PARTNERSHIPS IN PERFORMANCE: EFFECTIVE REFERRAL AND COLLABORATION BETWEEN HOCKEY COACHES AND PSYCHOLOGISTS

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DEDICATION

To my parents

Gordon and Linda Robinson

My mother for her love, support, and sacrifices throughout my life.

My father for his support and guidance throughout my life in hockey and school. For driving me to every game and being the only parent sitting in the stands for 5:00 AM practices. Then later, after all those years, still giving me all the support and encouragement a son could ever ask for.

ABSTRACT

This study investigated the Alberta Junior Hockey League (AJHL) coaches' perceptions of the existing process of referral and collaboration between themselves and psychologists, as well as ways to improve this process. Thirteen of the 15 head coaches were interviewed. The Coach Interview Questionnaire provided the framework for the semi-structured interviews. Participants provided responses which included demographic information, information regarding the current referral process, their current level of collaboration, their satisfaction, attitudes and beliefs about referral and collaboration, as well as what player problems require referrals. The findings indicated that there is a substantial need for psychologists to be involved with junior "A" hockey players. A comprehensive guidance and counselling program is recommended to the AJHL in response to the expressed needs for psychological services.

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INTRODUCTION

Hockey is seen as a major part of the definition of "Canada" at home and abroad. Canadians are proud of our national sport and this pride was seen at the 2002 Winter Olympics at Salt Lake City, with the gold medals being brought home by the men's and women's hockey teams. While National Hockey League teams struggle financially to survive in Canada, junior "A" leagues are plentiful and still produce the best hockey players. These young players are essentially one of Canada's valuable resources.

The holistic development of junior hockey players will not only benefit the individuals throughout the rest of their lives, but will increase interpersonal relationships and communication, the ability to handle new problems, as well as individual and team performance in hockey. The role of the coach is paramount in these players' lives and the coach is responsible for not only winning hockey games but also for the players who wear the team uniform.

There has been no research that has looked at the level of referral and collaboration between AJHL coaches and psychologists. There are no reports of psychologists working with teams in the AJHL and typically any psychological services are utilized after a serious problem has already occurred. This remedial action will have a late onset on the individual and team performance, increased costs to the team and league, and maintain player problems that the coach may not want or be able to deal with. Preventive action may derive many significant benefits for the player, coach, team, organization, and community supporting the team.

Understanding the importance of the coach and the influence the coach can have on the players contributes to the need for research to identify what is and what is not working between players who have problems and the referral and collaboration between coaches and psychologists. Specifically, it is important to determine what is and is not working from the perspective of the coach.

This project will explore the Alberta Junior Hockey League (AJHL) coaches' perceptions of the existing process of referral and collaboration between themselves and psychologists. Ultimately, this research hopes to determine how we can improve and thus increase the level of referral and collaboration between these two fields.

This chapter provided an introduction to the importance of the coach and improving the process of referral and collaboration between coaches and psychologists. Chapter 2 provides a review of the literature related to this topic. Chapter 3 provides information on the population, procedure, instrument, data collection, and methods of data analysis. Chapter 4 presents the results of this project and Chapter 5 then elaborates on the results by outlining the implications of these findings.

Chapter 2

REVIEW OF THE LITERATURE

The sport of hockey and the field of psychology are combined in an attempt to increase the knowledge available for those involved with Canada's national sport. This topic is extremely interesting and inspiring for me since before my current career focus of psychology, I was heavily involved with the sport of hockey. Fortunately, hockey has given me some of the best experiences of my life and has been an overwhelmingly positive influence. Experience playing junior "A," university, and professional hockey has added to my personal knowledge of the dynamics involved in the culture of hockey. This knowledge and experience will greatly contribute to this thesis.

This chapter includes a review of the relevant literature regarding psychology in the world of sport, the Alberta Junior Hockey League (AJHL), the need for psychological services to be accessible to the AJHL, the need for further research, the importance of referral and collaboration between coaches and psychologists, barriers to effective referrals, factors that facilitate effective referrals, and some financial concerns.

Psychology in Sport

Sport psychology has developed within the last 25-30 years into a new field of sport science. There are different domains of psychology in sport as well as differences between professionals who specialize with different levels of athletes (e.g., student-athletes) and types of sport (e.g., the National Hockey League).

Domains of psychology in sport. The differences between the domains of sport psychology (Andersen, Van Raalte, & Brewer, 2001; Brewer, Van Raalte, & Linder, 1991; Gardner, 1991; Gould, Tammen, Murphy, & May, 1991; Halliwell, 1989; Murphy,

1988; Orlick & Partington, 1987; Rejeski & Brawley, 1988; Silva, 1989; Silva, Conroy, & Zizzi, 1999; Simons & Andersen, 1995; Taylor, 1991), sports counselling, and/or counselling psychology (Balague, 1999; Broughton, 2001; Chartrand & Lent, 1987; Cogan & Petrie, 1996; Hinkle, 1990; Meyers, Coleman, Whelan, & Mehlenbeck, 2001; Miller & Wooten, 1995; Petrie, Diehl, & Watkins, 1995) have been extensively addressed in the literature.

There are many different things individuals who call themselves *sport psychologists* may be doing. A research sport psychologist is conducting research for the advancement of knowledge associated with sport psychology. An educational sport psychologist disseminates knowledge about the field of sport psychology. College and university professors are typically involved as research and educational sport psychologists (Cox, Qiu, & Liu, 1993). Williams and Straub (1998) define applied sport psychology as focusing on identifying and understanding psychological theories and techniques that can be applied to sport and exercise to enhance the performance and personal growth of athletes. Finally, the "... clinical, or counselling sport psychologist is professionally prepared to help athletes who experience severe emotional problems associated with such things as depression, anxiety, drug dependency, and interpersonal conflict" (Cox et al., 1993, p. 3). Sport psychologists, then, teach sport psychology classes, conduct research, and work with athletes, coaches, and exercise participants.

North American sport psychologists and coaches have focused on performance and typically have physical education training. They may not be qualified or prepared to work with an individual's psychoemotional difficulties such as a lack of social support, problematic selection criteria, or traumatic experiences (Woodman & Hardy, 2001). The majority of European sport psychologists have earned doctoral-level certification in

clinical psychology or psychiatry. The sport science and athletic communities must accept the field of clinical sport psychology as it is growing and developing in North America (Ward, 1998).

Sport psychology. Sport psychology has been developed within physical education, kinesiology, and leisure studies departments. Botterill (1990) describes the features and characteristics of consulting a professional hockey team and "... the role of the sportpsych consultant was that of a 'stretch coach'--to help identify, develop, and apply mental skills that might enhance performance and help people come closer to their potential" (p. 359). Botterill states that it is critical to refer the hockey player to a clinical/counselling psychologist whenever the player's needs begin to exceed the consultant's qualifications.

Halliwell (1990) relates experiences and knowledge as a sport psychologist to a professional hockey team over a 6-year period. In the article he writes, "I do not deal directly with off-ice issues such as alcohol abuse or marital problems; however, the team does have professionals whom the players can be referred to through the Employee Assistance Program" (p. 373). Therefore, he views the sport psychologist role as focusing on enhancing performance as opposed to associating himself with off-ice problems in order to facilitate the relationship as the mental coach.

Sports counselling. Petrie and Watkins (1994) state that counselling/clinical psychology coursework and training has been increasingly encouraged for students interested in sport psychology. The general values of counselling psychology fit extremely well with the philosophical and definitional overlap between sport and counselling psychology such as working with high-functioning individuals who are free and responsible for themselves (Petrie et al., 1995). The optimal situation is for the

counselling psychologist to also have basic knowledge of the sport sciences as well as experience in sport and working with athletes in a sporting environment (Hinkle, 1994; Miller & Wooten, 1995; Nejedlo, Arrendondo, & Benjamin, 1985; Petrie et al., 1995).

Research has been conducted in universities with regard to counselling athletes. Sports counsellors are trained and needed to address the psychoemotional needs of the student-athletes (Hinkle, 1994). There is a demand for counselling professionals who can understand and be sensitive to the problems of this population and for interventions that are appropriate for student-athletes (Chartrand & Lent, 1987; Hinkle, 1994). Ward (1998) strongly suggests a need for clinicians in the sports milieu and states that there seems to be a moderate degree of pathology among certain individuals within the athletic population. A new role for the counsellor in athletics has grown out of enhancing athletic performance and intervening with troubled athletes.

Danish and Hale (1981) recommend the need for sports counsellors to facilitate the development of the athlete as a person. Balague (1999) recommends that a psychologist working with athletes should understand the larger issues of their identities and value systems as well as the meaning that sport gives them in their life. Botterill, a sport psychologist who worked with professional hockey players, reinforces the fact that, "... what is happening away from the rink can be every bit as important as what is happening in training, preparation, and competition" (Botterill, 1990, p. 359).

The writer will use the term "sport psychologist" to denote a professional who is qualified to enhance athletic performance and to intervene with troubled athletes. This requires appropriate clinical and/or counselling training as well as knowledge and/or experience in the sport. The term thus incorporates the holistic qualities that may fall

under the above categories such as performance enhancement and attending to personal problems that are affecting performance.

The Alberta Junior Hockey League (AJHL)

The AJHL is a junior "A" league that is a member of The Canadian Junior "A" Hockey League, which has 10 member leagues encompassing 135 teams in 2002-2003. The Alberta Junior Hockey League was formed in 1963 with five teams. Junior "A" hockey provides an option for players hoping to advance to the National Hockey League (NHL), minor professional leagues, the Canadian Hockey League (CHL), the National Collegiate Athletic Association (NCAA) as well as the Canadian Interuniversity Sport (CIS) and Canadian college leagues. Since 1980, 49 players have been drafted directly out of the AJHL, with 19 players appearing with NHL teams in the 2000-2001 season. There have been 146 alumni of the AJHL go on to the NHL (http://cjahl.com/e/index.html, retrieved July 15, 2002).

The AJHL consists of 15 teams for the 2002-2003 season, located across communities throughout Alberta. The players have ranged from 14 to 21 years of age, although the majority of players range from 17 to 20 years. (As an example, Dan Blackburn played for the Bow Valley Eagles as a 14- and 15-year-old before advancing to the WHL and now plays for the New York Rangers of the NHL.) The season can last from the end of August (training camp) to the end of February, with post-season play for winning teams. Sixty-four league games are scheduled for all the teams with additional exhibition and playoff games. The league can boast about many coaches and players who have gone on to professional careers in the NHL and have achieved personal success such as Lanny McDonald, Mark Messier, the Sutter brothers, Danny Heatley, and Mike Comrie.

The official website of the AJHL has many links to the teams in the league, history, records, statistics, schedule, news/information, education, and alumni. The homepage has the statement above the title of the league, "Preparing athletes for the academic, athletic, and personal challenges of tomorrow." There is also the following statement below the title:

> The Alberta Junior Hockey League is dedicated to furnishing its athletes with the best available opportunities for future development and growth. Our League supports its players through assistance in their academic, athletic and personal lives throughout their pursuit of individual goals. (http://www.ajhl.ab.ca/, retrieved Aug. 12, 2002).

The league helps develop many players who receive hockey scholarships and in any given year, an estimated 43% of the players will advance to post- secondary school in the Canadian Interuniversity Sport (CIS), Alberta Colleges Athletic Conferences (ACAC), or National Collegiate Athletic Association (NCAA) leagues. The AJHL has an education consultant who aspires to "... provide the best and most current information in order that families can make educated choices that best suit the needs of their respective student athletes" (http://www.ajhl.ab.ca/, retrieved July 20, 2002). Recommendations are made for "... every student-athlete who is looking forward to using their hockey skills to pursue a post-secondary education" (http://www.ajhl.ab.ca/, retrieved July 20, 2002) to develop a plan of personal goals, to research options, and a personal marketing plan. Counselling is offered regarding academic and admittance information with respect to the CIS, ACAC, and NCAA as well as information with regard to financial planning, finding resources, and AJHL scholarships. This counselling does not include personal counselling for psychoemotional difficulties.

The AJHL does not appear to have the financial resources to employ a sport psychologist that can work with respective teams and the individual players in the league. So who will work with athletes or coaches when problems arise that are in need of counselling? Or, better yet, who will work with players and coaches before major problems occur and what would that referral and collaboration process look like?

The Need for Psychological Services to be Accessible in the AJHL

Desjardins' (1991) thesis titled, "The Junior Hockey Experience and Transition Problems Into a University Career" highlights the need for a greater understanding of the referral and collaboration process between junior hockey coaches and psychologists. Desjardins's study focused on the WHL experience (Major Junior) as opposed to this study in which focuses on the junior "A" level (AJHL).

Some of the players in the AJHL are less developed physically and mentally due to younger ages or a later onset of maturity. Many of the players are talented and good enough to play in the Western Hockey League (WHL) although choose to pursue the opportunity of receiving a scholarship in the United States. The NCAA views the WHL as a professional level and will penalize players with WHL experience. For example, if an individual played five games in the WHL, he must sit out a year plus five games in order to be eligible for NCAA scholarships. However, the WHL pays a year of tuition and books for each year played in the WHL to players who choose to stay in Canada and play in the CIS (R. Dirkson, WHL Vice President, personal communication, August 26, 2002).

The brief description of the players allows the reader to become aware that at least two of the five participants in Desjardins's (1991) study played AJHL before entering the WHL.

Junior hockey players often focus on the outcome (making the NHL) rather than the process (effort required in this feat). The process shapes the ability to adjust and cope with the challenges hockey players face. Desjardins's (1991) personal experience contributed to his conclusion that athletes will face challenges with frustration, intimidation, or motivation, either consciously or subconsciously. The specific circumstances suggested by Desjardins are transferable to many athletes. This literature as well as the writer's personal experience confirms the potential difficulties hockey players may face through these circumstances. Desjardins listed the following concerns (1991, p. 25):

1. Moving away from family and friends.
2. Finding a place within the team (offensive/defensive role, enforcer, etc.).
3. Practicing and training with a purpose – not being satisfied with merely being there, but being the best.
4. Managing time (killing hours waiting for the game).
5. Discovering what things lead to maximum performance – arousal level, routines, food, sleep.
6. Dealing with stress: such as being criticized by a coach or going through a losing streak.
7. Handling intimidation: what to do when you are 'speared' or if someone tells you if you touch the puck they will 'beat the shit out of you'--and they will.
8. Dealing with the highs and lows of the sport--one day you can be a hero, the next, due to an injury or falling out with the coach your career can be in jeopardy. One such incident had an NHL team offering a junior player a sizable contract. The player was having such a great playoff he decided he wouldn't sign until the

playoffs were over in case he could get a better contract. The night before the final game, the pressure was too much, the player went out and got drunk, the next day he was benched for the final game and the NHL team tore up their contract offer. This scenario may seem quite drastic, but in elite athletics it is a common occurrence.

9. Surviving intimidation: There are many forms of initiation and rookie hazing that may leave players with emotional and mental scars that affect their lives. For example, "... an Alberta junior player ... was stripped naked and locked in the washroom of the team's bus" (Robinson, 1998, p. 87). The player ended up with broken bones and unconscious by the side of the highway as a result of falling out of the emergency exit while trying to escape. "His family is now suing the Alberta Amateur Hockey Association" (Robinson, 1998, p. 87).
10. Playing through injuries.
11. Being fit enough to handle 80 games and thousands of miles of travelling.
12. And last, but certainly not least, coping with the reality that this fantasy may very well crumble before your very own eyes.

These circumstances are discussed with comparisons to the research on student-athletes, research on the challenges junior players will face and specific topics of transitions, injuries, alcohol abuse, death, the dream of making the NHL, the public spotlight, violence in hockey, team cohesion, research on counselling in sport, and finally recommendations with regard to the junior experience.

Comparisons to student-athletes. Student-athletes at colleges and universities, like AJHL hockey players, do not have sport psychologists on staff to work with them (Etzel

& Ferrante, 1993). However, student-athletes have free access to the existing campus counselling centres, unlike AJHL players.

Many of the potential difficulties that junior hockey players will face are very similar to post-secondary student-athletes such as leaving home to play hockey or attend school, and being thrust into a new environment that places demands on the individual to perform well and achieve success. Many hockey players are still attending high school, taking post-secondary courses, or working part-time away from family, friends, and the comfort of home or where they grew up. The holistic development of the individual athlete is a real concern for the coach, athletic support staff, and family.

There has been a large amount of research done on college athletes and the need for sports psychology (Broughton, 2001; Chartrand & Lent, 1987; Dwyer & Cummings, 2001; Ferrante & Etzel, 1991; Hinkle, 1990, 1994; Martens & Cox, 2000; Miller & Wooten, 1995; Petitpas, Bundtrock, Van Raalte, & Brewer, 1995). American student-athletes are in an academic environment and have been studied, thus facilitating increased awareness of the sport environment.

Broughton (2001) identified the demands and challenges confronting student-athletes and states that approximately 10% of student-athletes require serious counselling. Student-athletes and junior players are in a unique position that creates additional demands, stressors, and challenges. Some of the tasks student-athletes and AJHL hockey players must deal with are balancing academic/part time work and athletic endeavours; dealing with social activities in and outside of the group; coping with success and lack of success throughout daily life; physical health and injuries; relationships with coaches, teammates, significant others, parents, and friends; pressure applied by expectations of the athletic community, media, peers, and oneself; and dealing with termination of an athletic career.

Counselling psychologists have special insight into problems and issues found in the culture of athletics. Junior hockey players, who themselves are often students, are thus faced with additional demands and challenges as well as the usual transitions marking adolescence and early adulthood (Russell, 1996). Events and issues (e.g., being cut from the team, reaching the final year of eligibility/retirement, addictions, burnout, etc.) add new stresses to the psyche during the developmental process (Cockerill, 1995; Pearson & Petitpas, 1990; Remer, Tongate, & Watson, 1978).

Transitions. Junior hockey players will face some transitions during the late teens that will have an impact on their self-concept, self-esteem, and possibly their worldview. The literature points to the transitions that occur through the disengagement from sport with injury, illness, family concerns, and displacement by younger or more talented players as the common reasons (Pearson & Petitpas, 1990).

Leaving the family, hometown, and friends at school during the developmental years is often hard on these athletes. The six junior players who kept diaries of their experiences in Oliver's (1990) book and findings of Clark's (1980) study share similar indications of the importance of the family as the most important socializing unit during the early years in hockey. The role of the father is extremely important in many hockey players' lives. MacGregor's (1995) book about fathers, sons, and hockey suggests, "There is nothing quite so Canadian as hockey, and nothing quite so hockey as the relationships between Canadian hockey players and their fathers" (http://www.geocities.com/ mdcapsfan/hockeybooks.htm, retrieved July 5, 2002).

Social support is needed as the junior season is inevitably filled with ups and downs that may revolve around unique transitions of "sitting in the stands" or not "starting," dealing with injury, being traded or sent down to lower levels, being offered

scholarships or professional opportunities, and retiring from hockey. A player who has grown up with high aspirations of making the NHL but suffers a career-ending injury may also suffer from the loss of part of the self. Hockey is the most important thing in these young men's lives and losing their dream can have terrible consequences displayed in unhealthy ways of coping with this pain.

Injuries. Players who face serious athletic injuries or other difficult transitions similar to other athletes that have a high level of ego involvement with sport (Pelham & Holt, 1999) and a low level of social support available may react with grief (Danish, 1986; Rotella, 1984), depression (Amato, 1995), identity loss (Elkin, 1981; Pollock, 1956), separation and loneliness (Lewis-Griffith, 1982), fear and anxiety (Rotella, 1984), and loss of confidence and performance decrements (Rotella, 1984; Taylor & Ogilvie, 1998; Williams, Rotella, & Heyman, 1998).

Cockerill (1995) notes the lack of recognition there has been with respect to the need for psychological treatment for injured athletes.

Athletic trainers randomly selected from the membership database maintained by the National Athletic Trainer's Association were surveyed in a study that investigated the perceptions of certified athletic trainers concerning psychological aspects of athletic injuries (Larson, Starkey, & Zaichkowsky, 1996). Forty-seven percent of athletic trainers believed that every injured athlete suffers psychological trauma. Twenty-four percent had referred an athlete for counselling for situations related to their injury, and 25% reported a sport psychologist worked with the team. Stress, anxiety, and anger were the most frequent problems athletes dealt with associated with injury as perceived by trainers. The authors found that almost 90% of the responses reported it was "Very important" or

"Relatively important" to treat the psychological aspect and 75% of trainers surveyed do not have access to a sport psychologist.

Alcohol abuse. Svoboda and Vanek (1982) found that the vast majority of athletes increased their training efforts when the first symptoms of performance decline appeared. Junior players can reach a state of mental and physical exhaustion through an increased investment of time and energy into training for hockey on top of the travel schedule, academic and/or work responsibilities, and social activities. There are many cases of junior hockey players that have problems due to excessive alcohol consumption and partying, which may be a way of avoiding responsibilities and an attempt to achieve immediate relief.

The literature on the drinking habits of athletes reveals mixed findings. Shields (1995) concluded through examining the observations and perceptions of athletic directors/coaches (North Carolina), the drug abuse problem for student-athletes was less apparent in athletic students than it was in the overall student population of non-athletes. Shields (1998) also found that alcohol use of high school athletes had decreased in 1996 compared to 1988. In contrast, Leichliter, Meilman, Presley, and Cashin (1998) found results indicating that "In comparisons with non-athletes, male athletes consumed significantly more alcohol per week, engaged in binge drinking more often, and suffered more adverse consequences from their substance abuse" (p. 257). Male team leaders have also been found to consume the most alcohol, to binge drink the most frequently, and to suffer more adverse consequences than other team members (Leichliter et al., 1998). Rainey, McKeown, Sargent, and Valois (1996) found that highly active athletes drank more frequently than did low-activity non-athletes, and they were more likely to binge drink. The variation within the literature is demonstrated by Overman and Terry's (1991)

research that states that minimal differences exist between the drinking behaviours of athletes and non-athletes. However, "... athletic participation exerted a slight influence upon the drink of choice and patterns of drinking" (p. 107).

Where there is hockey, there is often alcohol not too far away. Awareness of addiction can help responsible drinking remain at a healthy level and help identify players who are having drinking problems. The addictive aspects of the junior experience are captured and confirmed through the comments of the five individuals whom Desjardins (1991) interviewed regarding the WHL experience. The players used the addictive event (largely through alcohol) to fill basic emotional needs. The players inevitably experience highs and lows during the season and, with these fluctuations, experience mood changes. A depressive response to poor performance may be met with the illusion of the enhanced feelings through the consumption of alcohol.

Junior players will likely behave in certain ways that are consistent with addiction (Nakken, 1988). Desjardins (1991) notes the behaviours confirmed in the interviews included emotional attachment to the team at a higher level than with individual players, thus treating themselves and others as objects. The inconsistencies junior players must face create an increased acceptability to the consistent qualities addictive behaviour offers. The inconsistencies players face include the loss of status, as a player can fall out of grace with the coach and land in the "doghouse" at any moment; the loss of a dream of playing in the NHL; loss of friendship (e.g., constant change in team player personnel, etc.); new social situations such as moving to a new community (sometimes several times during a season); leaving the family through moving away to play hockey at a young age; and may possibly experience the loss of a loved one (e.g., leaving a girlfriend, death in the family, etc.) (Desjardins, 1991).

The lifestyle of rituals in junior hockey that occurs day after day such as waking up late in the morning and killing time before practice, game day rituals, etc., contributes to the rituals of addictions (e.g., drinking beers after games). The ritualistic and superstitious behaviours of hockey players are often extreme; however, they are strictly adhered to. Players will do anything to ensure they are optimally prepared for performance according to their subjective perspective. Whether or not these preparations are healthy does not matter. The writer witnessed junior players consuming stimulant drugs (e.g., ephedrine) prior to games and alcohol after to ensure sleep and decrease anxiety. Desjardins (1991) also discusses the importance of the game and the players doing whatever they feel will help them in their quest. The cultural link between alcohol and sports, the unique lifestyle and pressure in sports may make recovery from alcoholism more difficult (Samples, 1989).

Players will do anything for the game they love and this often includes behaviours to fit in with the team. Alcohol is always involved in the initiation parties in which the first year players are "rooked." The games involved can often greatly affect young players, with negative consequences. Scott McLeod's story of being initiated at a junior "C" party when he was 17 years old is a disturbing account of what can happen. It is usually veteran players involved; however, in this case the coaches, owners, managers, and trainers participated in instructing the rookies to participate in sexually degrading games (cf. Robinson [1998] for further details). In response to the consequences of that experience, Scott McLeod commented, "Counselling has helped me a lot. Thank God there's people around like the police, the Crown attorney, and counsellors. If it wasn't for my parents, I don't know where I'd be" (Robinson, 1998, p. 69).

The experience of the junior hockey player is difficult to describe and extremely unique. The relationships between players can be very loyal and intense, just like the game of hockey. However, the effect of the group can obviously influence behaviour of individuals in unhealthy ways (e.g., sexual promiscuity, narcissism, co-dependency on the team, drinking, and following violent behaviours of the group, to name a few).

Death in sports. The sudden death of an athlete has a tremendous impact on teammates, coaches, and of course family (Heil, 1993; Henschen & Heil, 1992; Karofsky, 1990; Vernaccia, Reardon, & Templin, 1997). In the 1979-80 season in the AJHL, the Sherwood Park Crusaders captain Trevor Elton died after collapsing from a clean routine body check along the boards in a game against the St. Albert Saints on February 20, 1980.

