value that was significantly influenced by class

Social Work Value	Sport Social Work Approaches
Service	• Evaluating the effectiveness of Sport Social Work on behavioral health, psychosocial, and competitive outcomes • Implementing interventions to achieve practice goals and enhance the capacities of athletes • Using interprofessional collaboration to achieve beneficial practice outcomes for athletes • Ensuring that all athletes have access to adequate services that promote their safety and well-being
Social Justice	• Understanding current polices and regulations guiding the treatment of athletes • Recognizing how athletic participation can lead to the exploitation of athletes and factors impacting their health and well-being • Exploring strategies that eliminate structural barriers that leave athletes susceptible to behavioral health and psychosocial risks • Advocating for policies that promote athlete well-being at the federal, state, local, and organizational levels
Dignity and Worth of the Athlete	• Understanding how diversity and individuality shape an athlete's experience and their identity • Assessing strengths, risks, and needs of athletes throughout the chance process. • Identifying the influential social, cultural, economic, organizational, and environmental factors that affect athlete well-being • Recognizing how personal thoughts on athletes can influence professional judgment
Importance of Human Relationships	• Apply evaluation findings to improve practice effectiveness at the micro, mezzo, exo, and macro levels. • Valuing principles of relationship-building and interprofessional collaboration to improve an athlete's well-being • Understanding the roles of other professions in promoting athlete health and well-being
Integrity	• Understanding the value base and ethical standards of the social work profession • Advancing our understanding of athlete well-being through critical thinking
Competence	• Understanding the roles of other professions in promoting athlete health and well-being • Using interprofessional collaboration to achieve beneficial practice outcomes for athletes • Selecting appropriate intervention strategies based on the assessment, research knowledge, values of the social work profession, and preferences of the individual athlete

standing was dignity and worth as underclassmen athletes perceived providers to care more about this value than upperclassmen. A likely reason for the difference in perceptions of dignity and worth has to do with the integration of underclassmen into their athletic programs. Upon entry into college athletics, underclassmen often go through baseline behavioral health testing, receive routine evaluations, and participate in multiple educational programs about possible health risks (NCAA, 2017). These opportunities are not as prevalent in athletes who are later in their college career.

Knowing that athletes have concerns about the existing values present in support services, an

opportunity exists for social work professionals to change these perceptions. To do this, sport social workers must connect the core values of their profession within an athletic framework (See Table 4.)

Limitations

This research study had limitations that might have impacted the results. First, despite an attempt to randomly select an initial study sample, the response rates made the final sample more of an availability sample. This causes concerns with the generalizability of the findings to all Division I college athletes. Second, it is possible the survey used for this research lacks reliability and validity. Third, this study relied on self-reported data. There is in inability to verify participant responses.

Future directions

Future studies should explore strategies for incorporating the ethical and professional behaviors of social workers into existing support services. First, future research should consider the difference in opinions about social work values among college athletes who actively use behavioral health services and those that do not. Second, studies could explore the difference in opinions about social work values between college athletes and non-athletes. Third, studies should explore the perspectives of athletes on what it would take for these values to be more present. Fourth, once these values are more consistently incorporated into support services, researchers should examine their effectiveness at assessing and intervening in the behavioral health risks of athletes. Fifth, researchers need to explore strategies to instill these values in the individuals comprising an athlete's informal and formal support systems. Sixth, future studies could focus more on the reliability and validity of the measurement tool to increase validity and reliability.

Conclusion

The values and ethics of the social work profession (Dean & Rowan, 2014; NASW, 2008) are a strong fit for understanding the environmental and internal stressors that allow these behavioral health concerns to develop. The values and ethics of the social work profession could not only help

engage athletes in overcoming these risks, but could also ensure that services themselves no longer act as a barrier between an athlete receiving the help necessary to promote their own autonomy.

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