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## **ASSESSMENT**

### **Assessing The Potential For Alcohol-Related Issues Among College Student-Athletes**

*Joshua C. Watson*

*Counseling and Educational Development Department  
The University of North Carolina at Greensboro*

#### **ABSTRACT**

Alcohol use continues to be a significant issues faced by many college students. Student-athletes are particularly at risk due to the stress and pressure associated with maintaining a balance between student and athlete. The situation-specific stresses that student-athletes face are discussed and highlighted. Hypotheses for why student-athletes may turn to alcohol to handle these pressures are presented. For some, their alcohol usage may become problematic. Assessing the potential alcohol-related issues student-athletes face requires an understanding of the diagnostic criteria and warning signs of substance abuse. This article includes the diagnostic criteria, current treatment methods, and a brief assessment instrument for detecting substance-related disorders. Suggestions for how sport psychologists can help student-athletes receive the help they need are discussed. Finally, suggestions are made for future researchers and practitioners.

#### **Substance Abuse on College Campuses**

Substance abuse has steadily become a significant problem on college and university campuses. This is the frightening reality university officials are now facing. In a report to college presidents, Presley and Meilman (1994) highlighted the use of alcohol and drugs on college campuses. Using the Core Alcohol and Drug Survey, Presley and Meilman surveyed 58,625 undergraduate respondents in an attempt to assess the current state of substance usage on college campuses. The study results indicated that most students drink, with a nationwide average of five drinks consumed per week. The researchers also found that the level of abuse was quite high and correlated with a host of problems such

as residence hall damage, sexual assaults, fights, drunk driving, and impaired academic functioning. Forty-two percent of the respondents surveyed reported at least one episode of binge drinking, operationally defined as five or more drinks in one sitting, in the past two weeks (Presley & Meilman, 1994). This excessive amount of substance abuse can be attributed to the climate of many college campuses.

The college environment is ripe for substance abuse for a number of reasons (Archer, 1991). For many students, this is their first time away from home and free from parental control. This new found freedom, combined with a sense of invulnerability and a strong desire for exploration, can lead to the development of a substance abuse problem. Researchers have found that a higher percentage of traditional-age college students drink alcohol than any other age cohort in our society, with increased levels of stress being a primary precipitating factor (Archer, 1991; Archer & Cooper, 1998).

Despite the abundance of literature dealing with alcohol usage among college students, research focusing solely on the drinking behaviors of college student-athletes is minimal. This article attempts to help sport psychologists, counselors, and other help providers assess and provide treatment for the substance abuse needs of college student-athletes. A discussion of the situation-specific challenges student-athletes face will assist help providers in understanding the potential reasons behind a student-athlete's use of alcohol. The diagnostic criteria for assessing alcohol-related disorders as well as a brief assessment instrument will be presented for help professionals to use when a problem is suspected. Finally, a discussion of the various treatment options for alcohol problems is included along with the ways that sport psychologists could help in combating this growing epidemic on college campuses nationwide.

Because of their constant exposure and elevated status on campus, college student-athletes are typically placed in situations that cause stress and anxiety. Many student-athletes struggle with stress management and choose poor coping strategies. Understanding the sources of stress for most student-athletes may help in identifying precipitating factors that cause some students to engage in excessive drinking behaviors. The situation-specific challenges that student-athletes face is presented here.

Situation-Specific Challenges of College Student-Athletes The situation-specific challenges of student-athletes can be categorized into six areas of concern. These areas of concern represent the most common areas discussed in research focusing on the developmental needs and additional challenges facing student-athletes (Etzel, Pinkney, & Hinkle, 1994; Lanning, 1982; Murphy, 1995; Parham, 1993). The six areas are (a) balancing athletics and academics, (b) adapting to social challenges associated with athlete status, (c) managing athletic successes and failures, (d) minimizing physical injury, (e) terminating their athletic career, and (f) weight management issues, including eating disorders.

Balancing athletics and academics. Learning to balance academic and athletic pursuits is perhaps one of the most obvious challenges of collegiate student-athletes (Lanning, 1982; Pinkney, 1991; Remer, Tongate, & Watson, 1978; Wittmer, Bostic,

Phillips, & Waters, 1981). Academic demands include attending class, keeping tutoring appointments, and attending study halls. Athletic demands include attending practice sessions and games, participating in strength and conditioning programs, and proper post-game physical therapy (Parham, 1993). The balance between the demands of academics and athletics is particularly difficult when athletes are "in season." To effectively maximize participation in both athletics and academics tests the mental and physical stamina of even the most well-balanced and committed student-athlete (Parham, 1993).