The writer has also experienced the death of two teammates. A morning practice was filled with shock and disillusionment when our Midget hockey team took the ice at 5:30 AM in Sidney, British Columbia. Our coach explained to us that our teammate had died in a car crash the night before. Not only were we shocked with the news, but our assistant coach, the older brother of the deceased, was skating at the other end of the rink. He was in complete shock and denial, not accepting the truth of this tragedy. We were given the option of practising or going home. A couple of years later, a teammate on my junior "A" hockey team in Bellingham, Washington, also died in a car accident (drinking and driving). In both of these cases there was no professional support offered to the players on these teams. In the case of the Midget team, I observed my teammates engage in a fight later that day at high school in response to a comment a student had made regarding the individual who passed away. In the case of the junior teammate, I observed the coping of this tragedy by consuming massive amounts of alcohol all night and all the next day.

Karofsky (1990) describes the need to facilitate the emotional recovery of athletes, coaches, and parents who witnessed the death of a high school hockey player. Some of the effects coaches and hockey players may experience through the death of a teammate include unhealthy coping mechanisms such as drinking alcohol, illegal drug use, nightmares and insomnia, a change in risk-taking behaviours of players both on and off the ice, and the realization of mortality (Karofsky, 1990). Vernaccia et al. (1997) describe information regarding the emotional care of coaches and athletes who experience the death of a teammate as limited at best.

Vernaccia et al. (1997) state that when tragedy occurs, sports teams seek to handle the situation "... within rather than to seek professional help from someone who is not part of the department or team culture" (p. 233). However, they also suggest,

> It is best to have both "inside" (sports medicine staff, including a sport psychologist, and administrative personnel) and "outside" resources (counselling and psychological services, and CISD specialists) who can respond to the needs of those involved in sudden death or fatal injury situations (p. 233).

The AJHL can meet this suggestion by the coach, trainers, and management providing support for the players as well as provide outside psychological services for the team and/or individuals.

Dream of the NHL. Oliver's (1990) book traces the lives of six Major Junior hockey players who dreamed of making the NHL throughout the 1988-89 season. Oliver describes the experience of Rob Lelacheur attending training camp for the Saskatoon Blades (WHL):

> Rob, from St. Albert, Alberta, looks around, and in spite of himself begins thinking of all the things he would prefer to be doing at this instant instead of

> sitting in this dressing room, savoring the smell of sweat and loneliness. Part of him, make no mistake, wants to be here, is excited at the prospect of playing Junior A hockey, last step before the National Hockey League. He has to be here, he wants to be here, because that is the one thing he shares with all others in the room--this dream of someday playing in the NHL. (Oliver, 1990, p. 5)

The description continues to describe the 16-year-old's experience of missing his family and his first experience of leaving home.

A description of a former junior player adds to the conviction for hockey: "Paul is seventeen years old, intelligent, attractive. ... He possesses just about everything anyone in their right mind could ask for--everything, that is, except the realization of his hockey dream. Life, then, means nothing" (Desjardins, 1991, p. 14).

Martens and Cox (2000) suggest that an attitude and belief system that strongly identifies with athletic identity may be beneficial to the sport. However, this strong athletic identity may cause problems in other areas of development. The junior player is likely to get caught up in the dream of making the NHL and become so focused on hockey that growth and development in other areas of the young man's life may be severely neglected. For example, the number of junior players who fail to complete high school has steadily decreased over the years; however, the decreased emphasis on education is still a threat. Loy, McPherson, and Kenyon (1978) found junior "A" and "B" hockey players (organizations outside the school) when compared to Canadian high school hockey players, "... had lower grades, progress[ed] at a slower rate through the school system and [were] more likely to drop out of high school" (p. 248). Players who pursue junior "A" hockey and fail to complete high school may be faced with dismal vocational prospects and opportunities when they fail to reach the professional ranks.

These findings were reported to have changed as the WHL conducted a study in 1991 and reported that 65% of the players polled were in school and 35% were not in school. Eighty-six percent of the players not currently attending school had completed grade 12. Just over 4% of the total players polled who were not in school had failed to complete grade 12. The national average of 70% of students graduating was compared to the 95.2% reported by the WHL (assuming that those in school would still graduate as 69% were in high school and 31% were taking college or university courses) (CBC Radio, 1991; cited in Desjardins, 1991). Thus, 69% of the players still needed to graduate from high school before full bragging rights could be achieved.

Pearson and Petitpas (1990) suggest the difficulties that athletes face are related to the development and establishment of personal identity. Many authors have described how college athletes are "... rigidly controlled, overprotected, depersonalized, and exploited" (p. 8). The demands placed on junior players combined with the focus on a professional career in hockey can also have the potential to prevent individuals from exploring various alternative possibilities of adult life. The homogeneity of junior hockey players and the cliques that develop may contribute to the segregated situation and lack of occupational alternatives.

The choice of pursuing a career in hockey is not in any way being negatively evaluated by the author. In fact, there has been a significant increase in minor professional leagues since 1980 throughout North America. Leagues such as the American Hockey League (AHL), East Coast Hockey League (ECHL), Central Hockey League (CeHL), United Hockey League (UHL), Atlantic Coast Hockey League (ACHL), and the West Coast Hockey League (WCHL) allow players to earn a living. However, the circumstances may remain very similar to the career choices available to these older

players upon retirement as those who retire after junior hockey. Entry into the workforce and a new career may be delayed.

Public spotlight. The junior hockey player is given a degree of the public spotlight in many communities in which the AJHL is played. Public attention can bring extremely positive benefits although the celebrity-type status athletes possess can also create problems.

Benedict and Klein (1997) discuss the athlete-female dyad, relationships with law enforcement, and the criminal justice system in their examination of arrest and conviction rates of collegiate and professional athletes accused of sexual assault against women. The findings indicated that athletes suffer from the public spotlight with high rates of being arrested and indicted; however, they also achieve benefits that decrease the chances of being convicted.

A former Calgary college hockey star was found innocent of sexually assaulting a female hockey player 2 years ago (Slade, 2002), and a former junior hockey player in the OHL who was attempting to resurrect his career with the Calgary Flames had a sexual assault charge thrown out by an Ottawa judge (Francis, 2002). Unfortunately, the scenario of hockey players being associated with sexual assaults on women (whether guilty or not) happens too often.

Robinson (1998) devotes a chapter titled, "Young Gods: A Convicted Felon Makes the All-Star Team" and describes how Jarret Reid committed sexual assault against women through his junior and CIAU (now Canadian Interuniversity Sport, CIS) career. She suggests how the combination of an inflated sense of power, the belief of being irresistibly attractive to women, and the narcissism developed through the hockey experience causes a lack of empathy and a need for immediate gratification at any cost.

Parents often contribute to the inflated self-worth and lack of empathy for others the junior player experiences. Parents may encourage the dream of the NHL and making millions. The father may transfer his own dreams onto the son and the accomplishments achieved through hockey will be like an addiction for the father (Robinson, 1998).

Violence and aggression. The culture of hockey has a common reputation as a sport filled with aggression. Studies have looked at these sociological aspects of the sport and the literature has some conflicting arguments. McCarthy and Kelly (1978) found that aggressive hockey players at the college level "... not only score more goals but also significantly more assists" (p. 93). Tyler and Duthie (1980) found evidence to support the hypothesis that the competitive structure of hockey influences the formation of social norms about certain modes of behaviour such as violence in hockey. Playing "tough" hockey (e.g., fighting) leads to a greater perception of competence by teammates and coaches at the junior level, even more than playing or skating skills (Weinstein, Smith, & Wiesenthal, 1995).

Seagrave, Moreau, and Hastad (1985) compared the extent of delinquency among ice hockey players (15 to 16 years of age) and nonathletes, and examined the relationship between hockey participation and delinquency on the basis of sociopsychological variables. The results indicated no significant difference in total delinquency between hockey players and nonathletes. Elite-level hockey players had the lowest levels of delinquency; however, hockey players reported more delinquency of a physically violent nature than nonathletes.

Bloom and Smith (1996) investigated the cultural spillover theory as it applied to hockey as very limited with no past research focusing on hockey violence, as it "spills" over into social settings. Specifically, they looked at whether players who approve of

violence such as fighting in the game would also approve of violence in other social settings and act consistent with this belief. The select-league players described in the study over the age of 17, playing in highly competitive leagues, fit the description of AJHL hockey players. These players in the study were prone to a spillover-of-violence effect. The authors explained this result:

> At this level, hockey is much more than a recreational activity; it is a way of life. For players, the goals are simple: win games, get noticed by college or professional scouts, and progress up through the ranks, hopefully ending up in the National Hockey League (NHL). By this point in their careers, many players have sacrificed their academic and social lives and will do whatever it takes to advance to the next level (Bloom & Smith, 1996, p. 74).

This extends Smith's (1979) finding of junior players whose professed values and attitudes supportive of violence were significantly more violent than those players who did not overtly express violence.

Robinson's (1998) book on hockey in Canada asks the reader to examine the male-only, violent, multimillion-dollar subculture of rep hockey (ages 8-17) and major-junior hockey (16-20), and consider the current state of the game. She attends to topics that are very uncomfortable for the majority of the hockey community to discuss, such as sexual assaults and abuse (e.g., Jarrett Reid, Graham James), and how abuse is institutionalized in the sport. She posits that a reason that abuse occurs in junior hockey is due to the players being turned into products as well as the extent to which adults responsible for the well-being of young players will go to protect these kids from trouble (e.g., legal charges). The culture thus conditions the player through the combination of an

invincible feeling, a devalued view of girls, and increased virility and sexuality as a strong male.

Peters' (1999) dissertation analyzes whether the social and cultural organization of sporting practices around the celebration of hegemonic masculinity might place elite male athletes at higher risk for perpetrating sexual assault.

Peters suggests that some junior "A" hockey players may have characteristics of hypermasculinity, which consists of a tendency to engage in exaggerated gender stereotypical behaviour. Thus, Peters suggests the sport of hockey allows behaviours of toughness, daring, virility, and violence that encourage masculine ideals of heroism (Peters, 1999).

> This peer subculture that promotes violence against self, other men, and women through self-abuse to the body, repression of pain, and numerous forms of abuse from others, such as coaches, fans, parents, and peers may decrease an athlete's ability to learn emotional empathy for others and thus be a major contributing factor in placing elite male athletes at higher risk for engagement in sexual assault (Peters, 1999, p. 166).

Peters's research of past literature showed that there was a lack of rigorous evidence and thus could not suggest that elite male athletes who participate in team sports are more likely to engage in sexual assault or be more sexually aggressive. However, the results of Peters's (1999) research indicated that elite junior "A" hockey players "... tended to endorse attitudes regarding male/female relationships which may well put them at a higher risk of perpetrating sexual violence, and more specifically sexual assault" (p. 177).

Team cohesion. Elite players are much more committed to the sport of hockey, as there are more games, more travelling, and a higher intensity while playing. Cohesion can have a very positive effect on junior teams. Salminen and Luhtanen (1998) found one-third of the variance of the success of junior hockey teams was due to the cohesiveness of the group. The players' evaluation of the team *chemistry* explained the success of the team better than individual attraction. This can be explained by the authors as understanding group cohesion as a precondition for the cooperation between players. High-performance hockey at the junior level is very success-oriented and the "... task of the group is more essential in ice hockey teams than is the satisfaction of players" (p. 650).

Healthy functioning and interactions of individual players can have an enormous influence on the team. Cases in need of counselling will not only benefit the cohesiveness of the team in resolving interpersonal problems, but respect for one's colleagues which is important in the sport of hockey (e.g., use of the stick; Cockerill, 1995). The key to success as described by Crace and Hardy (1997) is not in team selection of players but the ability to motivate players to perform their best and connect with their teammates.

Research on counselling athletes. Ward (1998) stated that elite athletes have unique stressors and although many elite athletes are mentally healthy, distinctive groups of elite athletes display an increased incidence of eating disorders, suspected substance abuse of performance enhancing drugs, and antisocial behaviours.

Russell (1996) recommends the value of family systems interventions to improve team cohesion and issues of relationships, alcohol and drug abuse, aggression, identity and role confusion, stress, and burn-out (Heyman, 1986), specific student-athlete

problems (Chartrand & Lent, 1987), problem parents (Loehr & Kahn, 1987), and athletic retirements or career termination (Wolff & Lester, 1989).

Many counselling theories and interventions have shown to be effective with athletes and hockey players. Research shows that cognitive and cognitive-behavioural (Ward, 1998) intervention strategies enhance performance behaviours and coping skills (e.g., anxiety) in sport (Carr & Bauman, 1996; Vealey, 1992). Reality therapy has also been proven to be successful in sports counselling (Hinkle, 1994).

Franke's (1985) study of top-level athletes investigated the relationship between sport and personality and the application of personality questionnaires with sport counselling programs. The findings indicated that idiographic and interpersonal counselling proved superior to a general trait model in dealing with athletes' competitive psychological problems.

Gunnison's (1985) article contained an analysis of a group process with a college hockey team. Gunnison describes how significantly the group of hockey players was able to "... take from the group and use it in their interactions and team practices" (p. 213). The team members agreed that after group sessions twice a week for 3 weeks, their play had improved, they took losses better, and they perceived practices and games as being more enjoyable.

Gunnison (1985) provided individual counselling to three college hockey players. Two players suffered from stress and nervousness that peaked just before hockey games. Creative use of relaxation training that was chosen to fit with the athletes (e.g., Fantasy Relaxation Technique [FRT]; Gunnison, 1976), and a modified behavioural approach was used successfully. Ellis's Rational-Emotive Therapy (RET) was also used in understanding their stress and panic.

The third player had an eating disorder, and right hemisphere techniques (e.g., hypnosis) was used and provided visible improvement in eating habits and performance (Gunnison, 1985).

Many aspects of counselling psychological theories and interventions can improve performance as well as the quality of the players' lives. There are many instances of players who need counselling and can benefit from the availability of psychological services.

Recommendations. Desjardins (1991) recognized the problem of overlapping roles of interviewer-interviewee, player-coach relationships. Desjardins states that the process facilitated the player-coach relationships since the interviews were conducted away from the hockey setting (i.e., rink). The significance the coach holds in the world of the hockey player may have had an influence on the players' descriptions and responses. However, the information drawn out of this study is consistent with the writer's experience and the suggestions Desjardins makes are very valuable to consider and expand.

Desjardins's (1991) introductory exploratory study establishes the junior hockey experience and how that plays a part in transitional difficulties. The study focused on the areas of addiction, sub-culture, and group minds. Desjardins's experience and the information derived out of the interviews with five former junior hockey players in regards to their experience suggested a number of issues out of which Desjardins creates a list of findings, concerns, and solutions.

Many of these valuable suggestions directly advocate the need for junior players to have access to counselling. There are a number of issues indirectly related to this need for counselling:

1. *Issue*: The effect coaches can have on their players who are at this developmental stage in their life.

   Recommendation: Carefully select coaches, give players a voice and monitor complaints players make, and provide access for coaches to see counsellors.

2. *Issue:* Players play with injuries when they should not play.

   Recommendation: As with physical injuries, mental and emotional injuries should be addressed by a psychologist who can ensure priority to the individual players' needs.

3. *Issue:* Rookie initiation practices.

   Recommendation: Players who are severely affected by these experiences should have knowledge of and access to psychological services. The optimal solution would be to remove initiation practices altogether.

4. *Issue:* The dream of making the NHL.

   Recommendation: Personal and career counselling to address the consequences of failing to realize this dream.

5. *Issue:* Players hold their self-esteem very closely to their on-ice performance.

   Recommendation: "Appoint a team counsellor for each team. This counsellor can work in the area of sport psychology as well as helping athletes keep their identity separate from hockey. It is important that players have access to one person (counsellor) they can talk to who is not directly involved with the team. This will insure that the counsellor will only have the players best interests at heart" (Desjardins, 1991, p. 194).

6. *Issue:* Players often suffer from low self-esteem, which may lead to addiction problems.

   Recommendation: Individual counselling.

7. *Issue:* Loss of personal identity to the team's identity.

   Recommendation: Access to a counsellor to help the coach encourage the players to hold a personal identity and to provide advice in other player-coach interactions.

8. *Issue:* "... players give up their career interests in the pursuit of hockey" (Desjardins, 1991, p. 195).

   Recommendation: "Each team should have a career counsellor ..." (p. 195).

9. *Issue:* "Players not only give up outside career interests during the hockey season, but the off-season is also consumed by hockey related activities, i.e., training and hockey schools" (Desjardins, 1991, p. 195).

   Recommendation: "Players should be encouraged, counselled, even required to explore other interest areas" (p. 195).

10. *Issue:* "Players' lives revolve around hockey" (Desjardins, 1991, p. 196).

    Recommendation: "Counsel and create outside interests" (p. 196).

11. *Issue:* "Players are devastated when they fail to play pro hockey, and see themselves as failures" (Desjardins, 1991, p. 197).

    Recommendation: "Counselling and use of statistics (top two percent of players who play hockey turn pro)" (p. 197).

12. *Issue:* Habits are developed through the junior lifestyle that may hinder the return to a "normal" career path.

    Recommendation: Counselling can help minimize the transition from the life of hockey into a different or "normal" lifestyle.

13. *Issue:* "Players are often treated as celebrities" (Desjardins, 1991, p. 197).

    Recommendation: "Counselling can make sure players realize they are no better than anyone else, they are just more fortunate. Assistance with helpful behaviors and attitudes for managing status and status changes" (p. 197).

14. *Issue:* "Players regard trades as something that happens" (Desjardins, 1991, p. 199).

    Recommendation: "Counselling to help players see that they are not commodities" (p. 199).

15. *Issue:* "Many players play because of the competition and the pressure" (Desjardins, 1991, p. 200).

    Recommendation: "Junior teams should provide counselling to players who have not been drafted, on what to expect in transition" (p. 200).

16. *Issue:* "Each player on the team has a role or an expectation from his teammates and coach" (Desjardins, 1991, p. 201).

    Recommendation: "Have a counsellor or a sport psychologist who can work with the players or who can act as a liaison between players and coaches" (p.201).

17. *Issue:* "Players daily routine revolves around hockey and is designed to kill time instead of use time" (Desjardins, 1991, p. 201).

    Recommendation: Counselling can help players learn skills such as time management during their career which can be used throughout life.

18. *Issue:* Players develop amazing drive, determination, commitment (intensity, consistency and desire to excel and to be their best)" (Desjardins, 1991, p. 202).

    Recommendation: Counselling can help theses skills be transferred to all areas of their life and not just hockey.

19. *Issue:* "The junior hockey environment is conducive to developing addictive behavior" (Desjardins, 1991, p. 203).

    Recommendation: "Foster a setting where players will develop a strong support system ... dealing directly and quickly with harmful addictive patterns" (p. 203). A counsellor can implement programs to prevent problems, react to problems, and help coaches and players learn from the problems.

Desjardins (1991) acknowledges that the transferability and generalizations cannot be made to all junior hockey players, although he believes that his experience and the generalizations made by the participants can be interpreted as very relevant for this population. Desjardins focused on the transition problems of the junior hockey player into a university career. The findings complement and encourage further research into understanding the steps to assist junior hockey players to overcome these problems.

The AJHL also faces many of these problems. The degree to which these problems may be felt to a lesser degree due to variables such as less games played, less travel, less emphasis on the business side of the game, and less pressure. In addition, many of the players are from Alberta and the transition away from home may be less difficult. This being said, would it not be prudent to address the concerns in the AJHL even if there are a few less cases of players requiring counselling? Would it not be prudent to provide services to these players and help them learn skills that will not only help them in life, but also in the rest of their hockey careers (e.g., WHL, CIS, NCAA)?

The need for further research. Desjardins (1991) confirms the need for further research and explicitly suggests that persons with counselling and research interests acquire an increased understanding of the player's environment. "As well, counsellors

need to get involved during a player's career before transition difficulties are an issue. If this happens, problems experienced in the transition process can be alleviated" (p. 210).

Since AJHL hockey players face similar developmental challenges unique to their sport experience as intercollegiate athletes, "... counselling psychologists, due to their expertise and training, are ideally suited to offer assistance with such issues" (Petrie et al., 1995, p. 536). The literature predicts an increase in counselling psychologists' involvement in sport psychology activities (Petrie et al., 1995).

The study by Larson et al. (1996) investigating the perceptions of certified athletic trainers concerning psychological aspects of athletic injuries demonstrated the importance of athletes having access to psychological services. The authors contend there is a need for developing a referral network and future education of athletic trainers that address psychological aspects of injury treatment.

The AJHL can meet the needs of its players through referring individuals to sport psychologists when appropriate as opposed to hiring sport psychologists that focus on performance enhancement. The possibility of providing psychological services to the players not only increases the integrity of the teams, league, and sport in Canada, but also decreases any potential negative consequences of not taking action. For example, a lawsuit was filed in 1992 in Louisiana, which resulted in the trainer and coach being found negligent as well as the school district being liable for the negligent acts. The negligent act was that of failing to refer an 18-year-old high school football player to a physician as well as adequately training the coaching staff (Trainer and coach ..., 1993).

The Importance of Coach Referral and Collaboration with Psychologists

The teams in the AJHL may have coaching staffs that are educated, good communicators, and have extensive knowledge about hockey and the dynamics involved. However, the coaches are most likely not qualified to provide service to the players with regard to mental health concerns.

Mason (1993) advocates that coaches counsel the players to overcome their problems. The author suggests the club's most valuable resource is its players, and how well the coach manages the players to be crucial to the team's success. The article describes the types of problems, types and methods of counselling, and when and where to counsel. Mason is correct in the statement that "When a player joins a club, they are not only bringing with them their sporting ability, but also their problems from other aspects of their lives" (1993, p. 23). This is very true in all team sports; however, the extent to which coaches are willing, capable, and ethically able to counsel is a serious question. Mason does recommend, "Depending on the nature of the problem it may be necessary for the coach to advise the player to seek some form of professional counselling to overcome the problem" (1993, p. 23).

The influence of the coach is significant and if the athlete has problems such as an eating disorder (Gunnison, 1985; Hornak & Hornak, 1997; Nagel & Jones, 1991), the coach must be able to refer the player to counselling services accessible for the welfare of the athlete. Not referring athletes and a coach who is overconfident in pseudo-counselling skills (not professionally trained) may unintentionally harm athletes.

Both the psychologist and the coach want to see the client/player succeed. Clients want to change and improve their quality of life, and hockey players want to change and improve their performance on the ice. Hart, Blattner, and Leipsic (2001) interviewed

psychologists who had experience in coaching in order to understand their current perceptions among professionals regarding therapy and coaching. Some of these perceptions were the exploration of depth issues as outside the boundaries of coaching for nonclinically trained coaches and the potential power differentials that exist in both professions. A question given to the subject was, "What do you consider 'red flags' for coaches who are not trained therapists?" (Hart et al., 2001, p. 232). The responses clustered around coaches needing to recognize client characteristics and issues that are danger signals requiring referral. Some of these include depression, anxiety attacks, alcohol and drug addictions, personality disorders, and paranoia. The need for referral was also suggested for such red flags as persistent anger or aggression, self-destructive impulses or behaviours, and extreme dependency.

The other issues that came out of the above question were related to nonclinically trained coaches and issues such as feeling overly responsible to players, power differential, and that it is not legally required for a coach to protect the confidentiality of an athlete, where it is legally required in therapy. Other issues were related to the inability of recognizing mental or emotional problems (pathology) that are beyond the realm of coaching, asking the right questions, and managing the problem. Untrained coaches tend to "... approach everyone as if they are whole and complete .... They themselves may demonstrate their own pathology or unresolved issues within the context of the coaching relationship without recognizing it" (Hart et al., 2001, p. 233). A main point that was made in the article suggests that coaches should focus on the athletic issues and anything that interferes with these issues could be a cue for referral.

Eating disorders, substance abuse, and adjustment reactions to athletic injury have received the most attention in sport psychology literature (Andersen, Densen, Brewer, &

Van Raalte, 1994). Andersen et al. (1994) advocate the recognition and appropriate referral of a wider range of mood and personality disorders that may affect athletes such as narcissistic personality disorder, antisocial personality disorder, dysthymia, and cyclothymia.

Narcissistic individuals may gravitate towards the athletic arena to meet the need of having grandiose mirroring through performance and the attention that accompanies sport in North American culture (Andersen et al., 1994). These individuals may be very difficult for counsellors and coaches to refer because of the "cocky" attitude and denial of problems. Antisocial personalities may display aggressive behaviour that is admired in sport cultures, particularly for the athlete who is in a "tough" role such as the enforcer playing junior hockey. The influence of the coach can make the difference in whether the player benefits from and/or participates with the psychologist.

Athletes may exhibit symptoms related to dysthymia such as poor appetite, overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration, or feelings of hopelessness (Andersen et al., 1994). Cyclothymia may be affecting athletes who have symptoms such as excessive productivity, decreased need for sleep, pressure, rapid speech, impulsive behaviour, scattered thinking, psychomotor agitation, and taking on too many activities at once (Andersen et al., 1994). Coaches must be able to act (e.g., refer to a psychologist) when they become aware of symptoms such as these.

The impact of values held by the coach, general manager, owner, and other administrative staff has a significant effect on players. To establish a successful model of accessibility for psychological/counselling services to meet players' needs, the support of the junior organization is crucial. The counsellor must gain the respect from the players

and the hockey community. Thus, the optimal situation is a service that is provided for the players that is viewed by the league and organization as a necessary component to the mission statement, "The Alberta Junior Hockey League is dedicated to furnishing its athletes with the best available opportunities for future development and growth" (http://www.ajhl.ab.ca, retrieved August 12, 2002). It is the responsibility of the counsellor to provide competent service to meet the unique needs of junior hockey players.

Barriers to Effective Referral

There exists a need for psychological services to be accessible to AJHL players as well as for further research of effective referral and collaboration between coaches and psychologists. Possible barriers of referring players to a psychologist must be examined and understood in order to facilitate the referral process. Some of the barriers identified in the literature revolve around the image of "toughness" in hockey, and the negative stereotypes of psychologists.

"Toughness" in hockey. The mental aspect of sports has become highly recognized. Many dressing rooms will have posted themes or quotes, and coaches will constantly refer to these themes during practice and pep talks to motivate players. Some of these will contribute to a positive view of counselling, and some will negatively affect the view of counselling held by this population. Every athlete has heard of the concept of "mental toughness." Goldberg (1998) suggests that, "Mental toughness is the ability to stand in the face of adversity. It's a psychic resiliency that allows you to rebound from setbacks and failures time and time again. ... Mental toughness seems to defy reality and sometimes even common sense" (p. 219).

This is described in sports, as of all the physical and mental assets an athlete has, mental toughness is by far the most important (Goldberg, 1998). This belief may facilitate the athlete in counselling to accept responsibility and work hard at making changes to *learn* how to be mentally tough on their own. However, it may also create a feeling of weakness, where seeking counselling will mean that they were or are mentally weak. Respected individuals (e.g., coaches) may tell players that mental toughness is performing externally regardless of any internal excuses and to 'suck it up.' The athlete may not hear suggestions of seeking help to deal with significant problems that are affecting performance.

A hockey player who has serious problems or has come from a rough background, yet does not complain and still performs at a high level, may be described as "tough" and respected in the hockey culture. This is not to say that an individual in this situation does not deserve respect; this individual may have grown through suffering a problem with other forms of support and has a high degree of mental health. Perhaps, however, behind closed doors, this individual is not so "tough" and in some destructive way is asking for help. Or perhaps the "tough act" will only last for so long before there are tragic consequences (e.g., suicide). Coaches will often have the ability to read into an act or a true concern with their players. The secret is to not ignore this sense even if it is easier to ignore a possible problem because it creates an uncomfortable situation if the coach was to address it.

The player who is referred and willing to work with a counsellor deserves as much respect as any person who can handle problems on his or her own. As M. Scott Peck wrote in "Further Along the Road Less Travelled" (1993),

> Those who come to psychotherapy are the wisest and most courageous among us. Everyone has problems, but what they often do is to try to pretend that those problems don't exist, or they run away from those problems, or drink them down, or ignore them in some other way. It's only the wiser and braver among us who are willing to submit themselves to the difficult process of self-examination that happens in a psychotherapist's office (p. 51).

Negative stereotypes of psychologists. The fact that the AJHL does not have sport psychologists consistently working with athletes and previously held stereotypes of counselling or "shrinks" being negatively viewed by athletes (Van Raalte, Brewer, Matheson, & Brewer, 1996) may be another barrier for referral. It is often difficult for the culture of junior hockey to admit problems (Robinson, 1998). Thus, creating a need for counselling is not the case, but the recognition that a need already exists (Cockerill, 1995).

Players who seek psychological services may receive negative criticism and judgement from peers and fans. The coach and psychologist must treat the situation with respect and confidentiality. Having the player work with a psychologist away from the rink in a comfortable and private setting, scheduled sessions that do not interrupt the hockey schedule, and confidentiality remaining strictly followed by anyone involved can counteract negative consequences for the player.

Grau, Moller, and Gunnarsson (1988) suggested a systemic approach for counselling coaches in team sports. The authors recommended cooperation between the coach and the system as the coach also carries out interventions to the team and individual players. The optimal situation suggested is the psychologist who counsels the coach exclusively without contact with athletes. Thus, the coach continually learns

through the guidance and counsel of the psychologist and is responsible for the everyday psychological care of the athletes. The basic principle was adapted from systemic family therapy and if one element of a system changes, the whole system changes. The premise of the psychologist counselling the coach about the players as opposed to working directly with athletes is thus to avoid replacing the coach as an "expert," who may then be subject to "magical expectations" of people who cannot solve problems by themselves. Therefore, the authors predict the efforts of the psychologist to be prone to failure. The players may also be more receptive to the coach compared to the "shrink."

This idea may work in many situations; however, many coaches do not want to spend time counselling players about their problems. "The owners of the teams need winners, and coaches are directly responsible for the team's success" (Robinson, 1998, p. 48). They are paid to coach and prefer to limit the coaching-player relationship to hockey.

In any relationship, it takes both parties involved to make it work. Therefore, it is the psychologists and psychology community that must also be proactive in introducing services and the availability of knowledge for these services to neglected groups. Gernstein and Bayer (1990) suggested that those in the profession are hesitant in providing Employee Assistance Program (EAP)-type services to neglected groups because the members of the profession prefer to remain in traditional work environments (e.g., university counselling centres, private practice).

Factors that Facilitate Referral and Collaboration Between Coaches and Psychologists

AJHL coaches can refer players and/or request services from counselling psychologists. Since there is no sport psychologist employed by the AJHL, this alternative may be feasible and effective in meeting the needs of those players who are having problems which may be addressed for counselling. Counselling psychologists

possess important skills and knowledge that they can bring to the practice of working with junior hockey players.

Petrie and Watkins (1994) surveyed 61 APA-accredited counselling psychology programs and found the majority of counselling programs (66.7%) had students interested in sport psychology, the counselling faculty was receptive, and most program directors (64.7%) thought sport psychology training could be provided through an interdisciplinary program of study.

Reasons for referral that coaches in the AJHL must consider include ethical and professional constraints (e.g., competency to effectively handle some player problems), practical limitations (e.g., time to devote to a particular player and perceptions of the rest of the team), and personal preference (e.g., wanting the coach-player relationship to remain on hockey and performance) (Brewer, 2000).

Players are more likely to approach a coach directly about an issue of concern when the coach provides an "open-door policy," expresses concern for the players, a trusting relationship has developed between the coach and player, and the player is aware that the coach has knowledge or training in sport psychology (Andersen et al., 1994; Brewer, 2000). A coach that listens to the player, is supportive, and makes a referral to a counsellor, has a therapeutic effect by itself as well as ensures that a professional handles the problem. This may have a positive effect because the coach is facilitating personal growth and development in the player.

Tactfully posing the possibility of referral to the player is a delicate process. Posing the referral as an intervention that will increase performance as opposed to the player having a personal problem (e.g., personality disorder) is less threatening and the player may be more receptive. Implementing the availability of psychological services at

the beginning of the season and making references to the service during the year shows that the coach is supportive of the service and is an indirect approach for players to pursue issues of concern with a professional. If a player declines a referral, it can be discussed and reintroduced at a later time (Andersen et al., 1994; Brewer, 2000).

Players with issues needing psychological attention will likely give signs of needing help as opposed to directly asking the coach for assistance. Players may be afraid to disclose problems in fear of being cut from the team or traded. Coaches must be observant to the behaviours that signal the need to refer the athlete to a professional (Andersen et al., 1994; Brewer, 2000). Information about the well-being of players may be obtained from teammates, billets, trainers, educators, and family members.

The coach who is supportive of the athlete before, during, and after the referral (Brewer, 2000) will enhance the situation and have a positive effect on the player, the relationships with the coach and teammates, as well as individual and team performance.

The referral process could benefit by the coach having access to psychological services and understand how the referral process works; being able to communicate to a psychologist (e.g., when it is not clear that the individual behaviour is warranting clinical attention); and possessing knowledge of the number, frequency, and location of sessions (Brewer, 2000).

The coach is in a unique position and has a significant influence on the players. The literature suggests that characteristics of effective teams include the ability of the coach to understand individual team members. Focusing on the individual as opposed to depersonalizing players into solely the group can improve communication, clarify team behaviour, identify areas of strength and weakness, help individuals appreciate other perspectives, predict problems affecting individuals, and increase team cohesion and

value of others (Crace & Hardy, 1997). Thus, the coach's ability to understand team dynamics and individual concerns not only increases performance as a team, but also increases the ability to be aware of individuals who may need psychological counselling.

Crace and Hardy (1997) present a value-based intervention model for team building, stressing, "What coach would not want further information that is directly relevant to motivation?" (p. 45). As opposed to the sport quote of "There is no 'I' in team," these authors propose, "There is an 'I' in team." They recommend the team is only as strong as its weakest link, and a player who may be having personal problems in which needs and motivations are not being met over a chronic period can affect team cohesion.

Cogan and Petrie (1996) present an outline that provides a structure for university counsellors in working with athletes. Suggestions are made such as the consultants developing a trusting relationship with players and coaches, investment and support from the coach, and psychologists having a working knowledge of the sport culture through experience or reading books that describe the sport. Implementing a program requires treating the athletes and coaches with respect, awareness of counselling limitations, clarified roles with the team and coaches, and that coaches be included in group functions and individual components as needed (Cogan & Petrie, 1996). The possibility of the AJHL providing psychological support services to the players in the league and feasibility of and perceptions of this possibility need to be addressed.

Employee Assistance Programs and Other Financial Concerns

Employee Assistance Programs (EAPs) are very common in the workforce, and can be found in professional sport leagues. Small businesses and sport leagues such as the AJHL rarely have EAPs in place regardless of the need of the service or the ability to refer to external services providers.

EAPs in the workforce. Many EAP programs were created to address workplace problems that involved alcohol or drug abuse. "Currently, however, the large majority of Canadian programs (over 90% in Ontario and Saskatchewan) utilize a 'broad brush' approach, meaning that an employee can seek assistance for almost any type of problem" (Wnek, 1991, p. 6).

McKibbon (1992) defines EAPs as "... providing assessment and referral counselling services to persons who have personal problems that either presently affect or have the potential to affect work performance" (p. 2). If the EAP staff are qualified to handle the issues, then referral is not required. McKibbon's (1992) thesis on EAPs in Canada found alcohol and drug problems to not be identified nearly as often as psychological and family problems. Significantly more external EAPs were found in Canada compared to internal programs, and external program staff were more likely to belong to psychological associations whereas internal staff belonged to social work associations or other professional groups. "External programs more commonly provided all services (assessment, referral, follow-up, short- and long-term counselling and other services) than internal programs" (McKibbon, 1992, p. 116).

EAPs in sport. Neff (1990) discusses a model of providing a specialized employee assistance program. Neff provided services for professional and nonprofessional athletes including three college hockey players. Athletes are described to be either self-referred or referred by someone in the field who is aware of Neff's specialty in sport psychology. The specialized EAP encompasses three areas of service to the professional sport organization: the athlete's sport performance (e.g., mental skill training techniques), personal counselling, and psychological services to address the organization (e.g., communication between coaches, management, trainers, players, etc.) (Neff, 1990).

Neff (1990) found personal counselling to be the most-used service and the most effective for athletes (i.e., improving factors affecting performance and sport performance). Team meetings and group work enhanced cohesion, communication between players, coaches and players, and kept the team focused on team goals. Sex, drug, and alcohol issues were addressed. Neff (1990) suggests, "Regarding drug and alcohol education, I feel that an ongoing involvement with this topic is essential to preventing this problem" (p. 381).

Dickman and Hayes (1988) explained how and why an EAP was begun, developed, the kinds of issues, and counselling involved for a minor professional baseball team. The value of the EAP was significant to the baseball club and was suggested to generalize across many sports. The EAP began due to the consequences of a drug-testing policy in which the players testing positive shared the need for abuse counselling; most wanted counselling for other related problems. The issues players brought to the EAP counselling session were insomnia, enhancing performance, family problems, the highs and lows (e.g., waiting for a chance to play), anxiety, lifestyle problems (e.g., sleeping until noon), and substance-abuse issues. Mini-workshops, formal interviews with individual players, and informal contacts with players occurred with the team. The evaluation was difficult to show performance variables; however, the EAP program had a 50% utilization rate (30% with adjustment to player movement such as trades).

The AJHL may greatly benefit from an EAP for many reasons. The theories, focus on life skill enhancement, and psycho-educational intervention in counselling psychology has significant utility for EAPs. EAPs developed for populations that have previously been neglected can greatly benefit from the unique contributions in this setting (Gerstein & Bayer, 1990).

Financial concerns. Most unionized companies and organizations provide EAPs that are jointly sponsored by labour and management (Wnek, 1991). Teams in the AJHL may have difficulty offering their own EAPs due to the financial considerations. Wnek (1991) suggests, in such cases, that "... a consortium approach [be] used, where a number of organizations contract together to utilize services provided by an external EAP" (p. 6).

Payments for EAPs are classified as either indirect or direct. "Indirect payment includes services that are covered by health care insurance, extended health benefits, services covered by government or voluntary services" (Wnek, 1991, p. 13). Individual players may vary in terms of the coverage they receive depending on their family coverage, and the EAPs working parents are entitled to. Parents may have plans that include psychological/counselling services that cover their children up to 21 years of age (A. Freeson, Alberta Blue Cross, personal communication, August 12, 2002).

Direct payment is where the company/league pays for the service, or user fees are paid by the employee/player, and/or costs are covered by the union/management/team. For example, organizations such as Alberta Blue Cross can provide supplementary health coverage for services not covered by the Alberta Health Care Insurance Plan. Alberta Blue Cross could potentially cover AJHL players with psychological services that are marketed in conjunction with a standard health plan costing around $2.00/month per player (A. Freeson, Alberta Blue Cross, personal communication, August 12, 2002). The AJHL could send Alberta Blue Cross a list of players that signed the mandatory player cards in order to participate in a league game, Alberta Blue Cross could set up the coverage and then bill the league for an extremely reasonable price. A large number of clients would significantly decrease the cost per individual.

A direct payment plan that is not in conjunction with a health plan is difficult to estimate because there is no plan for junior hockey players in which to compare.

The possibility of providing access for psychological services for AJHL players may be far more cost-effective and, in fact, cheaper than the current situation. Many junior teams may provide services for players *after the fact*, which may cost far more for an individual case than it would to have coverage for the entire team, as well as the benefits of the service that may have prevented the situation in the first place.

Key elements of a successful EAP include written policies and procedures that are monitored by an advisory body with representation from employees and management, confidentiality (services should take place away from the rink), and awareness of an assistance program (Wnek, 1991). In order for AJHL players to utilize counselling/psychological services, the program must be made available by the league, teams, and coaches, and the players must be aware of its existence and know how to access the program (Wnek, 1991).

Promoting an EAP in the AJHL could easily be accomplished through accompanying letters of the service with training camp information packages, thus allowing parents of the players to be aware of an EAP. Information sessions upon formation of the team and word of mouth from veterans to rookies will also achieve awareness (Wnek, 1991).

Summary

The majority of junior hockey players have an extremely positive experience during these years. The life lessons learned from our national sport help young men transfer qualities such as teamwork, discipline, and work ethics into the rest of their lives. Of course, unfortunate things will happen in hockey, just like in other aspects of life, and

things can always improve with increased awareness of what the problems are and what can be done to address them.

Some of these problems that negatively affect young hockey players must not be ignored anymore. The love of hockey and the love for our friends and family members who play junior hockey depend on it. Counselling psychology fits with the needs of junior players in the AJHL as described in the literature review.

It has also been found in the literature review that financial concerns and barriers such as the stigma attached to psychologists may have prevented effective referral and collaboration between coaches and psychologists; this research intends to confirm or refute these assumptions while attaining a clear perspective of how to make this partnership work effectively.

The possibility of an EAP-type system in place in the AJHL, where counselling/clinical psychological services can be sought out confidentially by the players, and/or referred to by the coach, and is supported by the parents, coach, team, and league, can make all the difference to a 17-year-old player having some problems.

The research intends to promote the game of hockey, help the people involved with the game, and resolve the inevitable difficulties that will be faced by some players. The AJHL can be proactive in acquiring a greater understanding through the coaches' perspectives of the referral and collaboration between themselves and psychologists.

Research Goals

This thesis aspires to ascertain the effectiveness of the current process of referral and collaboration between coaches in the AJHL and psychologists. The two research goals are:

1. To determine coaches' views of their current levels of referral and collaboration.
2. To determine ways to improve the process of referral and collaboration between coaches and psychologists.

The method for addressing these questions is presented in Chapter 3.

Chapter 3

METHODS

This chapter discusses the method that will be used in this project. A description of the population, procedure, instrument, and methods that will be used in collecting and analyzing the data is provided.

Population

The population of this project consists of the head coaches of the Alberta Junior Hockey League (AJHL). There are a total of 15 head coaches throughout Alberta, currently coaching in the AJHL.

Procedure

All 15 coaches of the AJHL were contacted by phone to request a 30-40 minute phone interview (see Appendix A for the Coach Interview Form). A formal letter of request was sent to the Board of Governors of the league prior to contact with the coaches. The coaches were likely more willing to participate as with the permission and encouragement from the Board of Governors, the coaches were sent a letter of consent for research participation. A sample script outlining the letter to the Board of Governors is presented in Appendix B, a sample script outlining the initial telephone call is presented in Appendix C, and a sample letter of consent for research participation is presented in Appendix D.

All of the interviews were conducted over the phone due to feasibility, as the teams are located across Alberta.

Coach Interview

A review of the literature revealed that there were no standardized instruments available for this project. The Coach Interview was developed based on the issues faced in sports psychology, applied research (Arsenault & Andersen, 1998), and information provided from past research.

There are many questions in the interview that appeared to significantly increase the completion time for the coaches. However, many of the questions were also expected to obtain quick responses. These questions are valuable to ensure that there are no incorrect assumptions by the researcher.

Interviews were able to achieve the goal of this research by allowing the coaches to add any missed ideas or misperceptions by the researcher (Schinke, Draper, & Salmela, 1997).

The coach interview was given to the president of the AJHL, who reviewed it and sent it to the coaches with his approval at the same time as the letter of permission in which the league must approve of any research with AJHL members. The interview was then refined based on the feedback acquired from the Board as well as the feedback from the research supervisor.

The Coach Interview (Appendix A) is divided into the following four parts:

Part I: Demographic Information

This section requests information regarding age, coaching in the AJHL, and total number of years coaching hockey.

Part II: Definition of Psychological Health

A definition of psychological health was provided for the coaches to ensure there were no misperceptions and that both the interviewer and interviewee were using the same terminology to refer to various concepts (e.g., psychological issues).

Part III: Referral

Information regarding the coach's current process of referral as well as their satisfaction, attitudes, and beliefs about the process is obtained in this section.

Part IV: Collaboration

This section requests information regarding the coaches' current level of collaboration with psychologists, their satisfaction with the collaboration, and their attitudes and beliefs about the collaboration.

Data Collection

Each telephone interview was expected to take 30-40 minutes. This method was chosen due to the target population being geographically dispersed across Alberta and the benefit of telephone interviews being feasible (Arsenault & Andersen, 1998). A semi-structured interview format was chosen to ensure that all of the pertinent questions are covered but that there is still the opportunity of exploration. The coaches are key informants and the interviewer has extensive knowledge and experience in this level of hockey as well as higher levels, thus facilitating a greater degree of trust between the interviewer and the respondent. The interviewer was in a position to grasp any new information and displayed an attitude of the key informant (coach) teaching the interviewer about events and personal perspectives (Arsenault & Andersen, 1998, p. 191). In addition, conducting the telephone interview provided the interviewer with the opportunity to clarify any confusion regarding the questions as well as the opportunity to

encourage full responses. Arsenault and Andersen (1998) also suggest that "People who are often difficult to reach in person can sometimes be reached by telephone, and the fact that one is not on view often facilitates people answering honestly" (p. 192).

Handwritten notes were recorded with each of the interviews by the researcher. The transcripts served as the raw data for this study. In addition, 100% of all the participants were contacted after all the interviews were completed for a validity check. This consisted of an additional telephone call and a letter (see Appendix E) requesting the participants to examine the results of their interview and to notify the researcher of any coding errors. A 100% validity check will ensure that there are no errors for the entire group.

Data Analysis

The interview consisted of three types of questions: open-ended questions (e.g., "Describe for me how you make the referral"), closed-ended questions (e.g., "Do you refer to psychologists?") and Likert-scales (e.g., "How effective would you rate your current referrals to psychologists?").

A constant comparison method or analysis of themes was used to analyze the responses to open-ended questions. The responses to open-ended questions were coded and compared according to themes emerging from the data. Thus, the responses were coded into categories, the themes were then coded, and the frequency and percentage of each coded theme was calculated and presented in tabular form. The responses to the interview questions were expected to produce terms and concepts that will be constantly compared and will aid in the identification of themes and categories (Hardin, 1999; Krathwohl, 1993; Runte, 2001).

The original transcripts of each interview were kept as a master copy used to check for accuracy. Another copy was created in order to break or cut responses to the open-ended questions into sections under each question. The third copy allowed for a cutting and sorting process which developed a system of classifications within the data by sorting the patterns and regularities within responses (Hardin, 1999; Runte, 2001). A fourth copy was used to ensure that the categories were inclusive, such as the case where responses fit in more than one category. The categories were then re-examined and model and contrary examples were used to define inclusion and exclusion criteria. The continuous process of adding and refining categories and examining the concepts, categories, and themes increased the construct validity. Thus, the categories were examined to produce named or labelled categories to be further compared to the responses of the informants and examined to form themes; the themes were then examined to produce concepts and associations contributing to the discussion of the results.

Frequencies and percentages were calculated for the responses to the closed-ended questions.

The mean, range, and standard deviation were calculated for the participants' ratings on the Likert-scales and are presented in tabular form.

After discussing the population, procedure, instrument, and methods that were used in collecting and analyzing the data, Chapter 4 presents the results of this project. Chapter 5 then elaborates on the results presented in Chapter 4 by outlining the implications of these findings.

Chapter 4

RESULTS

This chapter outlines the results obtained in this study. The responses to each of the four parts of the Coach Interview Questionnaire are presented in sequential order. The 13 head coaches who were contacted for this study all agreed to give their time and perspective during this interview. There are 15 teams in the Alberta Junior Hockey League (AJHL), thus two coaches were not interviewed. The reason for this was due to this writer's inability to contact one team's head coach, despite substantial attempts. The other team's head coach was contacted and a time for the telephone interview was scheduled twice; however, when the writer called on these occasions, the individual was not there as planned. Several more attempts were made to no avail with this coach as well.

Part I: Demographic Information (Age, year began coaching in the AJHL, and total years coaching hockey)

The ages of the 13 coaches ranged from 28 years old to 56 years old. The ages are bimodal, with two coaches who are 35 years old and two coaches who are 28 years old. The median age (7th subject) is 36 years, and the mean age is 38.38 years (see Table 1).

Table 2 shows the year that coaches began coaching in the AJHL ranged from 1974 to 2002. Six coaches began coaching in this decade, six coaches began in the 1990's, and one coach began in 1974.

Table 3 shows the number of years the coaches have been involved in coaching hockey. They range from 4 years to 31 years, with five coaches having coached less than 10 years, six coaches between 11 and 20 years, and two coaches over 30 years.

Table 1
Ages of AJHL Coaches

Age	n
56	1
49	1
48	1
43	1
41	1
39	1
36	1
35	2
32	1
29	1
28	2
TOTAL	13

Mean = 38.38, Median = 36,
Mode = 35, 28

Table 2
Year Began Coaching in the AJHL

Year	n	%
2002	2	15.38
2000/2001	2	15.38
2000	2	15.38
1999	2	15.38
1998	1	7.69
1996/1997	1	7.69
1991	2	15.38
1974	1	7.69
TOTAL	13	100.00

Table 3
Number of Years Coaching Hockey

No. of Years	n	%
31	1	7.69
30	1	7.69
20	1	7.69
15	3	23.08
13	1	7.69
11	1	7.69
9	1	7.69
7	2	15.38
6	1	7.69
4	1	7.69
TOTAL	13	100.00

Part II: Definition of Psychological Health

A definition of psychological health was given to each coach at the beginning of the interview to ensure there were no misperceptions. Psychological health was defined as "A state of wellness relating to, or arising in the mind." This concept as used in the context of sport was, "A state of wellness arising in the mind and the interrelationship between mind and body in athletic performance." One hundred percent of the coaches agreed to this definition.

The first question of Part II is, "Do you feel that performance in junior hockey is affected by the player's psychological health?" The results are presented in Table 4.

One hundred percent of the responses were "yes." Ninety-two percent (n = 12) described psychological preparedness for competition and distractions affecting performance (i.e., confidence, and blocking out distractions junior players face at this age). One other response (n = 1; 7.69%) did not include comments regarding performance, but described the absence of foundational values and attitudes (i.e., for family, self, and others) of the kids coming into junior "A" hockey and how these are formed through a lack of coaches teaching integrity and respect at lower levels.

These responses clearly suggest how all the coaches recognize the importance of psychological health in performance.

Part III: Referral

Part III began with the question, "How many players do you coach throughout the year (average)?" The results are presented in Table 5.

Sixty-seven percent (n = 10) of the responses fell between 21-30 players and 33% (n = 3) fell between 31-40 players. The difference between these responses may be accounted for by the amount of players that go through the team (e.g., being cut/traded).

Table 4

Responses to the Question, "Do you feel that performance in junior hockey is affected by the player's psychological health?"

Response	n	%
Yes	13	100.00
No	0	0.00
TOTAL	13	100.00
Theme 1: Psychological preparedness for competition and distractions affecting performance	12	92.31
Theme 2: Attitudes of players coming into junior "A" hockey	1	7.69
TOTAL	13	100.00

Description of Themes

Theme 1 includes comments that are directed at affecting the player which connote performanc or specifically state "performance" or being "successful" or "unsuccessful." Example: "Significantly affected and underestimated. The higher the level of readiness and psychological preparedness, the more difference in performance. It can make all the difference between a goo or bad game."

Theme 2 includes comments which do not directly aim at performance. Example: "I think that ... kids nowadays are coming into junior having trouble with knowing who they are and about what they think they know. Some coaches at lower levels may not be doing a good job teaching these kids things like integrity and respect for authority, for example."

Table 5

Responses to the Question, "How many players do you coach throughout the year (average)?"

Response	n	%
35-40	1	7.69
35	2	15.38
30	2	15.38
25	6	46.15
24	1	7.69
22	1	7.69
TOTAL	13	100.00

Table 6 presents the results of the next question, which sought to examine the number of days the coach sees the players throughout the season. Six days a week was reported by 54% of the coaches (n = 7), while 31% (n = 4) reported 6.5 days, 8% (n = 1) reported 5.5 days, and 8% (n = 1) reported seeing the players 5 days. Thus, it was reported that coaches see the players on a full-time basis at least 5 days a week.

The coaches were then asked, "What percentage of your players would you consider being candidates for psychological referral at some point during the year?" Thirty-one percent (n = 4) fell in the category of "100%." A response that is used as an example of the inclusion criteria for this category is "All of them to different degrees to increase performance." Other individual responses varied from 5-10% to 40-50%, with one response of "not sure." See Table 7 for the responses.

Information regarding the concerns that may be subject to referral was obtained by asking participants, "What are the common psychological concerns that you see as a coach?" The themes that emerged out of the responses are outlined in Table 8.

Sixty-two percent (n = 8) of the responses suggested that the players' confidence were of concern (Theme 1), and 23% of the responses (n = 3) suggested that there are psychological concerns affected by the adjustment and challenges of playing junior "A" hockey (Theme 2). The inclusion criteria for Theme 1 included the explicit statement of, and focus on, confidence being affected.

Theme 2 included statements that did not state "confidence," but rather discussed concerns in dealing with the adjustment of playing junior "A" hockey. These included statements such as dealing with a girlfriend; schooling; coming to a higher level of hockey with an increase in intensity, commitment, and expectations; living away from home; and dealing with normal aspects of life such as death of a family member.

Table 6
Responses to the Question, "How many days of the week do you see the players throughout the season?"

Response	n	%
6½ days/week	4	30.77
6 days/week	7	53.85
5½ days/week	1	7.69
5 days/week	1	7.69
TOTAL	13	100.00

Table 7
Responses to the Question, "What percentage of your players would you consider as being candidates for psychological referral at some point during the year?"

Response	n	%
100%	4	30.78
Varied; at least 40-50%	1	7.69
1/3 (33%)	1	7.69
5/30 (17%)	1	7.69
10-12%	1	7.69
9%	1	7.69
7%	1	7.69
Minimum 5-10%	1	7.69
Not sure	1	7.69
TOTAL	13	100.00

Table 8
Themes that Emerged from the Question, "What are the common psychological concerns that you see as a coach?"

Theme	n	%
Theme 1: Fragile confidence (confidence is the prominent theme)	8	61.54
Theme 2: Dealing with the adjustment and challenges of playing junior "A" hockey	3	23.08
Theme 3: Mental toughness (ability to stay focused on performance)	2	15.38
TOTAL	13	100.00

Similar aspects of adjustment were included in Theme 1; however, these explicitly revolved around "confidence." Other adjustment aspects that came out of these responses included the players' ages, and aspects of the game such as being cut, traded, berated, criticized, as well as positive praise.

Fifteen percent (n = 2) of the responses fell into Theme 3 which included issues that are directly related to maximum performance such as attention span and staying focused. Exclusion criteria included the absence of stating "confidence" being affected or "having to deal with or adjusting to the life of junior hockey."

One hundred percent of the coaches answered "yes" to the question, "Do you provide psychological/counselling services yourself to players with psychological issues?" (see Table 9).

Part "b" of that question further explored the ways the coaches did this. Two themes emerged from the responses. The first theme included over 69% of the responses (n = 9) and included comments such as "I keep an open door policy" and/or "I try my best to help the kid the best of my ability." Thus, the inclusion criterion for this theme was to include either or both of these comments. Almost half of the respondents in this theme (n = 4) also included that when they could not help the player, a referral would be made. An example of a response in this category is,

> I have an open door policy for players, whether they knocked up a girl, having problems away from the rink. I will help them as much as I can and when the problem exceeds my ability to help, I refer to a professional or someone who can handle the problem.

Table 9

Responses to the Question, "Do you provide psychological/counselling services yourself to players with psychological issues?"

Response	n	%
Yes	13	100.00
No	0	0.00
TOTAL	13	100.00

Responses to the Question, "In what ways?"

Theme	n	%
Theme 1: Open-door policy (to the best of my ability)	9	69.23
Theme 2: Psychological aspects of performance	3	23.08
No explanation	1	7.69
TOTAL	13	100.00

Twenty-three percent of the coaches' responses (n = 3) are grouped into Theme 2 that focused on the psychological aspects of performance and issues directly related to the game. A model example of this theme is "Not sure about the depth of counselling, but do provide psychological aspects of goal setting and focusing to help players perform."

The amount of time coaches spent providing psychological/counselling services was determined through two questions. The first asked how much time is spent with each player. Table 10 shows two themes that emerged. Seventy percent (n = 9) of the responses ranged from 1 minute/week to 30 minutes/week per player (Theme 1). Fifteen percent (n = 2) of the responses stated, "However long it took until the problem or issue is rectified to a satisfactory level."

The second question further asked coaches to estimate the amount of time they provide services to players in an average month (see Table 11). Six themes emerged from the responses. Four of the themes fell under a numerical category as the coaches gave

Table 10

Themes that Emerged from the Question, "When providing psychological/counselling services yourself, how much time would you spend, on average, with each player?"

Theme	n	%
Theme 1: Ranging from 1-30 minutes/week per player	9	69.23
Theme 2: Until the problem or issue is rectified to a satisfactory level (as much as it takes)	2	15.38
Theme 3: Ongoing and not exactly sure	2	15.38
TOTAL	13	100.00

Table 11

Responses to the Question, "How many hours would you say that you spend providing psychological/counselling services to players in an average month?"

Response	n	%
Theme 1: 0-3 hours	3	23.08
Theme 2: 7-10 hours	2	15.38
Theme 3: 15-25 hours	2	15.38
Theme 4: Over 40 hours	2	15.38
Theme 5: Until the problem or issue is resolved to a satisfactory level (as much as it takes)	2	15.38
Theme 6: Ongoing and not exactly sure	2	15.38
TOTAL	13	100.00

estimations of 0 to 3 hours (n = 3; 23.08%), 7 to 10 hours (n = 2; 15.38%), 15 to 25 hours (n = 2; 15.38%), and more than 40 hours (n = 2; 15.38%). Two themes emerged that fell in the categories of "Until the problem or issue is rectified to a satisfactory level (as much as it takes)" (n = 2; 15.38%) and "Ongoing and not exactly sure" (n = 2; 15.38%).

Four themes emerged out of the open question, "Do you prefer providing psychological services yourself or referring to psychologists?" Responses to this question are summarized in Table 12. Almost half (n = 6; 46.15%) of the coaches preferred

Table 12

Themes that Emerged from the Question, "Do you prefer providing psychological services yourself or referring to psychologists?"

Theme	n	%
Theme 1: Myself with issues that I feel I can deal with; anything beyond that, refer	6	46.15
Theme 2: Dealing with it myself (did not state anything about referral)	5	38.47
Theme 3: The need to refer is very low and the psychologist would have to live in the environment	1	7.69
Theme 4: Referral to a psychologist	1	7.69
TOTAL	13	100.00

dealing with player issues they feel capable of and referring anything beyond that, and Theme 2 included over 38% (n = 5) in which the coach preferred to deal with issues themselves. The inclusion criterion for this theme was the absence of any comments of referral. Themes 3 (n = 1; 7.69%) and 4 (n = 1; 7.69%) consisted of only one response that did not fit in the first two categories. The response in Theme 3 was,

> Referring to a psychologist is very rare and/or there is nobody available because to work with players the psychologist would need to live in the environment and understand them as a hockey player before being able to solve problems affecting performance.

And finally the one response of Theme 4 was an explicit response for "referring" to a psychologist.

Over 84% (n = 11) of the circumstances/diagnoses in which the coaches preferred providing psychological services themselves were grouped into two themes (see Table 13). Sixty-one percent (n = 8) of the responses fell into the first theme and consisted of direct statements of "For things I feel I can handle." These included minor personal

Table 13
Themes that Emerged from the Question, "Under what circumstances/diagnoses do you prefer to provide psychological services yourself?"

Theme	n	%
Theme 1: For things that I feel I can handle	8	61.54
Theme 2: Whenever something is bothering my players	3	23.08
Theme 3: When options of referral are not available	1	7.69
Not sure	1	7.69
TOTAL	13	100.00

issues, day-to-day things, a lack of confidence, and anything that is game-related. The issues that were mentioned that warranted referral were the players' personal lives, deep family issues, or anything that exceeded the coach's qualifications. The second theme (n = 3; 23.08%) included responses that included comments of "Whatever is bothering the player." These responses suggested providing psychological services to the player regardless of the concerns. Theme 3 included one response (7.69%) of providing psychological services if there were no options of referral available.

Table 14 shows that over 69% (n = 9) of the coaches felt the barriers of providing psychological services to the players themselves included both "a lack of education" and "the reluctance of the player to talk about issues with the coach." These responses were grouped in Theme 1. Two coaches stated that it was the reluctance of the player to talk to the coach about issues, four coaches felt that their lack of education was a barrier, and three coaches included in their response both a lack of education and the reluctance of players talking with the coach. Thus, criteria for this theme included one or both of these comments.

Table 14
Themes that Emerged from the Question, "What barriers are there to you providing psychological services yourself?"

Theme	n	%
Theme 1: Lack of education and the reluctance of the player to talk about it	9	69.24
Theme 2: Time	2	15.38
Theme 3: No ethical guidelines or safeguards	1	7.69
Theme 4: Haven't had a situation to this point that I couldn't deal with	1	7.69
TOTAL	13	100.00

A second theme emerged from the coaches' responses (Theme 2; n = 2; 15.38%) which suggested that the barrier of providing psychological services to players themselves was "time"--finding the time to do it and the fact that their time must be given to many players and not just one individual.

Table 14 also shows one response (Theme 3; n = 1; 7.69%) of there being no ethical guidelines or safeguards as a barrier to providing psychological services and one response (Theme 4; n = 1; 7.69%) from a coach who stated, "I haven't had a situation to this point that I couldn't deal with."

The next question of the Referral section (Part II) consisted of two parts. The first was a closed question asking the coaches, "Do you feel that dealing with psychological issues has a negative effect on your coaching responsibilities?" The second part of this question asked, "If yes, in what ways?" or "If no, why not?" (see Table 15).

Over 92% of the coaches (n = 12) responded "no" to this question and all of the responses of "Why not?" fell into Theme 2 ("It is part of the coach's job and has a

Table 15

Responses to the Question, "Do you feel that dealing with psychological issues has a negative effect on your coaching responsibilities?"

Response	n	%
Yes	1	7.69
No	12	92.31
TOTAL	13	100.00

Responses to "If yes, in what ways?" and "If no, why not?"

Theme	n	%
Theme 1: Yes, it wears on you	1	7.69
Theme 2: No, it is part of the coach's job and it has a positive effect	11	84.62
No explanation	1	7.69
TOTAL	13	100.00

positive effect"). Seven of the 12 coaches explicitly stated, "It has a positive effect" and continued to state examples such as,

"It gets you more in touch with the player,"

"It is good for the coach to know what is going on," and

"At this level it is a big adjustment for young men to move away from home."

Four of the responses included in Theme 2 explicitly included a description of how dealing with psychological issues is part of their coaching responsibilities. Other comments that followed suggested the importance of mental health on performance, how the coach cares about the players as much if not more than the players realize, and how this is just one aspect of several roles of the coach.

One coach (7.69%) answered "yes" and explained how dealing with psychological issues can have a negative effect on coaching, as

> ... It can wear on you. For example, coaching an expansion team compared to a team that has been established can create different situations ... the responsibility of the coach is to win or you won't have a job very long and in that attitude it can put some burdens on you (e.g., relationships between players and the coach).

The next question asked, "Do you feel that you have time to be providing psychological services?" As shown in Table 16, 69% (n = 9) answered "yes." Four out of the nine coaches who answered "yes" added comments that suggested how they would make time for the player and that it is part of the job. Three of the coaches who answered "yes" added how they have limited time.

Fifteen percent (n = 2) responded "no" that they do not have enough time to provide psychological services, and the same number of coaches (n = 2) did not say either "yes" or "no," as they would make time but wish they had more.

The next three questions of Part II (#s 13, 14, & 15) asked the coaches to rate: "How qualified do you feel you are to provide psychological services compared to a psychologist?", "How well do you feel your education prepared you for diagnosis and treatment of psychological disorders?", and "How well do you feel your education prepared you for referral and collaboration with psychologists?" Tables 17, 18, and 19 present the coach ratings to these questions.

The mean score for question #13 was 2.62. Thus, the average rating falls between the "partially well" and the "moderately well" ratings, as 77% of the coaches (n = 10) chose these ratings. One coach (7.69%) responded with "not well" and two coaches (15.38%) responded "very well."

Table 16

Responses to the Question, "Do you feel that you have the time to be providing psychological services?"

Response	n	%
Yes	9	69.24
No	2	15.38
Other	2	15.38
TOTAL	13	100.00

Table 17

Responses to the Question, "How qualified do you feel you are to provide psychological services compared to a psychologist?"

Response	n	%
Not well (Rating: 1)	1	7.69
Partially well (Rating: 2)	4	30.77
Coach-preferred rating (Rating: 2.5)	2	15.39
Moderately well (Rating: 3)	4	30.77
Very well (Rating: 4)	2	15.38
TOTAL	13	100.00

Mean = 2.62, Range = 3, Standard Deviation = .85

Table 18

Responses to the Question, "How well do you feel your education has prepared you for diagnosis and treatment of psychological disorders?"

Response	n	%
Not well (Rating: 1)	3	23.08
Partially well (Rating: 2)	4	30.77
Moderately well (Rating: 3)	4	30.77
Very well (Rating: 4)	2	15.38
TOTAL	13	100.00

Mean = 2.38, Range = 3, Standard Deviation = 1.04

Table 19
Responses to the Question, "How well do you feel your education has prepared you for referral and collaboration with psychologists?"

Response	n	%
Not well (Rating: 1)	3	23.08
Partially well (Rating: 2)	3	23.08
Moderately well (Rating: 3)	5	38.46
Very well (Rating: 4)	2	15.38
TOTAL	13	100.00

Mean = 2.46, Range = 3, Standard Deviation = 1.05

The mean score for question #14 was 2.38. The average rating falls between "partially well" and "moderately well" ratings, as 62% of the coaches (n = 8) chose one of these ratings. Three coaches (23.08%) chose "not well" and two coaches (15.38%) chose "very well."

The mean score for question #15 was 2.46. The average fell between "partially well" and "moderately well" ratings, as 62% of the coaches (n = 8) chose one of these ratings. Three coaches (23.08%) chose "not well" and two coaches (15.38%) chose "very well."

Table 17 shows the coaches feel between partially qualified and moderately qualified to provide psychological services compared to a psychologist (mean = 2.62). The responses also indicate that the coaches believe their education prepared them for referral and collaboration with psychologists (mean = 2.46) moreso than feeling their education prepared them for diagnosis and treatment of psychological disorders (mean = 2.38). However, all the means fall between "partially well" and "moderately well."

Some of the additional comments suggest that "on-the-job" training and experience accounted for feeling somewhat qualified as compared to a psychologist who

may not be familiar with the experience of junior "A" hockey. The lowest mean score (2.38) was for the question regarding diagnosis and treatment of psychological disorders. This was accompanied by a few comments that suggested that a professional with training should diagnose and treat disorders.

Tables 20 and 21 present the frequencies of the responses to questions 16 and 17. The majority (n = 12; 92%) of the coaches felt that there needed to be an increase in the amount of education and training that coaches receive regarding the identification and/or diagnosis of psychological problems in players. Some of the comments that were included in the "yes" responses were:

> "Because coaches come from a variety of backgrounds, there should be an increase through the education coaches receive through attaining their coaching levels (e.g., role playing, etc.)."
>
> "It would help. You can tell the different things and if there is a major problem, but it would help to identify things early to get assistance for the player."
>
> "In this day and age it would help everybody."
>
> "Yes, but I wouldn't say psychological problems but the psychology of the players and learning the psychology of athletes whether there is a problem or not."
>
> "It should be available. Too much of coach education is out of the book and not enough information on the well-being of the players. Life-situations occur that are not taught in a coaching manual."

The one response in the "other" category consisted of, "Tough to answer for me. Personally, I feel well enough prepared through my education."

Table 20

Responses to the Question, "Do you feel there needs to be an increase in the amount of education and training that coaches receive regarding the identification/diagnosis of psychological problems in players?"

Response	n	%
Yes	12	92.31
No	0	0.00
Other	1	7.69
TOTAL	13	100.00

Table 21

Responses to the Question, "Do you feel that there needs to be an increase in the amount of education and training that coaches receive for treating psychological issues?"

Response	n	%
Yes	10	76.93
No	1	7.69
Other	2	15.38
TOTAL	13	100.00

Table 21 presents the frequencies of responses to the question "Do you feel that there needs to be an increase in the amount of education and training that coaches receive for treating psychological issues?" Seventy-seven percent (n = 10) answered "yes." Two coaches added comments of:

> "I think we could learn more. In teaching coaches, there needs to be someone that has been immersed in the culture of hockey" and
>
> "However, I am not sure as with the parameters today, coaches' personalities can get in the way and some personalities are simply not appropriate for treating the psychology of players."

The one response (7.69%) of "no" included the comment, "There is not time and not to take away from the field of psychology as the psychologists have the extensive training." Two responses (15.38%) in the Other category were explained with one coach feeling his education prepared him well enough and the other coach stating,

> There needs to be an increase in the amount of education for coaches to identify psychological issues and then refer. I don't know if treating is appropriate for a coach. Treatment requires substantial training and licensing, which coaches are not licensed.

Questions #18-22 of Part II – Referral required the coaches to "rate whether you agree or disagree to these statements." A Likert scale was used, with "strongly disagree" scoring 1, "disagree" scoring 2, "not sure" scoring 3, "agree" scoring 4, and "strongly agree" scoring 5. The results of these questions are presented in Table 22.

Question #18 asked the coaches to rate a response to the statement, "The psychologist working with players should be familiar with the sport." The mean score of the responses was 4.46 out of 5, with 100% of the coaches (n = 13) choosing either "agree" (n = 7) or "strongly agree" (n = 6) to this statement.

Question #19 asked the coaches to rate a response to the statement, "Psychologists are needed to address serious psychological issues of the players." The mean score was 3.77 out of 5, with 85% of the coaches (n = 11) choosing "agree" (n = 9) or "strongly agree" (n = 2).

Question #20 asked the coaches to rate a response to the statement, "Healthy adjusted individuals improve team chemistry." The mean score was 4.92 out of 5, with 100% of the coaches (n = 13) choosing "agree" (n = 1) or "strongly agree" (n = 12).

Table 22

Responses to Questions #18-22: "Please rate whether you agree or disagree with the following statements:"

Rating	Score	n	Mean	Range	SD
The psychologist working with players should be familiar with the sport					
Strongly disagree (Rating: 1)	1		4.46	1	.52
Disagree (Rating: 2)	2				
Not sure (Rating: 3)	3				
Agree (Rating: 4)	28	7			
Strongly agree (Rating: 5)	30	6			
Psychologists are needed to address serious psychological issues of the players					
Strongly disagree (Rating: 1)	1	1	3.77	4	1.09
Disagree (Rating: 2)	2	1			
Not sure (Rating: 3)	3				
Agree (Rating: 4)	36	9			
Strongly agree (Rating: 5)	10	2			
Healthy adjusted individuals improve team chemistry					
Strongly disagree (Rating: 1)	1		4.92	1	.28
Disagree (Rating: 2)	2				
Not sure (Rating: 3)	3				
Agree (Rating: 4)	4	1			
Strongly agree (Rating: 5)	60	12			
Coaches should be the ones that deal with problems in the players' lives that occur outside of the context of hockey					
Strongly disagree (Rating: 1)	1		3.77	3	.93
Disagree (Rating: 2)	2	1			
Not sure (Rating: 3)	12	4			
Agree (Rating: 4)	20	5			
Strongly agree (Rating: 5)	15	3			
Most players will work with psychologists if the coach supports the player and performance on the ice is dependent on dealing with the problem					
Strongly disagree (Rating: 1)	1		4.31	3	.95
Disagree (Rating: 2)	2	1			
Not sure (Rating: 3)	3	1			
Agree (Rating: 4)	16	4			
Strongly agree (Rating: 5)	35	7			

Question #21 asked the coaches to rate a response to the statement, "Coaches should be the ones that deal with problems in the player's life that occurs outside of the context of hockey." The mean score of the responses was 3.77 out of 5 and 62% of the coaches (n = 8) chose "agree" (n = 5) or "strongly agree" (n = 3). Thirty-one percent of the coaches rated "not sure" (n = 4) and one coach rated the statement with "disagree."

A comment a coach added with the rating of "strongly agree," explaining, "... if the player comes to me with the problem." A comment a coach added with the rating of "agree" explains:

> But there would be restrictions on that. Coaches are responsible to recognize that something is wrong. If the issue goes further than intervention by the coach, then the coach should have the wherewithal to take appropriate actions (e.g., getting parents involved).

Two of the four coaches that selected "not sure" added comments regarding the need to involve the parents, and that "The coach should be helping or supportive; however, should only be one of the people involved."

The one coach who disagreed with the statement explained, "The coach is mostly in place for the physical aspects."

The last statement (Question #22) using the Likert scale described above is "Most players will work with psychologists if the coach supports the player and performance on the ice is dependent on dealing with the problem." Eighty-five percent of the coaches (n = 11) rated the statement with "agree" (n = 4) and "strongly agree" (n = 7). There was one response of "not sure" (8%) and one response of "disagree" (8%).

Table 23 presents the responses to "Do you have a sport psychologist on staff or working with your team?" and Table 24 presents the responses to the question,

Table 23
Responses to the Question, "Do you have a sport psychologist on staff or working with your team?"

Response	n	%
Yes	0	0.00
No	13	100.00
TOTAL	13	100.00

Table 24
Responses to the Question, "Do you refer to psychologists?"

Response	n	%
Yes	6	46.15
No	7	53.85
TOTAL	13	100.00

"Do you refer to psychologists?" One hundred percent (n = 13) of the coaches reported not having a psychologist on staff and 54% (n = 7) reported not referring to psychologists.

One coach provided an additional comment after his "yes" response: "For certain issues, however, it is discussed within the coaching staff first. Success requires the team to be a tight family." And another coach who responded "yes" also stated, "If someone were available, I would refer." One coach provided an additional comment with a "no" response: "In the past, a psychologist is asked to come in about once a year to present psychological exercises or we request exercises from psychologists (e.g., visualization)."

The six coaches who responded "yes" to referring to psychologists provided a variety of responses to the next question, "If yes, how many players in an average month would you estimate that you refer to a psychologist?" The responses are presented in Table 25. One coach (8%) reported "less than one player per month," one coach reported

Table 25

Responses to the Question, "If yes, how many players in an average month would you estimate that you refer to a psychologist?"

Response	n	%
Less than 1 player	1	16.66
1 player	1	16.67
3-4 players	1	16.66
It could be or should be every player once a month	1	16.67
Once a year a sport psychologist comes in to do group work (usually later in the season), and we have a pastor who has education in counselling that players can go to	1	16.67
I have never referred to a paid psychologist but to people experienced in counselling	1	16.67
TOTAL	6	100.00

"one player per month," one coach reported "one to three players per month," and one coach reported, "It could be or should be every player once a month." The final two coaches responded with comments of what they have currently set up. One coach said, "Once a year a sport psychologist comes in to do group work (usually later in the season), and we have a pastor who has education in counselling that players can go to." And the final coach reported, "I have never referred to a paid psychologist but to people experienced in counselling."

The next question asked how many players the coaches estimated they would refer in a season. Thirty-three percent (n = 2) of the coaches estimated they would refer one to five players in a season to a psychologist, 50% (n = 3) estimated 6 to 10 players during the season, and the same coach (17%) stated, "I have never referred to a paid psychologist but to people experienced in counselling" (see Table 26).

The coaches who responded "no" to the question "Do you refer to psychologists?" responded to the next question, "If no, why not?" The seven coaches who do not refer

Table 26
Responses to the Question, "If yes, how many players in a season would you estimate that you refer to a psychologist?"

Response	n	%
1-5 players	2	33.33
6-10 players	3	50.00
I have never referred to a paid psychologist but to people experienced in counselling	1	16.67
TOTAL	6	100.00

gave explanations as well as two coaches who responded "yes" to referring, however, have not referred yet, for a total of 9 responses. The responses fell into two themes as presented in Table 27. Theme 1 included responses that stated a lack of knowledge of available psychologists and accessibility for reasons of not referring. Fifty-six percent (n = 5) of the responses are in Theme 1, and one out of these five coaches also suggested that economics of referring was also a problem. Two other comments also stated:

> The situation right now and being in a new environment [coach of new team – when interview took place], I am not aware of any psychologists available or have a relationship with anyone. In the old environment, we tried once having a sport psychologist that came highly recommended and it didn't work. The guy we had wasn't an athlete and was not on the same page, as he didn't take into consideration that the game is not just mental but also physical.

> I do not have a psychologist on staff. The psychologist has to be there every practice and build strong rapport with the players. The psychologist would almost need to become the assistant coach to be in the environment and live in it.

Table 27

Responses to the Question, "Do you refer to psychologists? If no, why not?"

Response	n	%
Theme 1: Knowledge of available psychologists and accessibility	5	55.56
Theme 2: Not been a need to refer to psychologists	4	44.44
TOTAL	9	100.00

Theme 2 included responses (n = 4; 44%) that explicitly stated that there has not been a need to refer, as two out of the four coaches stated, "There has not been a concern yet the staff couldn't handle." The other two responses in theme two included,

> Don't really run into needing one, as there is very little of the problems that would require a psychologist. However, kids run into confidence problems and to have a psychologist on staff would be expensive. A sport psychologist for professional teams is a huge advantage and pro teams can afford it.

> The first reason is, I am reluctant to involve an outside party unless the problem reaches past what I can handle, which in my experience has not occurred very often if at all. The second is economics--there is no money to pay outside parties when there is hardly enough money to pay people to run the team period.

Table 28 presents the responses to the question, "Could you describe for me how you make the referral?" The six coaches who refer responded with comments that included finding a psychologist that is available and willing to work with the team, one that was affordable, one that has worked with the coach or player before, a pastor, a friend who is trustworthy and has a strong self-esteem and self-worth, and a sport psychologist that sees the team as a group once a year. The comments that described how the coach would decide on a referral included communications between the coach, player,

Table 28

Responses to the Question, "Could you describe for me how you make the referral?" (n = 8)

Coach #	Response
2	If I was familiar with a psychologist or had a relationship with one that I had worked with before, I would use their services. I do not currently know a psychologist to refer players in this area. Another option would be to go to a manager of a community recreation centre and ask for psychologists in the community that may be involved in sport.
3	If I felt there was a need, I would thoroughly search for someone competent and do research well in advance.
5	For the most part in sport and in the hockey world, my life and foundation is in Jesus Christ and I am blessed with unbelievable support staff. Family is the best support staff for other people as I have a friend or someone I can trust to work on things with players who have a strong self-esteem and sense of worth. One of the biggest steps to be a peak performer is accountability.
6	There is communication between the coaches and the player and then the coaches and the pastor. The pastor approaches the player in a supportive, informal manner.
8	If we could find someone available in the area that could help us, although I have not explored if there are people available. If I could find someone, our budget could pay for their services, the person(s) is willing, and if it fits what is best for the players and the team, then referrals would be possible.
9	We work with the high school and they give me names.
10	Some players may have summer training programs that include the whole package (physical and mental training). The player may refer back to the person he has worked with before. If the player does not have reference to someone he has previously worked with, then referral to (someone in) either Red Deer or Calgary.
11	I guess I would pick up the phone and explain the situation we have (to the psychologist). I would ask what they (the psychologist) would think I should do, then I would bring the player in and discuss and explain the option of seeing a psychologist.

and psychologist or counsellor (i.e., pastor). Comments that stated how coaches knew where to refer players suggested referring to bigger centres (e.g., Red Deer or Calgary), getting names from the high school, and going to a manager of a community recreation centre and ask for psychologists in the community that may be involved in sport.

Table 28 provides eight responses even though only six coaches responded with "yes" that they refer. The two responses (#3 and #8) describe how they would refer if there was a need and if it would be possible.

The next question asked the coaches to rate their current referrals to psychologist on a four-point scale from "Not effective" (Rating: 1) to "Very effective" (Rating: 4). The mean score of the responses was 2.57, suggesting the current referrals are between partially and moderately effective. The individual responses are shown in Table 29. There are seven responses although only six coaches responded "yes" to referring. Thus, one coach rated his current situation of not referring as "Not effective" and included the comment, "I haven't referred any players yet. Reading the package and talking to you has got me thinking that it maybe should be done and considered."

Four themes shown in Table 30 emerged out of the open question, "What do you see as being the biggest barriers to effective referrals between coaches and psychologists?" A lack of knowledge concerning availability and benefits (Theme 1) included 31% of the total responses (n = 4). Two of the four responses explicitly stated knowledge of availability and accessibility, and two of the responses went further in describing how the coach and psychologist need to "be on the same page" and that the "psychologist would need to be prepared to always be with the team."

Thirty-one percent of the coaches' responses (n = 4) fell into Theme 2 which consisted of responses that described the barrier being the reluctance of the coach. These

Table 29

Responses to the Question, "How effective would you rate your current referrals to psychologists?"

Response	n	%
Not effective (Rating: 1)	2	28.57
Partially effective (Rating: 2)	2	28.57
Moderately effective (Rating: 3)	0	0.00
Very effective (Rating: 4)	3	42.56
TOTAL	7	100.00

Mean = 2.57, Range = 3, Standard Deviation = 1.40

Table 30

Themes that Emerged from the Question, "What do you see as being the biggest barriers to effective referrals between coaches and psychologists?"

Theme	n	%
Theme 1: Lack of knowledge concerning availability and benefits	4	30.77
Theme 2: Reluctant coaches	4	30.77
Theme 3: Relationship/trust issues	3	23.08
Theme 4: Time and money	2	15.38
TOTAL	13	100.00

comments included the coach not wanting to get involved, reluctance of bringing in outside help, and a difference of opinion between coaches and psychologists.

Twenty-three percent of the coaches (n = 3) responded with explicit comments about not having a good relationship or trust with the psychologist.

And the final theme that emerged out of this question contains 15% of the responses (n = 2) which stated "Time and money" as being the barrier to referrals between coaches and psychologists.

The responses to questions #s 31-39 are presented in Table 31. These questions gather information to help understand what the decision to refer or not to a psychologist depends on, and the factors that influence this decision.

Seventy-seven percent of the coaches (n = 10) stated that the decision to refer would depend on the level of collaboration with a psychologist (question #31). Several of the coaches gave explanations of why it would be important and these included comments regarding the importance of the relationship and the level of trust that is needed, to further understand the services offered, and one coach felt it was necessary so that he would be fully informed of "what is going on with the player."

Fifty-four percent of the responses were "yes" (n = 7) and 46% were "no" (n = 6) in answer to question #32: "Does your decision of whether or not to refer depend on whether or not you have referred to the psychologist before?" The comments that accompanied the "yes" responses included the importance of the relationship and trust with the psychologist, to see if the psychologist was familiar with the culture of hockey, and that the parents would ask the coach this question if a good job was done. The comments that followed the "no" responses stated that they would not refer to a psychologist but involve the parents.

Question #33 asks if the decision to refer depends on the area of specialization of the psychologist. Seventy-seven percent of the coaches (n = 10) responded "yes" whereas 23% responded "no" (n = 3). The comments that were provided in additional to the "yes" answer varied from being somewhat important to very important. Following are three examples from three different coaches:

"Somewhat – there are sports psychologists who are trained to better understand the mental makeup of a competitive athlete."

Table 31
Responses to Questions #31-39: Factors influencing the decision of whether or not to refer

Q	Factor	Yes	No	Not Sure	Total
31	Level of collaboration with the psychologist	10 (77%)	3 (23%)		13 (100%)
32	Whether referred to the psychologist before	7 (54%)	6 (46%)		13 (100%)
33	The area of specialization of the psychologist	10 (77%)	3 (23%)		13 (100%)
34	The possibility of the player becoming upset by the referral to a psychologist	8 (62%)	4 (31%)	1 (8%)	13 (100%)
35	Beliefs of available psychological services for referral and consultation	6 (46%)	6 (46%)	1 (8%)	13 (100%)
36	The player's age	6 (46%)	7 (54%)		13 (100%)
37	The player's role on the team	1 (8%)	12 (92%)		13 (100%)
38	The socioeconomic status of the player	2 (15%)	10 (77%)	1 (8%)	13 (100%)
39	The number of times the player has brought the problem to your attention	11 (84%)	1 (8%)	1 (8%)	13 (100%)

"A little bit, however, if the psychologist has worked with someone or on an issue and it works well then it wouldn't matter."

"Being in the culture is very important to understand it and to be able to relate (i.e., experience as a player)."

Question #34 asked, "Does the possibility of the player becoming upset by the referral to a psychologist influence your decision to refer?" Sixty-two percent of the coaches (n = 8) answered "yes," there was 31% "no" responses (n = 4), and 8% "not sure" (n = 1). The comments following the "yes" response described how the player has to be willing to be helped, and how the coach would help make the player feel comfortable. The comments following the "no" response stated how a referral would not be made unless the coach felt the player was ready, that the parents would be involved

before a referral, and how the player is likely going to initially become upset, regardless of whether he agrees with the referral.

Question #35b asked if the coaches' beliefs regarding the shortage of available psychological services for psychological referral or consultation would influence the decision to refer. The results show 46% "yes" responses (n = 6), 46% "no" responses (n = 6), and an 8% "not sure" response (n = 1). The comments that followed the "yes" response stated how it is difficult to make referrals in rural Alberta, the importance of information or the awareness of who is available, as well as one response that stated, "If I don't know of someone or have a relationship with a psychologist, I will not refer. If I know someone is available and have a good relationship with them, then I would refer if the problem were beyond my ability to deal with it."

Question #36 also obtained similar results, with 46% "yes" responses (n = 6) and 54% "no" responses (n = 7). This question focused on the player's age as an influence in the decision to refer for psychological services. The comments that accompanied the "yes" responses stated that the age of the player would influence the decision, especially with the younger players, and one comment suggested that "the older the guy is, the more realistic a referral would be." The comments following the "no" responses suggested that the ages of junior hockey players are close enough to not make a difference and that some younger players are more mature than the older players.

The results of question #37 clearly show that the majority of the coaches do not feel that the player's role on the team influences their decision to refer: 92% responded "no" (n = 12) and 8% responded "yes" (n = 1). The one coach who responded "yes" added a comment of "Sometimes yes and other times no. A leader on my team may show unbelievably strong character but in some situations [there is] a vulnerable side that may

benefit the player to talk with a psychologist." The rest of the comments focused on each player on the team being equally important and not affecting the decision to refer.

Question #38 asked, "Does the socioeconomic status of the player influence whether or not you refer them for psychological services?" Results showed 77% "yes" responses (n = 10), 15% "no" responses (n = 2), and an 8% "not sure" response (n = 1). "Yes" comments stated that the mental health and well-being of the player is the priority over the ability to pay. One coach added a comment with the "no" response which states, "The fact that kids are brought in to play from all over and the different types of environments they were brought up in would be considered in the decision of whether it [a referral] would benefit the kid or hurt him."

Eighty-five percent of the coaches (n = 11) responded "yes" to question #39, "Does the number of times the player has brought the problem to your attention influence whether or not you refer them for psychological services?" Eight percent responded "no" (n = 1), and 8% responded "not sure" (n = 1). The one coach who answered "no" stated, "Because I deal with concerns the first time they're brought to my attention." The one coach who answered "not sure" stated, "It hasn't yet, but the possibility of that happening might happen. However, the parents would be involved first and I would likely only go as far as to make suggestions."

Table 32 shows the responses to question #35a which asks, "Do you feel there is a shortage of available psychological services for psychological referral or consultation?" None of the coaches responded "no" to this question. Sixty-two percent were "not sure" (n = 8), and 38% responded "yes" that they felt there was a shortage of available psychological services (n = 5). The "not sure" comments explained how some coaches were new to the area and did not have any information of available psychologists, there

Table 32

Responses to Question #35a, "Do you feel there is a shortage of available psychological services for psychological referral or consultation?"

Response	n	%
Yes	5	38.46
No	0	0.00
Not sure	8	61.54
TOTAL	13	100.00

was no information of psychological services appropriate for hockey players, and that some coaches have never looked for this service before so would not know.

Thirty-eight percent of the coaches (n = 5) explicitly stated "no" to question #38 which asked, "Does the league provide coverage for psychological treatment?" As Table 33 shows, 62% of the responses (n = 8) fell into Theme 2, "not sure." Seven out of the eight coach responses in Theme 2 explicitly stated they were not sure; however, one coach stated, "Assuming that both the league and the team would provide coverage for a player ... I think that if either were approached about the problem, they would help out." Thus, this response was included into Theme 2 as the coach was not sure if coverage was provided. As the results indicate, none of the coaches knew if the league provided this kind of coverage for the players.

Table 34 shows similar results to Table 33. Thirty-eight percent of the participants (n = 5) responded "yes" to whether their belief/knowledge of whether or not the player's insurance will reimburse for psychological treatment affects their decision to refer. The coaches who added comments with this response explained how the fact of affordability would affect the decision, how for this reason the parents would be involved before a referral, and one response specifically stated, "Cost has to be a factor; however, if I felt it was absolutely necessary, we would have to find a way."

Table 33

Responses to the Question, "Does the team/league provide coverage for psychological treatment?"

Response	n	%
Yes	0	0.00
No	5	38.46
Not sure	8	61.54
TOTAL	13	100.00

Table 34

Responses to the Question, "Does your belief/knowledge of whether or not the player's insurance will reimburse for psychological treatment affect your decision to refer?"

Response	n	%
Yes	5	38.46
No	8	61.54
TOTAL	13	100.00

Sixty-two percent of the responses (n = 8) stated "no," that this belief/knowledge did not affect the decision to refer. The additional comments suggested this was so because, "This is not an option. If the kid needs help, you find a way to get the kid help regardless."

> "If the player needs help, he is referred. We may have to try and find a way to help the player pay."
>
> "The team would look after it."

One coach stated that this would not affect his decision because he was sure the league did not provide coverage.

Table 35 shows the responses to the question, "How much of an influence does the player's level of coverage have on whether or not you refer?" Over 50% of the coaches (n = 7) were not happy with the rating scale and chose to provide another response instead of the ratings provided. All seven coaches who did not provide a rating responded with "none" to this question. That is, they felt that the player's level of coverage had no affect on their decision to refer. Out of the six coaches that chose a rating for this question, two coaches felt that there is "too much" of an influence, three coaches felt there was an "appropriate amount," and one coach felt there was "too little." The mean score for the coaches who used the rating scale was 3.33 out of 4, which is slightly higher than the "appropriate amount" rating of 3.

Table 36 also shows that five coaches were not comfortable responding to the rating scale and provided other responses to the question, "How difficult is it for you to find mental health treatment for players who are not covered for psychological services?" Four out of the five responses indicated that the question was not applicable because they have not sought out any services for players or have not needed to at this point. The one response that was different than these four stated, "If the player needs help, he is referred. We may have to try and find a way to help the player pay afterwards."

The coaches who did choose a rating resulted in three coaches choosing "Not difficult," four coaches choosing "Somewhat difficult," and one coach choosing "Very difficult." The mean score of the coaches who used the Likert scale was 2.25 out of 4 (n = 8), which is slightly higher than the "Somewhat difficult" rating of 2.

Seven of the coaches' responses (54%) were not applicable to the question, "How do you ascertain what coverage each player has?" (see Table 37). The content of the responses were not applicable to this question because of the following three different

Table 35
Responses to the Question: "How much of an influence does the player's level of coverage have on whether or not you refer?"
(n = 6)

Rating	Score	n	Mean	Range	SD
Too little (Rating: 1)	1	1	3.0	3	1.10
Barely enough (Rating: 2)	2				
Appropriate amount (Rating: 3)	9	3			
Too much (Rating: 4)	8	2			
Other (no rating)	0	7			
TOTAL		13			

Table 36
Responses to the Question: "How difficult is it for you to find mental health treatment for players who are not covered for psychological services?"
(n = 8)

Rating	Score	n	Mean	Range	SD
Not difficult (Rating: 1)	3	3	1.88	3	.99
Somewhat difficult (Rating: 2)	8	4			
Moderately difficult (Rating: 3)	3				
Very difficult (Rating: 4)	4	1			
Other (no rating)	0	5			
TOTAL		13			

Table 37
Themes that Emerged from the Question: "How do you ascertain what coverage each player has?"

Theme	n	%
Theme 1: Information gathered by the trainer and/or at the beginning of the year	4	30.77
Theme 2: After the fact	1	7.69
Theme 3: Talk to parents	1	7.69
N/A	7	53.85
TOTAL	13	100.00

explanations: 1) There is simply no coverage available; 2) The coach has not dealt with this before; and 3) The coach was not sure but would ask relevant questions to the parties involved (e.g., player, team, league, Canadian Hockey Association, etc.).

Six coaches were able to respond with more confident answers, which fell into three themes. Theme 1 included statements that included information gathered by the trainer and/or at the beginning of the year (n = 4; 31%), Theme 2 (n = 1; 8%) stated "After the fact," which refers to reacting to a situation after it has occurred, and Theme 3 (n = 1; 8%) stated "Talk to the parents."

Table 38 provides the results of the two-part question, "What could be done to improve your referrals: a) by psychologists; b) by you?" The results of part "a" shows that 31% of the coaches (n = 4) indicated that they felt psychologists could provide information and market the availability of psychologists who can work with athletes. Twenty-three percent (n = 3) of the coaches felt psychologists could provide information to the league and sport bodies such as Hockey Alberta. Fifteen percent (n = 2) felt coaches should develop relationships with teams and coaches. And the final theme shows that 8% (n = 1) or one coach felt that the problem of time and cost could be addressed. Twenty-three percent (n = 3) of the coaches responded that this question was not applicable. The reason for this was either because they did not feel psychologists needed to do anything to improve referrals or as one coach stated, "I'm not sure referrals are required."

Part "b" in Table 38 shows three themes emerging out of the responses of what the coaches could do to improve referrals to psychologists. Fifty-four percent of the coaches (n = 7) felt they could seek out information regarding available psychologists, 15% (n = 2) felt they could take active measures of getting support in place, and 15% (n = 2) felt they could further develop relationships with the players. Two coaches'

Table 38

Themes that Emerged from the Question: "What could be done to improve your referrals?"

Part "a" – by Psychologists		
Theme	n	%
Theme 1: Provide information and market the availability of psychologists who can work with athletes	4	30.77
Theme 2: Provide information to the League and sports bodies such as Hockey Alberta	3	23.08
Theme 3: Develop relationships with teams and coaches	2	15.38
Theme 4: Solve the time and cost problems	1	7.69
N/A	3	23.08
TOTAL	13	100.00
Part "b" – by You		
Theme	n	%
Theme 1: Seek out information regarding available psychologists	7	53.86
Theme 2: Active measures of getting the support in place	2	15.38
Theme 3: Further develop relationships with the players	2	15.38
N/A	2	15.38
TOTAL	13	100.00

responses (15%) were not applicable as one response suggested that referrals were not required and the other response indicated that the coach was happy with the current situation and that nothing needed to be improved.

Table 39 provides the results to question #46 which asked, "Could it benefit you to refer players with psychological issues?" Ninety-two percent of the responses (n = 12) were "yes," with one "no" response (8%). The one "no" response was explained through Theme 1: "There is no need to refer." Theme 2 (n = 10; 69%) included comments that focused on the positive effect of psychological health on performance. Theme 3 (n = 2; 15%) included comments that focused on the benefits of coach/player dynamics that

Table 39
Responses to the Question: "Could it benefit you to refer players with psychological issues?"

Response	n	%
Yes	12	92.31
No	1	7.69
TOTAL	13	100.00
If no, why not?		
Theme 1: There is no need to refer	1	7.69
If yes, in what ways?		
Theme 2: The positive effect of psychological health on performance	10	69.23
Theme 3: Coach/player dynamics	2	15.38
TOTAL	13	100.00

demonstrated that the coach cared about the player(s) as one coach stated, "I would be able to help players deal with their issues and eliminate the stigma attached to seeking these services."

The one response of "no" it could not benefit the coach to refer players was, "I have not seen it go beyond the scope that I cannot deal with it as the coach and work things out with players and possibly parents. There is no need to refer."

Part IV: Collaboration

The first question of Part IV is an open question that asked the coaches to define effective collaboration between coaches and psychologists. The majority of the responses as shown in Table 40 are grouped into Theme 1 (n = 9; 69%). These responses specifically stated the importance of open communication regarding the process, confidentiality, information between the coach and the psychologist, and creating a

Table 40
Themes that Emerged from the Question: "How would you define effective collaboration between coaches and psychologists?"

Theme	n	%
Theme 1: Open communication and a good relationship	9	69.24
Theme 2: "The first step is through teaching, such as through Hockey Canada and coaching seminars taught by people who know the culture along with the technical mind; [psychology] is so important	1	7.69
Theme 3: The coach stays out of it to let the psychologist handle the situation, and then the coach would get the necessary feedback that is appropriate	1	7.69
Theme 4: The psychologist would be part of the team		7.69
No response	1	7.69
TOTAL	13	100.00

comfortable feeling for those involved as well as developing a relationship that involves comfort and trust. Three other responses were unique and thus created the independent themes of Themes 2 (n = 1; 8%), 3 (n = 1; 8%), and 4 (n = 1; 8%). One coach defined effective collaboration as, "The first step is through teaching, such as through Hockey Canada and coaching seminars taught by people who know the culture along with the technical mind; [psychology] is so important." Theme 3 contains the statement, "The coach stays out of it to let the psychologist handle the situation, and then the coach would get the necessary feedback that is appropriate." And the final theme contains the independent statement, "The psychologist would be part of the team." There are only 12 responses, as the one coach who chose to write the responses and mail the questionnaire did not answer this question.

The second question of Part IV asked the coaches what they see as being the biggest barriers to effective referral and collaboration between coaches and psychologists

(see Table 41). The majority of the coaches' responses (n = 9; 69%) emerged into Theme 1: The reluctance of the coach or a lack the knowledge to work effectively with psychologists. Three model examples of this theme are as follows:

> "The coach may feel uncomfortable sending his player to a psychologist. Some coaches may not feel it is all right to talk about problems and deal with things."
>
> "Just the coach's understanding of it and how to appear supportive to the players. Coaches may not be familiar with a psychologist being involved because of their education."
>
> "The pride issue as when coaches feel like they know everything and/or being protective – as whom they feel they can trust and whom they choose to let into the family circle of the team."

Table 41

Themes that Emerged from the Question: "What do you see as being the biggest barriers to effective collaboration between coaches and psychologists?"

Theme	n	%
Theme 1: The reluctance of the coach or a lack of the knowledge to work effectively with psychologists	9	69.23
Theme 2: Time and money	3	23.08
Theme 3: Image	1	7.69
TOTAL	13	100.00

Theme 2 included three coach responses (15%) that stated the time required on both sides in order to develop an effective relationship, the money that would be required for the psychologist's time, and the willingness of the psychologist to devote so much time. Theme 3 included one coach response (8%) that stated, "The image of psychologists as a lot of people associate being sick when they hear the word 'psychologist.'"

The coaches that refer (n = 8) were asked question #3 in Part IV (Collaboration). Six coaches responded "yes" that they refer to psychologists; however, eight coaches responded to part "a" of this question which asks, "How would you rate your current level of collaboration with psychologists in general?" The reason two extra coaches responded to this question is due to one coach responding "Very effective" as he felt that the current level is fine the way it is. The other coach responded "Not effective" because he is not happy with his current level of no collaboration with psychologists. Table 42 also shows the mean score for the eight coaches who rated their current level of collaboration with psychologists in general at 2.63. Thus, the average rating the coaches gave is slightly closer to "moderately effective" than "somewhat effective."

The second part of the question asks, "... with the psychologist that you currently refer to?" The total responses fell back to 6 respondents for this question due to one coach who does not refer, however rated "not effective" because he is not happy with the current situation of no referrals. The other coach who does not refer but answered the first part of this question did not answer. And finally one coach who answered "yes" to referring responded "not applicable" because he does not currently refer with the new team. Thus, the six coaches who rated their current referrals produced a mean score of 2.33. This score lies between "somewhat effective" and "moderately effective" but is a lower score than the ratings of collaboration with psychologists in general.

The clear majority of the coaches would like to see more collaboration between coaches and psychologists, with 11 out of 13 coaches comprising Theme 1 (85%) (see Table 43). The comments included explicit statements of more collaboration as well as additional suggestions of psychologists getting more involved and providing the benefits and services that would be offered, having a psychologist on retainer to deal with problems

Table 42
Responses to the Question: "How would you rate your current level of collaboration with …

… psychologists in general?					
Rating	Score	n	Mean	Range	SD
Not effective (Rating: 1)	1	1	2.63	3	1.06
Somewhat effective (Rating: 2)	6	3			
Moderately effective (Rating: 3)	6	2			
Very effective (Rating: 4)	8	2			
TOTAL		8			
… the psychologists that you currently refer to?					
Rating	Score	n	Mean	Range	SD
Not effective (Rating: 1)	1	1	2.33	3	1.03
Somewhat effective (Rating: 2)	6	3			
Moderately effective (Rating: 3)	3	1			
Very effective (Rating: 4)	4	1			
TOTAL		6			

Table 43
Themes that Emerged from the Question: "How much collaboration would you like to see between coaches and psychologists?"

Theme	n	%
Theme 1: More collaboration	11	84.62
Theme 2: Depends on the player's decision	1	7.69
Theme 3: Less	1	7.69
TOTAL	13	100.00

and the low points of the season as well as the high points. More collaboration would like to be seen; however, the financial issue was mentioned in one response and the issue of availability was mentioned in another response.

The two responses that were not consistent with Theme 1 are:

"It would depend on the player. We would be willing if the players were interested" (Theme 2) and;

"The little there is the better it is" (Theme 3).

Thus, many of the coaches interviewed would like to work with a psychologist that included a relationship of trust and communication throughout the season and not just during crisis situations.

Table 44 shows the results to question #5 a, b, and c. Two coaches did not respond "yes" or "no" to these questions but provided the alternative methods of communication as one coach preferred face-to-face interaction, and the other coach preferred to have a third party involved to witness communications. The rest of the coaches responded with 10 coaches (77%) answering "yes" to "a) speak verbally"; 6 (46%) responding "yes" to "b) speak via voice mail"; and 7 (54%) responding "yes" to "c) have reports go back and forth." Thus, speaking verbally is the overall preference of the coaches.

Communication between psychologists and coaches produced three themes. The majority (n = 10; 77%) of the responses stated the information should be open and honest and which will help the coach assist the player (see Table 45). Two responses added further comments that included, "As much as possible, but yet you don't want to have to read a novel (excess amounts of information)" and "To share ideas and stories of past experiences that will allow for further growth."

Two responses (15%) formed Theme 2 that stated "The specific information that the player signed a release of information for" and dealt with the doctor-patient relationship and the rules of confidentiality. Theme 3 included the response (8%), "What

Table 44

Responses to the Question: "Would you want there to be a signed consent from the player so that you and the psychologist could ...

... a) speak verbally		
Response	n	%
Yes	10	76.92
No	1	7.69
Other	2	13.59
TOTAL	13	100.00
... b) speak via voice mail		
Response	n	%
Yes	6	46.15
No	5	38.47
Other	2	15.38
TOTAL	13	100.00
... c) have reports go back and forth		
Response	n	%
Yes	7	53.85
No	4	30.77
Other	2	15.38
TOTAL	13	100.00

"Other"

"There is a lot of risk that coaches throw out there and there needs to be balance with the specia relationships between coaches and players that involves respect and trust. That is why I feel tha it is important to have another person in the room such as the assistant coach or a team board member, and to be accountable for what is said."

"If this was happening, I would want to meet face-to-face with those involved."

the perceived problem is. What the issues are. What is in the mind of the player regarding the problem." This response was not included in Theme 1 because it did not include the criteria of stating the use of information to assist the player.

Table 45
Themes that Emerged from the Question: "What kind of information would you like to see in that communication/collaboration?"

Theme	n	%
Theme 1: Open and honest information that can help the player	10	76.93
Theme 2: Conditions of confidentiality	2	15.38
Theme 3: Context of the problem	1	7.69
TOTAL	13	100.00

Table 46 provides the responses to the next question which asked if the coaches would want to receive information regarding player diagnosis, player status, treatment plan, prognosis, expected length of treatment, answers to specific questions, recommendations, and test data. The majority of the coaches would like information regarding all of these.

Table 47 shows the responses to the question, "What could be done to make your current level of collaboration with psychologists more effective?" Almost 70% of the coaches' responses fell into Themes 1 (n = 5; 38%) and 2 (n = 4; 31%). The first theme incorporates five responses that suggest the coaches feel that psychologists could connect with the team and communicate with the coach to increase effectiveness. These comments included communicating what services are offered by the psychologist, to "Have the information broken down into all the different areas, like teaching, so that the coach could see the situation better," and more communication about the psychologist's background with hockey.

Theme 2 includes responses that stated that psychologists could provide information of availability. These comments included further suggestions of not only who is out there but also, who is familiar with hockey or sports psychology. Theme 3 included

Table 46

Responses to the Question: "Would you want to receive information regarding …

… a) player diagnosis		
Response	n	%
Yes	12	92.31
No	1	7.69
TOTAL	13	100.00
… b) player status		
Response	n	%
Yes	13	100.00
No	0	0.00
TOTAL	13	100.00
… c) treatment plan		
Response	n	%
Yes	11	84.62
No	2	15.38
TOTAL	13	100.00
… d) prognosis		
Response	n	%
Yes	12	92.31
No	1	7.69
TOTAL	13	100.00
… e) expected length of treatment		
Response	n	%
Yes	12	92.31
No	0	0.00
Other (not sure because referring a player to a psychologist for a serious issue would be so rare for the rest of the questions)	1	7.69
TOTAL	13	100.00
… f) answers to your specific questions		
Response	n	%
Yes	10	76.93
No	2	15.38
Other	1	7.69
TOTAL	13	100.00

Table 46 (cont'd)

Responses to the Question: "Would you want to receive information regarding …

… g) recommendations		
Response	n	%
Yes	12	92.31
No	0	0.00
Other	1	7.69
TOTAL	13	100.00
… h) test data		
Response	n	%
Yes	10	76.93
No	2	15.38
Other	1	7.69
TOTAL	13	100.00

Table 47

Themes that Emerged from the Question: "What could be done to make your current level of collaboration with psychologists more effective?"

a) by psychologists		
Theme	n	%
Theme 1: Communication and connection with the team	5	38.47
Theme 2: Information about availability of psychologists	4	30.77
Theme 3: Availability through Hockey Canada and Hockey Alberta on down	2	15.38
N/A	2	15.38
TOTAL	13	100.00
a) by you		
Theme	n	%
Theme 1: Seek more information	7	53.85
Theme 2: Increased efforts	3	15.38
Not sure	1	7.69
N/A	2	15.38
TOTAL	13	100.00

two responses (15%) that stated psychologists could make themselves available and get involved with Hockey Canada and Hockey Alberta on down through the levels. Finally, two coaches responded that this question was not applicable to their situation or geographical area.

Table 47 also shows the responses of what the coaches felt they could do to improve the current level of collaboration with psychologists. Theme 1 includes over half of the responses (n = 7; 54%) that suggested that they could seek out more information of the availability of psychologists. Theme 2 includes three responses (15%) that stated increasing efforts to communicate during nonproblematic times as a more preventative measure, spend more time on a collaborative relationship, and to share ideas. And finally, one coach responded "not sure" and two coaches felt this question was not applicable to their situation or geographical area.

The final question of Part IV – Collaboration asks the coaches if they have any additional ideas or comments they feel are important in improving the effectiveness of referral and collaboration between coaches and psychologists. Eight coaches gave comments that formed four themes as shown in Table 48. Five out of the eight coaches suggested that there needs to be an increase of knowledge and awareness; however, the responses are given below to show the uniqueness and depth of these responses.

> "There needs to be an increase in awareness that it is okay to deal with problems in sports and an increase in knowledge and awareness of who's (psychologists) out there."
>
> "Support the understanding, urgency, need, and effectiveness of referral and collaboration between coaches and psychologists. The players at this level and

Table 48

Themes that Emerged from the Question: "Do you have any additional ideas or comments that we have not touched on that you think would be important in improving the effectiveness of referral and collaboration between coaches and psychologists?"

Theme	n	%
Theme 1: Increase in knowledge and awareness	5	38.47
Theme 2: Values in sport taught through the education system	1	7.69
Theme 3: Psychology at the individual level	1	7.69
Theme 4: Negative effect of bringing in outside help	1	7.69
No response	5	38.46
TOTAL	13	100.00

this age group are at a critical developmental stage in their lives. We should support them the best we can."

"Colleges and universities could provide information to people as more of a priority. I believe that these institutions are where people should be able to look for information regarding phone numbers and names to be referenced for sports athletes who may need psychological services."

"Psychology should be made more available as coaches at the advanced training level still don't get into it enough. More collaboration and relationships with the coaches is important."

"I think for our level, everyone runs spring or summer camp and there is where it needs to be stressed that it is okay to have a problem. A long time ago it wasn't okay to have problems and admit to them – now if someone has a problem, it is okay for a player to come to the coach. A professional should state this in front of a group of coaches, players, and parents."

Theme 2 included one response that stated the need for teaching kids at a young age the importance of values in sport and the steps to succeed through the education system.

Theme 3 included one response that suggested the integration of psychology and this level of hockey would be extremely difficult in terms of logistics of time and money. Additionally, a more likely avenue for individual players to pursue psychology would be to work with a psychologist at an individual level as they would with a weight trainer in the summer, etc.

Theme 4 suggests the inherent danger of bringing in outside help and how it may excuse the kid from being accountable and drive a wedge between the player and the coach. The comments also suggest that the typical coach is conscientious and would find it intrusive for an external individual to come in, especially if the individual is not familiar with the sport.

Table 49 shows the summarized results of the responses the coaches gave in regards to what player problems would be referred for and the ratings of overall importance for a psychological referral to be sought. The 10 player problems that elicited the highest number of coaches (percentages of coaches) who reported they would refer are listed in order as well as the importance rating (mean). These player problems and services for which may be requested by a psychologist are alcohol and drug abuse (100%; mean = 4), suicidal thoughts (100%; mean = 4), death of a teammate, friend, or family member (92%; mean = 3.75), depression (92%; mean = 3.67), anger management (92%; mean = 2.83), players facing criminal charges (85%; mean = 3.64), violence and aggression off the ice (85%; mean = 3.18), eating disorders (85%; mean = 3.09), insomnia and other sleep disorders (85%; mean = 2.73), and unexplainable behaviours (85%; mean = 2.67).

Table 49

Summarized Results of the Responses to the Question: "Below is a list of player problems that may be serious enough to affect performance, and services which you may request from a psychologist."

a) Please indicate all the player problems you would refer for.

b) Then, using the following scale, rate every item in terms of its overall importance for you to seek a psychological referral:

1 Not Important	2 Partially Important	3 Moderately Important	4 Very Important

	PLAYER PROBLEM	REFER	DO NOT REFER	RATING
1	Alcohol and drug abuse	13		4.0
2	Performance-enhancing drug use	10	3	3.9
3	Serious injuries	9	4	3.56
4	Termination of hockey career/retirement	9	4	3.63
5	Performance pressure	8	5	3.0
6	Loss of confidence and performance decrements	8	5	2.75
7	Team dissention	6	7	2.83
8	Effects of hazing/initiation	7	2 (4 N/A)	3.14
9	Poor social skills	9	4	2.67
10	Unexplainable behaviours	11	2	2.67
11	Identity loss	9	4	2.89
12	Extreme dependence on others (dependent personality disorder)	9	4	2.78
13	Homesickness	6	6 (1 N/A)	2.0
14	Death of teammate, friend, family member	12	1	3.75
15	Players facing criminal charges (e.g., sexual assault)	11	2	3.64
16	Violence and aggression off the ice	11	2	3.18
17	Anger management	12	1	2.83
18	Suicidal thoughts	13 (1 through family)		4.0
19	Low self-esteem	10	3	2.9

	PLAYER PROBLEM	REFER	DO NOT REFER	RATING
20	Insomnia and other sleep disorders	11	2	2.73
21	Excessive training and other activities done excessively	6	7	2.0
22	Depression	12	1	3.67
23	Burnout	8	5	3.13
24	Family issues	9	3	2.78
25	STD awareness	6	6 (1 N/A)	3.5
26	Crisis management	10	3	3.3
27	Pain management	5	8	3.2
28	Gay issues	9	4	3.0
29	Eating disorders	11	2	3.09
30	Memory loss	9	4	4.0
31	Stress management	9	4	2.78
32	Anxiety	10	3	2.9
33	Physical complaints with no medical findings (factitious disorder)	8	5	3.25
34	Inflated ego/grandiose view of self (narcissistic personality disorder)	6	7	2.5
35	Perfectionism (obsessive-compulsive personality disorder)	6	7	3.0
36	Attention Deficit/Hyperactivity Disorder	10	3	3.0
37	Career counselling	6	7	3.33

Other player problems that elicited a very high importance rating but which did not elicit as many coaches who would refer, were memory loss (69%; mean = 4), performance-enhancing drug use (77%; mean = 3.9), and termination of hockey career/retirement (69%; mean = 3.63). For the termination of hockey career, one coach added the comment, "Depends on how the athlete accepts it."

The player problems that elicited the fewest number of coaches who would refer included pain management (38%; mean = 3.2), homesickness (46%; mean = 2.0), excessive training and other activities done excessively (46%; mean = 2.0), inflated

ego/grandiose view of self (46%; mean = 2.5), team dissention (46%; mean = 2.83), perfectionism (46%; mean = 3.33), and career counselling (46%; mean = 3.33).

This chapter presented the results of this investigation. The findings suggest that the majority of head coaches in the AJHL feel more can be done to improve the effectiveness of referral and collaborations between coaches and psychologists. The next chapter will provide a summary of the results and will discuss the implications of these findings. Also the strengths and weaknesses of this study and some recommendations for future research will be outlined.

Chapter 5

DISCUSSION

This research has examined how Alberta Junior Hockey League (AJHL) coaches perceive the existing process of referral and collaboration between themselves and psychologists. Ultimately, this research hopes to determine how we can improve and thus increase the level of referral and collaboration between these two fields. This chapter provides a summary of the results and discusses the implications of the findings presented in Chapter 4. In addition, some recommendations for improving the effectiveness of referral and collaboration for the AJHL, recommendations for future research, and the strengths and weaknesses of this study are also provided.

Summary of the Results

The results obtained from each part of the Coach Interview are now summarized.

Part I: Demographic information. The coaches' ages ranged from 28 years old to 56 years old, with a mean of 38.38. Eight of the 13 coaches (62%) began coaching in the Alberta Junior Hockey League (AJHL) during or after 1999. One coach has been coaching in the AJHL since 1974. The numbers of years of coaching hockey range from 4 years to 31 years, with a mean of 11.23 years. Thus, the coaches interviewed had a substantial amount of experience coaching hockey.

Part II: Definition of psychological health. All coaches (n = 13; 100%) indicated that they felt performance was significantly affected by the players' psychological health. The responses suggest that the players' ability to be mentally prepared for competition, the ability to deal with all the distractions they face, and their attitudes can make all the difference between good performance and bad performance. These coaches included

descriptions of services that they expected from psychologists to include enhancing performance that is similar to Botterill's (1990) and Halliwell's (1990) descriptions of providing sport psychology to professional hockey teams. The coaches also described the acknowledgement of psychologists working with the psychoemotional or off-ice issues as well. These responses and expectations were consistent with the definition of a "sport psychologist" used in this study, which denotes a professional who is qualified to enhance athletic performance and intervening with troubled athletes.

Part III: Referral. The majority of the coaches indicated that they coach between 25-30 players (mean = 27.96) throughout the year and 85% (n = 11) reported being with the players at least 6 days a week. Thirty-one percent of the coaches (n = 4) considered that 100% of their players could be candidates for psychological referral at some point during the year. With the exception of one coach (who stated "not sure"), the rest of the responses fell between 5% and 50% of the players that could be referred. This confirms Botterill's (1990) statement that, "what is happening away from the rink can be every bit as important as what is happening in training, preparation, and competition" (p. 359).

The common psychological concerns that the coaches reported seeing revolved around confidence, the challenges and adjustment to the lifestyle and level of Junior A hockey, and mental toughness in performance. Eighty-five percent of the coaches (n = 11) agreed that psychologists are needed to address serious psychological issues of the players and 100% of the coaches (n = 13) felt that healthy individuals improve team chemistry.

The coaches perceive their role as over and above simply coaching hockey at the rink. Just as there are many more aspects to the game of hockey than just skating and shooting, there are many complex aspects to their players that coaches must deal with.

The majority of the coaches (n = 11; 85%) reported that dealing with the psychological issues of the players has a positive effect on coaching and that it is part of the job. Many of the coaches (n = 9; 69%) have an "open-door policy" which means that the coach is available for the players whenever they need to talk with them about problems. These results appear to be encouraging as research suggests that players are more likely to approach a coach directly about an issue of concern when the coach provides this open-door policy (Andersen et al., 1994; Brewer, 2000). However, research also suggests that players will likely approach the coach with concerns if the coach expresses concern for the players, develops a trusting relationship between the player and coach, and the player is aware that the coach has knowledge or training in sport psychology (Andersen et al., 1994; Brewer, 2000).

Some of the responses (n = 3; 23%) suggested that the concerns that are brought to the coaches deal with performance issues. It was suggested that this is due to the coach/player roles and the relationships in hockey. Reports of players being hesitant to self-disclose some concerns out of a fear of decreased opportunity on the ice (e.g., playing time) are consistent with previous research (Hart et al., 2001).

When asked if the coaches should deal with problems in the players' lives that occur outside of the context of hockey, the coaches indicated they were "not sure" (n = 4), chose "agree" (n = 5), or chose "strongly agree" (n = 3). Only one coach responded with "disagree" (see Table 22). Coaches may effectively handle issues that affect players away from the rink as they have life and hockey experience that is very valuable. However, pseudo-counselling must not be exercised in situations that extend beyond the coaches qualifications. Forty-six percent of the coaches (n = 6) indicated that they refer when any issues arise that are beyond their qualifications. Mason (1993) suggests the

coach must be able to refer the player to counselling services accessible for the welfare of the athlete during these situations.

It was also found that when a referral is necessary, 85% of the coaches (n = 11) agreed (n = 4) or strongly agreed (n = 7) that most players will work with psychologists if the coach supports the player and performance on the ice is dependent on dealing with the problem. Sixty-two percent of the coaches (n = 8) reported that the player's possible reaction to the referral would affect their decision (see Table 31). Additional comments from many of the coaches were consistent with previous research (Andersen et al., 1994; Brewer, 2000) which suggests tactfully posing the possibility of referral to the player, implementing the availability of psychological services at the beginning of the season, and making references to the service during the year; this shows the coach is supportive and allows the player to pursue professional assistance if chosen. If the player declines a referral, it can be discussed and reintroduced at a later time.

The amount of time that coaches reported providing psychological/counselling services with the players varied from a more structured schedule (e.g., one-on-one player meetings, team meetings) to a fluid environment in which problems are dealt with as they arise and until the problem is rectified. Many of the coaches (n = 9; 69%) reported having time or making time for the players' problems that they feel they can deal with. However, it was also reported (n = 4; 31%) by the coaches that there is never enough time to deal with the psychology of the players on the team. One coach made the analogy of a teacher in the classroom and having to meet the needs of all the students as opposed to giving all his time to the misbehaving students/players.

Those issues the coaches indicated a preference for dealing with themselves were for things that they felt they could handle (e.g., day-to-day things, girlfriends, school,

confidence, and other minor problems the player is experiencing). Eighty-five percent of the coaches (n = 11) either agreed (n = 9) or strongly agreed (n = 2) to psychologists being needed to address serious psychological issues of the players and 100% of the coaches (n = 13) agreed (n = 7) or strongly agreed (n = 6) that the psychologist working with players should be familiar with the sport. It was also suggested that the ideal situation for a psychologist working with a team is to be around the team and a "part of the family" throughout the season.

The barriers to coaches providing psychological/counselling services themselves were reported to be a lack of education and the reluctance of the player to talk about it, a lack of time, and the absence of ethical guidelines and safeguards. This finding is consistent with the reasons for referral that coaches should consider as suggested by Brewer (2000).

The coaches reported their education preparing them for the provision of psychological services, diagnosis and treatment of psychological disorders, and referral and collaboration with psychologists as being between "partially qualified" and "moderately qualified." The experience that is gained through playing and coaching hockey and living in the hockey culture was reported by some coaches as "on-the-job training" to allow them to assist the players.

Ninety-two percent of the coaches indicated that there needs to be an increase in the amount of education and training that coaches receive regarding the identification/ diagnosis of psychological problems in players. Comments described how an increase in education "would assist the coaches to know and understand the kids better," how it "would help to identify things early to get assistance for the player," and how "too much of coach education is out of the book [there is] and not enough information on the well-

being of the players. Life-situations occur that are not taught in a coaching manual." These results build upon research that suggests that characteristics of effective teams include the ability of the coach to understand individual team members (Crace & Hardy, 1997).

Seventy-seven percent of the coaches (n = 10) suggested there needs to be an increase in the amount of education and training that coaches receive for treating psychological issues. These coaches suggested that "In teaching coaches, there needs to be someone that has been immersed in the culture of hockey" and cautioned, "However, I am not sure as with the parameters today, coaches' personalities can get in the way and some personalities are simply not appropriate for treating the psychology of players." The coaches' comments that disagreed with an increase in education for coaches to treat psychological issues, indicated how treating the psychological issues of the players should be left to trained psychologists because of the lack of time and lack of professional training and certification coaches receive that is needed to treat serious issues.

One hundred percent of the coaches interviewed (n = 13) reported that they do not have a sport psychologist on staff or working with their team. Forty-six percent (n = 6) reported that they refer to psychologists. The six coaches who reported to refer also indicated that the amount of players they refer in an average month ranged from "less than one player" to "It could be or should be every player once a month." During the season, 33% of theses coaches (n = 2) estimated referring one to five players, 50% (n = 3) estimated 6 to 10 players, and one coach stated, "I have never referred to a paid psychologist but to people experienced in counselling."

The reasons for not referring to psychologists revolved around the lack of knowledge of available psychologists as well as accessibility, affordability, and there not being a need to refer to psychologists. The coaches who rated their current referrals to psychologists indicated a mean score that fell between partially effective and moderately effective.

The ways in which the coaches reported going about referrals included finding a psychologist that is available and willing to work with the team; is affordable; has worked with the coach or player before; is a pastor; or is a friend who is trustworthy and has a strong self-esteem and self-worth; and a sport psychologist that sees the team as a group once a year. The comments that described how the coach would decide on a referral included communications between the coach, player, and psychologist or counsellor (e.g., pastor). Comments that stated how coaches knew where to refer players suggested referring to bigger centres (e.g., Red Deer or Calgary), getting names from the high school, and going to a manager of a community recreation centre and asking for psychologists in the community that may be involved in sport.

The biggest barriers for effective referrals between coaches and psychologists were reported as a lack of knowledge of who is available and the benefits of working with a psychologist (n = 4; 31%), reluctant coaches (n = 4; 31%), relationship/trust issues (n = 3; 23%), and time and money (n = 2; 15%). The coaches indicated either that there was a shortage of available psychological services or they were not sure. None of the coaches (n = 0) reported that they felt there were appropriate and available services for psychological referral or consultation.

The most significant aspects that influenced the coaches' decision to refer to a psychologist was reported to depend on the number of times the player has brought the

problem to their attention, the level of collaboration with the psychologist, and the area of specialization of the psychologist.

Only 38% of the coaches (n = 5) reported that the belief/knowledge of whether or not the player's insurance would reimburse for psychological treatment would affect the decision to refer. Sixty-two percent of the coaches (n = 8) indicated that they would find a way to pay for services either through the team or league if there was the need. However, the coaches rated the influence of the player's level of coverage falling between an appropriate amount and too much which indicated that affordability cannot be overlooked.

Thus, the level of coverage and costs of referring appear to be a factor in the decision to refer; however, 62% of the coaches (n = 8) reported that they were not sure if the team or league provided coverage to players for psychological treatment. The other 38% of the coaches (n = 5) reported that the team or league does not provide coverage. There was uncertainty regarding the ability to find mental health treatment for players who are not covered for psychological services. The ways that coaches did report acquiring this information was through gathering information by the trainer and/or at the beginning of the year, after the fact (e.g., crisis situation), and talking to the parents.

The responses to what the coaches felt psychologists could do to improve referrals included providing information and market their availability to work with athletes (31%; n = 4), provide information to the league and sport bodies such as Hockey Alberta (23%; n = 3), develop relationships with teams and coaches (n = 2; 15%), and solve the time and cost problem (n = 1; 8%). A number of coaches stated that after talking with the writer about these ideas, "I realize there might be someone available. So someone like yourself could provide coaches with information."

Responses suggested that coaches could seek out information regarding available psychologists and they could take active measures of getting the support in place (e.g., "Emphasize interest in psychology being involved in sport and present information arguing the need for involvement.") It was also suggested to further develop relationships with the players, such as "Have players understand we are there to assist them. Help make the process and concept not appear *behind closed doors* and not *weird* for the players."

In conclusion, the findings of this study are consistent with Brewer (2000) who suggested that the referral process could benefit by the coach having access to psychological services and understand how the referral process works; being able to communicate to a psychologist (potential issues, etc.); and possessing knowledge of the number, frequency, and location of sessions. The findings specifically suggest having information of availability and benefits of working with psychologists, involving the governing bodies of the league/sport, developing relationships between coaches and psychologists, and solving the time and money issues.

Part IV: Collaboration. Sixty-nine percent of the coaches (n = 9) defined effective collaboration between coaches and psychologists as open communication and a good relationship. It seemed important for the coaches to communicate with the psychologist regarding players and/or issues that can also help the coach with the team. The coaches frequently stated a clear understanding of each other that involves respect and trust to be important in collaboration.

Other individual responses from the coaches in regards to effective collaboration included, "The first step is through teaching, such as through Canadian Hockey and

coaching seminars taught by people who know the culture along with the technical mind [psychology] is so important".

Another coach stated, "The coach stays out of it to let the psychologist handle the situation, and then the coach would get the necessary feedback that is appropriate." And finally, "The psychologist would be part of the team."

The current level of collaboration with psychologists in general was rated by eight coaches, which produced a mean score of 2.63 falling between somewhat effective (score = 2) and moderately effective (score = 3). Six coaches rated the level of collaboration with psychologists whom they currently refer to with a mean score of 2.33, which also falls between somewhat effective and moderately effective.

The majority of the coaches (n = 11; 85%) reported that they would like to see more collaboration with psychologists. Responses suggested having the psychologist on retainer for the team, continual involvement, weekly involvement, and monthly involvement unless other issues arose. One coach stated that the level of collaboration would depend on the player(s) and if they were interested. And one coach stated, "The less there is the better it is."

The majority of the coaches preferred that there be signed consent so the coach could speak verbally with the psychologist over communication via voice mail or having reports go back and forth.

At least 77% of the coaches (n = 10) reported wanting to receive information regarding player diagnosis, player status, treatment plan, prognosis, expected length of treatment, answers to specific questions, recommendations, and test data in the collaboration/communication with psychologists. Seventy-seven percent of the coaches (n = 10) also stated that they would like to see communication that was open and honest

and facilitated helping the player. Fifteen percent (n = 2) wanted information that followed the terms of confidentiality and signed consent, and one coach specifically wanted information about "What the perceived problem is, what the issues are, and what is in the mind of the player regarding the problem."

Three themes emerged from the question "What could be done to make your current level of collaboration with psychologists more effective?" Sixty-nine percent of the coaches (n = 9) suggested that psychologists could increase communication of the services available and who is familiar with hockey, make a connection with the team, develop relationships that involve trust and respect, and share ideas. Fifteen percent (n = 2) indicated that psychologists could make themselves available to Hockey Canada and Hockey Alberta on down through the associations. Two coaches stated that this question was not applicable to their situation.

Over half of the participants (n = 7; 54%) reported that they as coaches could seek out more information of who is available. Other responses suggested an increase in efforts to improve communication and collaboration with psychologists and spend more time with these issues.

The biggest barriers to effective referral and collaboration between coaches and psychologists were reported to include the reluctance of the coach and/or a lack of knowledge to work effectively with psychologists (n = 9; 69%), time and money (n = 3; 23%), and the image or stigma attached to seeing a psychologist (n = 1; 8%).

Additional comments that were provided by the coaches further reiterated the need for an increase in knowledge and awareness of the psychology involved (n = 5; 38%), the need developing values in sport at an early age (n = 1; 8%), the need for

individual players to be responsible for acquiring the services of a psychologist, and the negative effect of bringing in help that is not a part of the team (n = 1; 8%).

The 10 player problems that elicited the highest number of coaches (percentages of coaches) who reported they would refer are listed in order as well as the importance rating (mean). These player problems that may be serious enough to refer to a psychologist are alcohol and drug abuse (100%; mean = 4), suicidal thoughts (100%; mean = 4), death of a teammate, friend, or family member (92%; mean = 3.75), depression (92%; mean = 3.67), anger management (92%; mean = 2.83), players facing criminal charges (85%; mean = 3.64), violence and aggression off the ice (85%; mean = 3.18), eating disorders (85%; mean = 3.09), insomnia and other sleep disorders (85%; mean = 2.73), and unexplainable behaviors (85%; mean = 2.67).

Other player problems that elicited a very high importance rating but did not elicit as many coaches who would refer were memory loss (69%; mean = 4), performance-enhancing drug use (77%; mean = 3.9), and termination of hockey career/retirement (69%; mean = 3.63). For the termination of hockey career, one coach added the comment, "Depends on how the athlete accepts it."

Implications

The implications of this study focus on the developmental ages of these athletes and how the results of this study, previous research, as well as the media have shown the need for psychological involvement for this neglected population. Within the Implications section, the barriers that are currently involved in the referral and collaboration process are also discussed.

Playing junior hockey adds new stress to the psyche (e.g., being cut from the team, reaching the final year of eligibility/retirement, addictions, performance

pressure, etc.) during the critical developmental process at these ages (Cockerill, 1995; Pearson & Petitpas, 1990; Remer et al., 1978).

Erikson's (1963) psychosocial stages assist in understanding the critical stages of personality development. Erikson describes each basic attitude in each stage as, at the same time, a way of experiencing, a way of behaving, and an unconscious inner state. The stage of industry vs. inferiority consists of the elementary school ages in which the individual learns to win recognition by producing, excelling at or accomplishing things. A hockey player that is heading towards the junior "A" level is likely a dominant player at the minor hockey levels. This recognition reinforces the individual to apply himself to these given hockey skills and tasks which go beyond playing the game for the mere playful expression and enjoyment. There becomes more meaningful purpose in practicing and training or as Erikson suggests "To bring a productive situation to completion is an aim which gradually supersedes the whims and wishes of play" (p. 259). The children whom are not competent in the sport will search out other areas that they will be competent in, or as Erikson suggests, "The child's danger, at this stage, lies in a sense of inadequacy and inferiority" (p. 260). Erikson describes a further concern of this stage as,

> If he accepts work as his only obligation, and 'what works' as his only real criterion of worthwhileness, he may become the conformist and thoughtless slave of his technology and of those who are in a position to exploit it" (p. 261).

Thus, players coming into junior hockey may be extremely vulnerable. Junior hockey players are largely going through the next developmental stage of identity versus role confusion. This stage consists of the teen ages in which these individuals

ask themselves: "Who am I?" Individuals at this stage are preoccupied and concerned with how others perceive them as compared with how they feel about themselves and their skills that were focused on during the earlier stage. The instability of playing junior hockey may cause these teenagers to develop a strong sense of identity; however, it may also contribute to individuals failing to develop this strong sense and instead develop role confusion. Erikson (1963) suggests that role confusion during this stage can mean delinquent and outright psychotic episodes. "To keep themselves together they temporarily overidentify, to the point of apparent complete loss of identity, with the heroes of cliques and crowds" (Erikson, 1963, p. 262).

The successful passing of this stage will contribute to the ability of the individual to take chances and be willing to fuse his identity with that of another in the next stage of intimacy vs. isolation. Thus, the developmental stage of establishing an identity can have far reaching implications throughout the lifetime.

Seven days before the trade deadline during my first year of playing junior "A" hockey, I was assured by the head coach and general manager what the expectations of me were and that I was an important member of the team. Three days before the trade deadline, I was called into the office and informed that I had been traded to another team in the league. This is an example of the "instability of playing junior hockey." I was told one thing and then shipped out of town a few days later. I can remember how this affected my ego and sense of self. The first thing that I had to know was who was I traded for, as I perceived that this would directly tell me what I was worth as a hockey player, which at this time in my life meant everything. With the alternative being to quit hockey, I packed my bags to live in another country (United States) for the next 2 years until I was again traded back to a Canadian team.

Another example of how junior hockey can affect a player's sense of self also occurred in my first year in junior "A" hockey. Another rookie on my team was the number one draft pick in the WHL Bantam draft. This player was only 15 years old; however, he had the physical characteristics of a man in his twenties. Leaving home to play junior hockey at such a young age also contributed to the dissolution of his parents' marriage. Further, during the season the 15-year-old rookie spent the majority of his games either on the bench or in the stands. Thus, after playing his whole life as a dominant player for his previous teams, he was now faced with the challenge of making the line-up in any given night. The embarrassment of being a healthy scratch (not playing) is a devastating feeling to hockey players. This experience for the fifteen-year-old rookie eventually led to this young hockey player, who was expected to be a star in junior hockey, to never play another season in the league.

As can be seen in the summary of results, coaches are in favour of increasing the involvement of psychologists for the support of these players. Every coach (n = 13; 100%) indicated that he felt performance was significantly affected by the player's psychological health. Eighty-five percent of the coaches (n = 11) agreed that psychologists are needed to address serious psychological issues of the players and 100% of the coaches (n = 13) felt that healthy individuals improve team chemistry. Eighty-five percent of the coaches (n = 11) reported wanting to see more collaboration with psychologists. The coaches also indicated the need for an increase in education showing the need for psychology in junior "A" hockey, the need to address the negative stigma attached to psychology, and the need to encourage the acceptance of admitting problems in the world of hockey.

The need for referral and collaboration was indicated by 31% of the coaches (n = 4) reporting that 100% of their players could be referred to a psychologist at some point during the season. All of the other coaches except one reported between 5% to 50% of their players requiring referral at some point. Broughton (2001) identified that approximately 10% of student athletes require serious counselling. The results show a significant difference, as the mean score of the percentage of players whom coaches considered as candidates for psychological referral at some point during the year was 41% as compared to 10% in Broughton's (2001) study. Thus, the results of this study not only suggest the need for professionals who can understand and be sensitive to the problems of this population which resembles research on college student athletes (Chartrand & Lent, 1987; Hinkle, 1994), but also suggest that there may be potentially bigger problems with junior "A" hockey players as they are often much younger (there are many 16- and 17-year-old players on each team and they can be as young as 14 or 15).

Junior hockey players, who themselves are often students, face additional demands and challenges as well as the usual transitions marking adolescence and early adulthood (Russell, 1996). Student athletes attending college or university also face these demands and stressors; however, student athletes may be older as well as have access to counselling centres on campus. These challenges and stressors found in the research (Broughton, 2001; Chartrand & Lent, 1987; Dwyer & Cummings, 2001; Ferrante & Etzel, 1991; Hinkle, 1990, 1994; Martens & Cox, 2000; Miller & Wooten, 1995; Petitpas et al., 1995) that were consistent with some of the coach responses included balancing academic/part-time work and athletic endeavours; dealing with social activities in and outside the group; coping with success and lack of success throughout daily life; physical

health and injuries; relationships with coaches, teammates, significant others, parents, and friends; pressure applied by expectations of the athletic community, peers, and oneself; and being away from home.

The research shows the need for sports psychology to be accessible to student athletes (Broughton, 2001; Chartrand & Lent, 1987; Dwyer & Cummings, 2001; Ferrante & Etzel, 1991; Hinkle, 1990, 1994; Martens & Cox, 2000; Miller & Wooten, 1995; Petitpas et al., 1995), where this study clearly shows the need for psychological services for junior "A" players as well as the coaches' perceptions of how referral and collaboration could be improved.

The common psychological concerns that the coaches reported revolved around confidence (n = 8; 62%), the challenges and adjustment to the lifestyle and level of junior "A" hockey (n = 3; 23%), and mental toughness in performance (n = 2; 15%).

Desjardins (1991) found that major junior hockey players hold their self-esteem very closely to their on-ice performance. The concerns reported by the coaches are all related as the challenges and adjustment to junior hockey and mental toughness will affect the confidence of the players. Performance and confidence will suffer when stressors or issues are bothering the player. Sport psychologists attest to the importance of confidence as the most direct positive foundation for athletic achievement (Kauss, 2001), and when athletes are asked what they feel is the most important mental aspect they always report it to be confidence (Mack & Casstevens, 2001). Hiebert (2002) suggests how students with low self-esteem tend to give up easily before they realize their potential. Self-esteem and confidence are vital for these young players to develop in order to perform their best in hockey as well as to reinforce lifelong patterns of behaviour that are developed during these years.

The ability of these players to learn healthy coping strategies to deal with the added pressure of junior hockey, school, leaving home, and developmental changes at these ages can benefit them throughout the rest of their hockey careers and lives. The implications of this research confirm Desjardins' (1991) recommendation that counselling can help players learn skills during their career and transfer skills used in hockey (e.g., drive, determination, commitment, etc.) to all areas of their lives. Desjardins (1991) also suggests, "It is important that players have access to one person [counsellor] that they can talk to who is not directly involved with the team. This will ensure that the counsellor will only have the players' best interests at heart" (p. 194).

The potential player problems that were identified by the coaches in this study have also been identified in previous literature as well as the media. As the literature describes in Chapter 2, alcohol and drug abuse is a potential concern with young athletic men in this age group (Desjardins, 1991; Leichliter et al., 1998; Rainey et al., 1996; Ward, 1998). The coaches appear to take this problem seriously as 100% of the coaches indicated they would refer and rated a referral for this problem as very important.

Suicidal thoughts were also rated highly in terms of referral by all of the coaches (however, one coach stated that he would make suggestions to the parents first). This is a topic that needs to be addressed in the hockey community. There are many examples of young players at this age who solely focus on hockey as the description of a former junior player stresses this conviction for hockey: "Paul is seventeen years old, intelligent, attractive. ... He possesses just about everything anyone in their right mind could ask for--everything, that is, except the realization of his hockey dream. Life, then, means nothing" (Desjardins, 1991, p. 14). Thus, with kids holding such meaning to hockey and

the fact that stressors and challenges will inevitably arise during the years playing junior hockey, it is imperative that their safety and well-being is a priority.

The media also highlights these concerns. Jason Ricciuti, a 15-year-old boy from Kelowna, B.C., hanged himself in his hotel room during a hockey tournament in 2002 after he was caught with marijuana and threatened with suspension. Similarly, Terence Tootoo, a 22-year-old player from the Northwest Territories, shot himself in 2002 after he was arrested and charged with impaired driving. The Canadian icon, Don Cherry, spoke out on Coach's Corner (Hockey Night in Canada, CBC) about the deaths of these young hockey players and disclosed how he himself contemplated suicide. Cherry describes how when he was 17-years-old, playing with the Barrie Flyers in a tournament in Quebec City, he faced the very real possibility of being sent home in disgrace after saying he had been drinking with his teammates (Owens, 2002). Cherry states, "At the time, I thought hockey was the only thing in life and here I'd blown the whole thing. My career was over and where was I going? I tell you, it went across my mind" (Hockey Night in Canada, CBC, December 28, 2002). The intensity of young players playing hockey in Canada and the need for psychological services to be available to these young men can be further understood by Cherry's comments: "The people who read about these things don't understand the intensity of the game at this time in a kid's life....It's absolutely consuming and when you think it's all gone up in flames, you don't know what to do" (as cited in Owens, 2002, p. A1).

Hockey is a physical sport that is exciting and demanding. However, violence and aggression on and off the ice can create problems. An unfortunate incident occurred in Brooks, Alberta where a gang seriously assaulted two members of the Brooks Bandits Junior "A" hockey club. These players ended up being traded after they recovered from

their injuries; however, more than one coach described how the psychology of these players has not recovered as well as the physical effects. Desjardins (1991) recommends counselling to assist players who may react with intimidation or frustration from a number of challenges junior players may face. One of these challenges is "Handling intimidation: What to do when you are 'speared' or if someone tells you if you touch the puck they will 'beat the shit out of you'--and they will" (Desjardins, 1991, p. 25). Thus, it is understandable that the players who were beaten in Brooks suffered significant psychological affects from a gang on the street, let alone further challenges on the ice.

Another example that a coach described which reinforces some potential psychological consequences in the game of hockey took place a few years back when there was a bench-clearing brawl. The team that was all but eliminated from the playoffs cleared the bench and attacked the opposing players left on the ice. The team that was moving on to the next round of playoffs restrained from leaving the bench to join the brawl; however, the consequences proved to be far greater than initially perceived. The players who were beaten up were psychologically upset and angry at their teammates for not coming to their defence. The players who stayed on the bench felt guilty for not defending their teammates. The team was psychologically defeated before the puck was even dropped for the next round (and went on to lose four games straight). This was a "no-win" situation, for if the coach cleared his team's bench, there is the potential for punitive consequences for allowing his players to leave the bench as well as an increased risk of injury to his players who had further playoff games to play. Keeping his team under control in this situation proved damaging to his team as well.

Another changing trend that appears to be affecting the population of junior hockey players is the addition of females. Shannon Szabados (16 years old) was the first

female goalie ever to play in a Western Hockey League (WHL) regular season game and then played at least six games (6 wins) with the Sherwood Park Crusaders (AJHL) before losing her spot (*Calgary Herald*, October 22, 2002, p. C5). With the fact that females are now joining junior "A" hockey comes the possibility that issues may arise at the individual level or the team level. Psychological services could greatly assist this emergence of females into junior hockey whether dealing with gender issues, communication styles, or sexual issues.

All of these potential problems and the need to address them have been described; however, the coaches also reported many barriers to the current referral and collaboration process.

One hundred percent of the coaches interviewed (n = 13) reported that they do not have a sport psychologist on staff or working with their team. Forty-six percent (n = 6) reported that they refer to psychologists. The barriers to effective referral and collaboration between coaches and psychologists were reported to include the reluctance of the coach and/or a lack the knowledge to work effectively with psychologists (n = 9; 69%), time and money (n = 3; 23%), and the image or stigma attached to seeing a psychologist (n = 1; 8%). When the coaches were asked to indicate whether they felt there is a shortage of available psychological services for psychological referral or consultation, 38% (n = 5) reported they felt there was a shortage and 62% (n = 8) reported they were not sure. None of the coaches (n = 0) reported that they felt there were appropriate and available services for psychological referral or consultation.

The barriers to coaches providing psychological/counselling services themselves were reported to be a lack of education and the reluctance of the player to talk about it (n = 9; 69%), a lack of time (n = 2; 15%), the absence of ethical guidelines and

safeguards (n = 1; 8%), and one coach reported that he hasn't had a situation to this point that he couldn't deal with. With the exception of the last coach, these findings are consistent with the reasons for referral that coaches should consider as suggested by Brewer (2000). Many of the coaches (n = 9; 69%) reported having time or making time for the players' problems that they feel they can deal with. However, it was also reported (n = 4; 31%) that there is never enough time to deal with the psychology of the players on the team.

Another barrier to coaches dealing with problems the players may be dealing with includes the responses (n = 3; 23%) that suggested that the concerns that are brought to the coaches deal with performance issues. It was suggested that this is due to the coach/player roles and the relationships in hockey. Reports of players being hesitant to self-disclose some concerns out of a fear of reduced ice time are consistent with previous research (Hart et al., 2001).

The negative stereotypes of psychologists and the difficulty to admit problems appear to be another barrier to referral and are consistent with previous research (Cockerill, 1995; Robinson, 1998; Van Raalte et al., 1996).

Only 38% of the coaches (n = 5) reported that the belief/knowledge of whether or not the player's insurance would reimburse for psychological treatment would affect the decision to refer. Sixty-two percent of the coaches (n = 8) indicated that they would find a way to pay for services either through the team or league if there was the need. However, the coaches rated the influence of the player's level of coverage falling between an appropriate amount and too much which indicated that affordability cannot be overlooked.

Although the results of this study, previous research, as well as the media have shown the need for psychological involvement for this neglected population, a couple of the questions the writer asked before this study took place have not been completely answered. These questions asked, "Who will work with athletes and coaches when problems arise that are in need of counselling? Or better yet, who will work with players and coaches before major problems occur and what would that referral and collaboration look like?" Likewise, the coaches indicated there is a problem as no one seems to know how to find these affordable services as well as there being anyone who knows how to implement these services.

The writer will provide some recommendations for the AJHL that have been taken from research that align with the results of this study as well as the writer's previous experience playing junior, university, and professional hockey.

Recommendations to the AJHL

The potential difficulties that junior hockey players will face have been described and can have a significant effect on the development of these athletes. Consider the challenges of a 16-year-old who leaves home to play hockey, is thrust into a new environment that places demands to perform well and achieve success, is still attending high school, and is a long distance away from family, friends, and the comfort of home or where he or she grew up. The holistic development of the individual athlete during these developmental years is a real concern for the coach, athletic support staff, and family.

The AJHL coaches provided valuable suggestions regarding the current level of referral and collaboration with psychologists and how this process could be improved. The results suggest that there is a significant need for available psychological services to players and providing these services would be consistent with the AJHL's statement,

> The Alberta Junior Hockey League is dedicated to furnishing its athletes with the best available opportunities for future development and growth. Our League supports its players through assistance in their academic, athletic and personal lives throughout their pursuit of individual goals. (http://www.ajhl.ab.ca/, retrieved April 17, 2003).

Hiebert (2002) describes how society is changing and these changes are creating challenges for young people that are having "... far-reaching impact on the personal, social, career and academic development of students" (p. 27). The AJHL and the game of hockey are also changing. Sport psychology is becoming a normal and expected aspect of elite levels of sport. The Kamloops Blazers of the WHL have hired a full-time sport psychologist to work with the players with the benefits described in the *Kamloops Daily News* on October 23, 2002 (Drinnan, 2002). Players and parents will soon expect that there will be opportunities in the AJHL for mental training with increased attention on the holistic development of the player.

Hiebert, Collins, and Robinson (2001) describe how the comprehensive guidance and counselling movement began as a way of addressing the whole-person needs of students in the school population. This model rides the cutting edge in school programming with the emphasis on defining health and well-being positively and holistically. Collins and Hiebert (1999) suggest how academic success is affected by emotional, physical, and social well-being and propose that more needs to be done to address the student's academic and personal needs from a proactive, comprehensive, systemic perspective. A comprehensive and proactive model includes,

> A variety of group oriented activities designed to enhance students' attitudes and values and refers to an individualized, small-group or class process that assists students with specific personal/social issues and difficulties, and educational or career issues. Counselling services may be developmental, preventive or crisis-oriented (www.learning.gov.ab.ca/educationguide/pol-plan/polregs/163.asp, retrieved April 26, 2003).

Hiebert (2002) further describes how schools can assist students to deal with change, to focus on the journey of career development, find meaning and passion in their pursuits, effectively manage educational opportunities, learn networking skills, and learn how to manage their self-talk so that they can be more self-supporting and positive to themselves.

This model can apply to junior "A" players where performance is inevitably affected by the same factors and where these needs can also be addressed by expanding the current educational consultant services to include not only educational services but also psychological/counselling services. Additionally, the AJHL population includes many players who are still attending high school and fall into the developmental population included in the comprehensive guidance and counselling movement.

A comprehensive program for the AJHL would mean that the program would be an integral part of the league's total commitment to players' academic, athletic, and personal lives. Thus, the AJHL could expand the current services offered to the players in which,

> The Alberta Junior Hockey League encourages players to make wise decisions about their future and will do all that is possible to provide the necessary

information. In addition to the coaching staffs, the AJHL employs the assistance of an Education Consultant to assist in this regard (http://www.ajhl.ab.ca/, retrieved April 17, 2003).

The proactive and preventative services that could be offered to teams or with individual players include mental training that enhances performance (e.g., distraction control, playing in the zone, etc.), psychoeducation that involves learning skills for academic success and career development (e.g., time management, study skills, etc.), career counselling/life planning and transitional adjustment for players leaving junior hockey (e.g., transferring strengths learned in hockey to other occupations, etc.), dealing with emotional, social, and personal issues (e.g., alcohol and drug abuse, performance anxiety, etc.), as well as counselling to deal with crisis situations that do arise (e.g., deaths, suicidal thoughts, bus accidents, etc.).

Another aspect of the comprehensive initiative can provide information to coaches whose responses indicated a desire to take active measures of getting the support in place such as "Emphasize the interest in psychology being involved in sport and present information arguing the need for involvement" as well as educate the benefits of the services and combat negative stereotypes related to psychology. The coaches (n = 12; 92%) who feel there needs to be an increase in education and training regarding the identification/diagnosis of psychological problems in players can also be provided with relevant information. Other services that can be offered to coaches include team building activities, communication skills, getting the best from players, goal setting, learning from setbacks, understanding the developmental ages of these players, as well as many other issues.

The implementation of a program for the league requires a comprehensive needs assessment early in program development that results in forming the basis of program planning. The "coach interview" for this study was constructed in a comprehensive manner in order to balance factors such as identified high-priority needs, available resources, what is and what is not working in the current referral and collaboration process, and what needs to be improved. The dynamic process of designing a comprehensive guidance and counselling program that can apply to the AJHL involves assessing needs, determining resources, defining expectations, stating expected player competencies, defining strategies to address needs, preparing a Counselling Program Plan (CPP), communicating the CPP to all members of the junior community, assessing the CPP, and establishing a collaborative committee (e.g., involving representatives from the league, counselling professionals, etc.) (Alberta Education, 1995).

The findings of this study contribute to understanding what the program priorities should be before an action plan can be developed. Thus, as Hiebert et al. (2001) suggest, the action plan should include which programs should be used to address what needs, how these programs will be delivered, who will deliver them and how program effectiveness will be evaluated. The recommendations in this study provide information for program planning that must come before the program components and evaluation plans are implemented.

As shown in chapter 4, the findings of this study show that coaches (n = 11; 85%) agree to psychologists being needed to address serious psychological issues of the players and 100% of coaches (n = 13) want the psychologist working with players to be familiar with the sport. The majority (n = 11; 85%) also reported that they would like to see more collaboration with psychologists. Responses that can help identify how increased

collaboration can happen include having the psychologist involved on retainer for the team, continual involvement, weekly involvement, and monthly involvement. This suggests that individual teams and coaches prefer different levels of collaboration. Thus, in addition to the importance of developing relationships with teams and coaches, a collaborative agreement can be worked out with the coaches. Partnerships may be developed by psychologists providing information and marketing the availability to work with athletes, providing information to the league and sport bodies such as Hockey Alberta, and solving the time and cost problem.

A comprehensive program is needed to inform coaches about psychologists with a sport background as well as what financial coverage players are eligible for through the league, team, or their parents. This information should be gathered at training camps at the beginning of the year. A comprehensive program will attend to the needs that were identified in this study; however, cost effectiveness is a concern that must be addressed. A collaborative agreement between the AJHL and service providers can be reached in regards to financial compensation for psychological/counselling services. Indirect payment situations are where parents may have plans that include psychological/ counselling services that cover their children up to 21 years of age (A. Freeson, Alberta Blue Cross, personal communication, August 12, 2002).

Direct payment is an option where organizations such as Alberta Blue Cross can provide supplementary health coverage for services not covered by the Alberta Health Care Insurance Plan. Alberta Blue Cross could potentially cover AJHL players with psychological services that are marketed in conjunction with a standard health plan costing around $2.00/month per player (A. Freeson, Alberta Blue Cross, personal communication, August 12, 2002). Thus, the league could possibly provide coverage

for the players. This may be more proactive and cheaper than paying for crisis situations after they have already occurred (e.g., being sued by families of players; see Robinson, 1998). Having a proactive psychoeducational approach may even prevent these problems from happening.

Neff (1990) discusses a model of providing a specialized employee assistance program and offered three areas of service (the athlete's sport performance, personal counselling, and psychological services to address the organization) to a professional sport organization. Neff found that personal counselling was the most-used service and the most effective. Psychological services were also beneficial for team meetings and group work which enhanced cohesion, communication between players, coaches and players, and kept the team focused on team goals. Neff also suggested that drug and alcohol education must be ongoing to prevent this problem.

A comprehensive guidance and counselling program that expands the education consultant position may be evaluated through an input-process-outcome framework (Ernst & Hiebert, 1998; Ernst & Hiebert, 2002; Gabor & Grinnel, 1994; Hiebert, 1994). This business paradigm is suited to human services and thus defines these services as products. The components of system requirements, inputs, processes, and outcomes can apply to the AJHL.

System requirements refer to things such as office ambiance, service boundaries, service modality, complexity and intensity of service, innovation of service delivery, program structure, and staffing models. A program that meets the needs of the AJHL requires information on the availability of psychologists with a sport background and that are willing to provide services to coaches and players. Where there is a lack of available psychologists, such as in the rural communities of some teams, telephone consultations or

Internet communication may assist coaches/players and psychologists to discuss concerns and set up meetings. This information may be provided for each team at the beginning of the year. The answers of who, what, where, when, and how these services are used may provide answers that overcome previous barriers outlined by the coaches' responses.

Program inputs refer to the resources, client characteristics, design features, program objectives, and client goals (Ernst & Hiebert, 2002). These recommendations extend beyond the results of this study which focused on the need and ways of improving referral and collaboration. However, designing a program based on these findings is the next logical step. Thus, program inputs would require a collaborative agreement with the AJHL and the comprehensive guidance and counselling initiative that provides a guiding mission statement as well as the list of services that will be offered.

Communication and a good relationship appear to be vital in successful collaboration between psychologists and coaches. A comprehensive service can provide coaches with information on the availability of psychologists in the area with an opportunity for partnerships to develop that involve a clear understanding with each other that involves trust and respect. The ethical guidelines and procedures of signed consent and what information coaches want to receive as well as preferences of how that information is communicated can be worked out with respect to individual preferences.

"Process variables represent the service activities or therapeutic techniques intended to assist client change" (Ernst & Hiebert, 2002, p. 76). These services include personal counselling, crisis counselling, educational and career counselling, as well as psychoeducational services that are proactive and comprehensive to meet the needs of coaches, players, and teams.

This type of service will allow for players to develop healthier self-images and take the skills and strengths developed in hockey and transfer to future endeavours. As Hiebert (2002) describes for high school students, "This helps them face the future with more realistic hopes, leaving them more satisfied with life and helping them become positive contributors to society" (p. 30).

"Outcomes refer to changes in people's thoughts, feelings, actions, and relationships that restore or enhance functioning within one's individual developmental abilities" (Ernst & Hiebert, 2002, p. 76). It is difficult to measure outcomes in sport psychology. Do you measure wins and losses? Do you measure the frequency of problems or educational success? Or do you measure testimonials in a qualitative format with players, parents, and coaches? This is another aspect of program development that can be collaboratively agreed upon with the AJHL. As Ernst and Hiebert (2002) suggest, "The most important product of comprehensive guidance counselling services may be their outcomes" (p. 77). This information will increase the effectiveness for all stakeholders.

These recommendations for the AJHL are in the form of marketing the results of this thesis which Ernst and Hiebert (2002) define as: finding out what people need, designing a product that will meet that need, addressing that need, measuring the degree to which needs have been met, and informing stakeholders of these results. This definition follows the program development approach of most comprehensive guidance and counselling programs (Ernst & Hiebert, 2002). Of course, this study has been limited to finding out the needs of the AJHL and how the current level of referral and collaboration could be improved.

Hiebert (2002) provides an extensive list of research that shows how schools that adopt the mandate of fostering student development in a comprehensive and collaborative manner experience greater student academic achievement, reduced drop-out rate, lower absenteeism, reduced student alienation, reduced incidence of smoking and drinking, a more positive school climate and greater satisfaction with school, greater student participation in school programs, increased student participation in activities that enhance psychological and social health, increased aspirations for postsecondary education, stronger feelings of safety and belonging, perceive their peers as better behaved, report their school experiences as more relevant and useful, and indicate that the quality of their education is better.

The writer's experience in hockey contributes to the belief that this type of comprehensive program is needed that will allow flexibility to meet the team and individual needs. Experience being coached by six different coaches at the junior "A" level as well as the coaches' responses in this study clearly indicate that services must be comprehensive due to the variation of what the coaches feel is needed and what services will work best for their team.

The outcomes of a successful program will not only contribute to enhanced performance of players, teams, and the league, but will also achieve monetary benefits that comes with winning, as well as preventative measures which decrease costs of reacting to crisis situations that occur. The AJHL can enhance its reputation by showing parents, fans, scouts, and the rest of the hockey community of their commitment to the players.

Need for Further Research

In school programming, the service recipients will typically be students (Hiebert, 2002). The AJHL service recipients will be primarily players; however, coaches indicated that they would use consultation with psychologists as well. Collins and Hiebert's (1999) study found that priority needs identified by students included increased services for issues relating to mental/emotional health, counselling, and school performance.

The coaches were interviewed in this study because of the fact that any successful sport psychology programs must have the support of the coaches (Andersen et al., 1994; Brewer, 2000; Van Raalte, 1998). Thus, further research must look at the perceptions of the players and what they need from these services.

Parents, owners, and management should also be considered for further research. Hiebert et al. (2001) suggest that if an initiative such as the comprehensive guidance and counselling program is committed to a collaborative, bottom-up, comprehensive approach, all stakeholders have a part in deciding on program priorities. "Marketing within a comprehensive guidance and counselling context means involving stakeholder groups in the strategic planning processes and communicating results to all stakeholder groups" (Ernst & Hiebert, 2002, p. 80).

Further research is needed to continue to assess the needs as the junior population is changing, to include female hockey players for example. Collins and Hiebert (1999) suggest that "gender-specific needs analysis and programming are important to ensure that priority needs for members of both genders are acknowledged and addressed" (p. 11).

As stated above, further research must also evaluate program effectiveness in order to identify changes that need to be made as well as identify new areas of service

that can benefit players, coaches, and teams in junior hockey. This study has focused on the AJHL; however, the other nine leagues across Canada may benefit from research and the implementation of programs that will benefit those playing the game of hockey during these developmental years. There are also many other sports that involve elite athletes who are developing through these years such as gymnastics, track and field, baseball, etc., that further research cannot neglect.

By gathering information from all stakeholders involved (i.e., parents, players, coaches, management, league representatives, etc.), the effect will extend beyond just data. Those who are given a voice in the process will likely take on a more active role in the program development to program implementation and evaluation (Hiebert et al., 2001).

Strengths and Limitations of this Study

The main strengths of this study were the comprehensive questionnaire that was used for the telephone interviews with the coaches, the writer's experience playing at the junior "A" level, and the validity check done for every interview.

The coaches were sent the questionnaire before the interview took place, which allowed those who chose, to read the questions as we went through the interview. The interview allowed for clarification to ensure there were no misperceptions. All coaches received a hard or soft copy of their responses to the interview questions and were contacted by the writer for confirmation of accuracy. Some coaches confirmed the accuracy of their responses before the writer made contact in this regard.

The AJHL is one of 10 leagues in the Canadian Junior "A" Hockey League (CJAHL). The participants were all head coaches in the AJHL; thus, the results cannot be generalized outside of Alberta. However, the study was so comprehensive and the high

participation rate (13 out of 15 head coaches; 87%) suggests that it is likely that the results may be applicable to other leagues across Canada.

The coach interview was specifically designed for this study. It has not been standardized and, consequently, does not possess any validity or reliability data. Caution should therefore be exercised when attempting to generalize the findings of this study to leagues outside this investigation.

Conclusion

This study has investigated the AJHL coaches' perceptions of the existing process of referral and collaboration between themselves and psychologists. Specifically, this study sought information on how to improve referral and collaboration between these two fields.

The results that emerged appear to be consistent with previous research that investigated the needs of these athletes during these developmental years, as well as the media that describes the challenges of playing junior hockey in Canada. Overall, there seems to be a significant need for psychologists to address serious psychological issues of the players, that coaches would like to see more collaboration with psychologists who are familiar with the sport, and that collaboration between coaches and psychologists must be flexible to meet the individual preferences of that partnership as well as meeting the needs of the players.

However, there are many barriers that are interfering with referral and collaboration as none of the coaches felt there are appropriate and available services for psychological referral and collaboration. Thus, although there is a significant need, there appears to be no one who is willing or knowledgeable about how to put a program in place.

Research from previous successful EAP programs offered to sport teams (Neff, 1990), the comprehensive guidance and counselling program (Alberta Education, 1995; Collins & Hiebert, 1999; Ernst & Hiebert, 2002; Hiebert, 2002; Hiebert et al., 2001), and the writer's personal experience playing hockey have been followed in providing recommendations to the AJHL. A comprehensive guidance and counselling program may help to provide the league, coaches, players, and parents with a much-needed service. This broad service will also provide sport psychology information that can improve performance, proactive and preventative psychoeducation for coaches and players, as well as individual counselling and crisis intervention.

Further research is also recommended to investigate other stakeholders involved such as the players' and parents' perceptions of what aspects of the program would work and not work as well as evaluative research that investigates the effectiveness of the program. And finally, further research must look at the need for the integration of psychology in other sports.

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Appendix A

Coach Interview Form

Part I: Demographic Information

Age: ___

Year began coaching in the AJHL: ____

Years in Coaching: ____

Part II: Definition of Psychological Health

(A short definition will be provided for the coaches to ensure there are no misperceptions): "State of wellness relating to, or arising in the mind."
This concept used in the context of sport: "State of wellness arising in the mind and the interrelationship between mind and body in athletic performance."

1. Do you feel that performance in junior hockey is affected by the player's psychological health?

   a) yes/no.

   b) if yes, in what ways?

_____
_____
_____

   c) if no, why not?

_____
_____
_____

Part III: Referral

1. How many players do you coach throughout the year (average)?

_____

2. How many days of the week do you see the players throughout the season?

3. What percentage of your players would you consider as being candidates for psychological referral at some point during the year?

4. What are the common psychological concerns that you see as a coach?

5. Do you provide psychological/counselling services yourself to players with psychological issues?

   a) yes/no

   b) if yes, in what ways?

   c) if no, why not?

If "No" to the above question, skip to question #10

6. When providing psychological/counselling services yourself, how much time would you spend, on average, with each player?

7. How many hours would you say that you spend providing psychological/counselling services to players in an average month?

8. Do you prefer providing psychological services yourself or referring to psychologists?

9. Under what circumstances/diagnoses do you prefer to provide psychological services yourself?

10. What barriers are there to you providing psychological services yourself?

11. Do you feel that dealing with psychological issues has a negative effect on your coaching responsibilities?

a) yes/no

b) if yes, in what ways?

c) if no, why not?

12. Do you feel that you have the time to be providing psychological services?

Yes / No

13. How qualified do you feel you are to provide psychological services compared to a psychologist?

1	2	3	4
Not Qualified	Partially Qualified	Moderately Qualified	Very Qualified

14. How well do you feel your education prepared you for diagnosis and treatment of psychological disorders?

1	2	3	4
Not Well	Partially Well	Moderately Well	Very Well

15. How well do you feel your education prepared you for referral and collaboration with psychologists?

1	2	3	4
Not Well	Partially Well	Moderately Well	Very Well

16. Do you feel that there needs to be an increase in the amount of education and training that coaches receive regarding the identification/diagnosis of psychological problems in players?

    Yes / No

17. Do you feel that there needs to be an increase in the amount of education and training that coaches receive for treating psychological issues?

    Yes / No

Please rate whether you agree or disagree to these statements:

18. The psychologist working with players should be familiar with the sport?

    1 Strongly Agree 2 Disagree 3 Not Sure 4 Agree 5 Strongly Agree

19. Psychologists are needed to address serious psychological issues of the players

    1 Strongly Agree 2 Disagree 3 Not Sure 4 Agree 5 Strongly Agree

20. Healthy adjusted individuals improve team chemistry

    1 Strongly Agree 2 Disagree 3 Not Sure 4 Agree 5 Strongly Agree

21. Coaches should be the ones that deal with problems in the player's life that occurs outside of the context of hockey

    1 Strongly Agree 2 Disagree 3 Not Sure 4 Agree 5 Strongly Agree

22. Most players will work with psychologists if the coach supports the player and performance on the ice is dependent on dealing with the problem

    1 Strongly Agree 2 Disagree 3 Not Sure 4 Agree 5 Strongly Agree

23. Do you have a sport psychologist on staff or working with your team?

    Yes / No

24. Do you refer to psychologists? **If No go to question 27**

    Yes / No

25. If yes, how many players in an average month would you estimate that you refer to a psychologist?

_____

26. If yes, how many players in a season would you estimate that you refer to a psychologist?

_____

27. If no, why not? **Then Skip to question 30**

_____

_____

_____

28. Describe for me how you make the referral? (To whom, how decide, how do you know where)

_____

_____

_____

29. How effective would you rate your current referrals to psychologists?

1	2	3	4
Not Effective	Partially Effective	Moderately Effective	Very Effective

30. What do you see as being the biggest barriers to effective referrals between coaches and psychologists?

_____

_____

_____

31. Does your decision of whether or not to refer depend on the level of collaboration you have with the psychologist?

a) yes / no

b) explain

32. Does your decision of whether or not to refer depend on whether or not you have referred to the psychologist before?

a) yes / no

b) explain

33. Does your decision of whether or not to refer depend on the area of specialization of the psychologist?

a) yes / no

b) explain

34. Does the possibility of the player becoming upset by the referral to a psychologist influence your decision of whether or not to refer?

a) yes/no

b) explain

35. Do you feel that there is a shortage of available psychological services for psychological referral or consultation?

a) yes / no

b) Does this influence whether or not you refer? yes / no

c) explain

---

36. Does the player's age influence whether or not you refer them for psychological services?

a) yes / no

b) explain

---

37. Does the players role on the team influence whether or not you refer them for psychological services?

a) yes / no

b) explain

---

38. Does the social economic status of the player influence whether or not you refer them for psychological services?

a) yes / no

b) explain.

---

39. Does the number of times the player has brought the problem to your attention influence whether or not you refer them for psychological services?

a) yes / no

b) explain

_____

_____

_____

40. Does the team/league provide coverage for psychological treatment?

_____

41. Does your belief/knowledge of whether or not the player's insurance will reimburse for psychological treatment affect your decision to refer?

a) yes/no

b) explain

_____

_____

_____

42. How much of an influence does the player's level of coverage have on whether or not you refer?

a)	1	2	3	4
	Too Little	Barely Enough	Appropriate Amount	Too Much

b) explain

_____

_____

_____

43. How difficult is it for you to find mental health treatment for players who are not covered for psychological services?

Not Difficult	Somewhat Difficult	Moderately Difficult	Very Difficult
1	2	3	4

44. How do you ascertain what coverage each player has?

45. What could be done to improve referrals:

a) by psychologists:

b) by you:

46. Could it benefit you to refer players with psychological issues?

a) yes / no

b) if no, why not?

c) if yes, in what ways?

Part IV: Collaboration

1. How would you define effective collaboration between coaches and psychologists?

2. What do you see as being the biggest barriers to effective collaboration between coaches and psychologists?

_____

_____

_____

If the coach does not refer to a psychologist, skip to question #4.

3. How would you rate your current level of collaboration with:

a) psychologists in general?

1	2	3	4
Not Effective	Somewhat Effective	Moderately Effective	Very Effective

b)explain

_____

_____

_____

c) with the psychologists that you currently refer to:

1	2	3	4
Not Effective	Somewhat Effective	Moderately Effective	Very Effective

d) explain

_____

_____

_____

4. How much collaboration would you like to see between coaches and psychologists?

_____

_____

_____

5. Would you want there to be a signed consent from the player so that you and the psychologist could:

a) speak verbally - yes / no
b) speak via voice mail - yes / no
c) have reports go back and forth - yes / no

6. What kind of information would you like to see in that communication/collaboration?

7. Would you want to receive information regarding:

a) player diagnosis	- yes / no
b) player status	- yes / no
c) treatment plan	- yes / no
d) prognosis	- yes / no
e) expected length of treatment	- yes / no
f) answers to your specific questions	- yes / no
g) recommendations	- yes / no
h) test data	- yes / no

8. What could be done to make your current level of collaboration with psychologists more effective?

a) by psychologists:

b) by you:

9. Do you have any additional ideas or comments that we have not touched on that you think would be important in improving the effectiveness of referral and collaboration between coaches and psychologists?

Below is a list of player problems that may be serious enough to affect performance, and services for which you may request from a psychologist.

a) Please indicate all the ones you would refer for.

b) Then, using the following scale, rate every item in terms of its overall importance for you to seek a psychological referral.

1	2	3	4
Not Important	Partially Important	Moderately Important	Very Important

PLAYER PROBLEM	**REFER**	**DO NOT REFER**	**RATING**
1. Alcohol and drug abuse			
2. Performance enhancing drug use			
3. Serious injuries			
4. Termination of hockey career / Retirement.			
5. Performance pressure			
6. Loss of confidence and performance decrements			
7. Team dissention			
8. Affects of hazing/initiation			
9. Poor social skills			
10. Unexplainable behaviours			
11. Identity loss			
12. Extreme dependence on others (dependent personality disorder)			
13. Homesickness			

PLAYER PROBLEM	REFER	DO NOT REFER	RATING
14. Death of teammate, friend, family member.			
15. Players facing criminal charges (e.g., sexual assault)			
16. Violence and aggression off the ice			
17. Anger management			
18. Suicidal thoughts			
19. Low self-esteem			
20. Insomnia and other sleep disorders			
21. Excessive training and other activities done excessively			
22. Depression			
23. Burnout			
24. Family issues			
25. STD awareness			
26. Crisis management			
27. Pain management			
28. Gay issues			
29. Eating disorders			
30. Memory loss			
31. Stress management			
32. Anxiety			
33. Physical complaints with no medical findings (factitious disorder)			

PLAYER PROBLEM	REFER	DO NOT REFER	RATING
34. Inflated ego / grandiose view of self (Narcissistic personality disorder)			
35. Perfectionist (Obsessive-Compulsive Personality Disorder)			
36. Attention Deficit/Hyperactivity			
37. Career counselling			

Appendix B

Sample Script Outlining Letter to Board of Governors

Dear Members of the Board,

My name is Derek Robinson and I am a graduate student at the University of Lethbridge. I am currently working at Mount Royal College as a practicum student working towards a Master's degree in Counselling Psychology. I am also working on my thesis under the supervision of Dr. Kerry Bernes, titled "Partnerships in Performance: Effective Referral and Collaboration between Hockey Coaches and Psychologists."

I have great respect for both hockey and psychology and conducting research on the two fields is extremely exciting for me. I have experience playing three seasons at the junior level in the BCJHL (now BCHL), four years in the CIAU (now CIS) for the University of Lethbridge Pronghorns, and a year in the WPHL (now CeHL) for the Fort Worth Brahmas, in Texas.

Junior hockey players have unique challenges and pressures placed on them during these developmental years. Understanding how troubled players can receive the best services will not only improve the individual's quality of life but individual and team performance in hockey as well. The research project is expected to help identify the strengths and weaknesses of the current referral and collaboration processes between AJHL coaches and psychologists. Specifically, it is important to determine what is and is not working from the perspective of the coach because of the impact coaches have on their players.

Upon permission of the President of the AJHL, the head coaches of the AJHL will be contacted by phone to request 30-40 minutes of their time to participate in a one-on-one telephone interview. All of the interviews will be conducted at a time requested by the coach for their convenience.

Participation is completely voluntary and coaches are free to withdraw from the study at any time. Prior to the telephone interview, participants will fill out a consent letter to be returned to Derek Robinson in the pre-paid envelop that will be provided or faxed to the number provided. The results of this project will be coded in such a way that neither the coaches' identity nor the identity of their team or organization will be physically attached to the final data that are produced. The content of this thesis may be published and reported to scientific groups while strictly following the conditions of confidentiality already explained, and following the Freedom of Information and Protection of Privacy Act (FOIP). The key listing the coaches' identity will be kept

separate from data in a file accessible only to the researcher, Derek Robinson and his supervisor, Dr. Kerry Bernes, and it will be physically destroyed after the conclusion of the thesis defense. If there are any further questions, please contact Derek Robinson at (403) 245-1150, his supervisor, Dr. Kerry Bernes at (403) 329-2447, or the Chair of the Human Subject Research Committee, Dr. Cathy Campbell at (403) 329-2459.

Sincerely,

Derek Robinson

Appendix C

Sample Script Outlining Initial Telephone Call

Hello, my name is Derek Robinson. I am a graduate student in the counselling psychology program at the University of Lethbridge. I am conducting research on the referral and collaboration processes between AJHL coaches and psychologists.

I have received permission from the President of the league to speak with you with regard to the research project and the process involved. In addition to the interview questions is the letter of consent that the league President sent you, which outlines information with regard to the guidelines followed by the researcher including the right to withdraw at any time. I am calling to ask if you would be willing to participate in a short interview with regards to your perspective on referral and collaboration practices with psychologists.

If the answer is "yes," the interviewer will schedule a time and location that is convenient for the coach.

If the answer is "no," the coach will be asked if there is a better time to contact him or if he is simply unable to participate in the project. If the coach states he is unable to participate, the interviewer will thank him for his time and move on to the next telephone contact. If the coach states that another time would be better to contact him, a future time will be scheduled at the convenience of the coach.

Although the results of my research may be published or reported to scientific groups, neither your name nor the team name will be associated in any way with any published results.

If you have any further questions, you may contact me at (403) 245-1150, my supervisor, Dr. Kerry Bernes at (403) 329-2447*, or the Chair of the Human Subject Research Committee, Dr. Cathy Campbell at (403)* 329-2459.

Thank you for your participation.

Appendix D

Sample Letter of Consent for Research Participation

I hereby consent to participate as a subject in the research project entitled "Partnerships in Performance: Effective Referral and Collaboration between Hockey Coaches and Psychologists" conducted by Derek Robinson under the supervision of Dr. Kerry Bernes of the Faculty of Education at the University of Lethbridge. This project is a partial requirement for Derek Robinson to complete a Master's degree. I understand that the study will involve a phone interview to discuss my perspective on the referral and collaboration processes between hockey coaches and psychologists. The research project is expected to help identify the strengths and weaknesses of the current referral and collaboration processes between AJHL coaches and psychologists.

I understand that my participation is completely voluntary and that I am free to withdraw from the study at any time I choose, without penalty.

The general plan of this study has been outlined to me, including any possible known risks. I understand that this project is not expected to involve any risk or harm. I also understand that it is not possible to identify all potential risks in any procedure but that all reasonable safeguards have been taken to minimize the potential risks.

I understand that my responses to the interview will be recorded in handwritten notes and then word-processed, and that all handwritten notes will be destroyed after they are word-processed.

I understand that the results of this project will be coded in such a way that neither my identity nor the identity of my team or organization will be physically attached to the final data that are produced. The key listing my identity will be kept separate from data in a file accessible only to Dr. Kerry Bernes and Derek Robinson. I understand that I will be given the opportunity to review my responses prior to public release, as Derek Robinson will fax the word-processed responses to me for a validity check. The file/data will **not** be kept longer than 5 years upon completion of the thesis defence. Within this 5-year period, the data will be put through a paper shredder to destroy the results. I understand that the results of this research may be published or reported to scientific groups, but neither my name nor the name of my hockey team will be associated in any way with any published results.

I understand that if I have any questions or would like any information regarding the process or outcomes of this research, that I can contact Derek Robinson at (403) 245-1150 or his supervisor, Dr. Kerry Bernes at (403) 329-2447. I may also contact the

Chair of the Human Subjects Research Committee, Dr. Cathy Campbell at (403) 329-2459.

_____

Date

_____

Signature

_____

Participant's Name (printed)

Appendix E

Follow-Up Letter to Participants

Date__, 2002

Dear :

Thank you for your participation in the research project entitled "Partnerships in Performance: Effective Referral and Collaboration between Hockey Coaches and Psychologists". In order to increase the validity of my methods, 100% of the respondents will be contacted for a validity check. I have faxed you a copy of the information obtained in our interview, which was held on __*Date*

Since this study is intended to describe your perceptions of the referral and collaboration processes between coaches and psychologists, I am most interested in ensuring that I have accurately recorded the responses you gave on the date of our meeting. Therefore, it would be most beneficial if you alerted me to any inaccuracies in what was recorded on *Date* .

Please make any changes on the document and fax it back to me at xxx-xxxx. If I have not received an update fax from you by __*Date*__, I will contact you again in order to determine the accuracy of the data collected.

Thanks again for your cooperation.

Sincerely,

Derek Robinson