Adapting to social challenges. Because of the tremendous time commitment involved in pursuing both academic and athletic goals, student-athletes often are forced to sacrifice substantial amounts of social and leisure time (Astin, 1978; Lanning, 1982; Masland, 1983; Nelson, 1983). Student-athletes do not have the time to develop hobbies, form friendships, or enhance other non-athletic interests. Given time constraints and the decreased attention to social and leisure activities, student-athletes often feel estranged from their peers and the campus community (Parham, 1993).

Managing athletic successes and failures. Coping with athletic success and failure is a formidable challenge student-athletes find themselves facing (Antonelli, 1966; Cavenar & Werman, 1981). For those athletes that have been successful, they may feel increased pressure to constantly live up to the expectations of coaches, teammates, and fans. These student-athletes may not feel like they have any room for error. For those student-athletes that have not been too successful the pressure of trying to "make the grade" might be enormous. Seeing teammates and opponents succeed can be quite stressful.

Minimizing physical injury. Physical injury can be an extremely stressful event for a student-athlete to endure. Not only do they face the physical pain, but also the psychological pain of not being able to compete. Absence from competition, even for short amounts of time, can interfere with the lives of student-athletes (Danish, 1984; McDonald & Hardy, 1990; Rotella & Heyman, 1986). The threat of physical injury should not be taken lightly. A recent study indicated that 50% of Division I athletes who were surveyed had sustained an injury as a result of their involvement in intercollegiate competition. The pressure and stress appears to come from both the actual injury as well as potential threat of future injury.

Termination of athletic career. Of all the struggles and issues with which student-athletes must contend, the termination of their athletic career certainly ranks among one of the most difficult (Ogilvie & Howe, 1986; Pinkerton, Hinz, & Barrow, 1989; Wittmer et al., 1981). Many student-athletes believe they will have careers as professional athletes (Lee, 1983; Nelson, 1982; Remer, Tongate, & Watson, 1978). Even when the student-athlete recognizes that professional sports participation is not an option, there may be reluctance to give up the identity of athlete (Spady, 1970). The termination of the athletic career forces student-athletes to reassess and, in many cases, redefine their identity. For many college students whose identity has been drawn more or less exclusively from athletic participation, anticipation of life after college athletics can be harrowing (Pinkerton, Hinz, & Barrow, 1989). It is common for athletes experiencing the termination phase of their career to feel anxiety and fear (Parham, 1993).

Weight management issues. Weight management is a prevalent issue in competitive sport. Most athletes have been concerned with weight management at one time or another, whether it be to make specific weight classes, appear attractive for judges, or to optimize performance (Swoap & Murphy, 1995). Weight management becomes a necessary part of most athletes' training. For some, the focus on weight management becomes obsessive and eating disordered behaviors develop. Dick (1991) found that there is a sport-specific prevalence for eating disorders, but cautioned that no sport or individual should be considered "exempt" from developing eating disorder conditions. Eating disorders can develop in both male and female athletes. A de-emphasis on body weight, increased nutritional education, and facilitated healthy weight management regimens are all ways to help combat this serious issue.

Because of their dual role as student and athlete, some individuals may feel enormous amounts of pressure. Student-athletes also may feel that they have to please too many people; including coaches, teammates, teachers, school officials, classmates, fans, and members of the media. As the studies on college students and alcohol consumption have shown (Archer, 1991; Archer & Cooper, 1998), stress can be an overwhelming feeling. For some, alcohol acts as a stress reliever, temporarily taking away all the worries and anxieties. The increased amount of pressure and stress faced by college student-athletes has led researchers (Leichliter, Meilman, Presley, & Cashin, 1998) to wonder if student-athletes, as a population, have more alcohol-related problems than their non-athlete peers. The following section briefly highlights the findings of the past 20 years.

### Student-Athletes and Proliferation of Substance Abuse

Alcohol and drug use has been cited many different times in the literature (Gay, Minelli, Tripp, & Keilitz, 1990). As early as the late 1990's, researchers began to notice a shift in the trends relating to levels of alcohol consumption among college student-athletes. It has been suggested that alcohol related problems may be more prevalent in the athletic population due to the age profile of most athletes (18-24 year-olds) and their risk taking mentality (O'Brien & Lyons, 2000). The earlier research produced has not completely endorsed this common perception.

In the 1980's and early 1990's, researchers concluded that participation as a student-athlete did not influence a student's level of alcohol consumption. The National Collegiate Athletic Association (NCAA) and the National Council on Alcoholism have maintained that the proliferation of alcohol usage patterns of student-athletes and a general university population are consistent with the numbers found for society at large (Gay, Minelli, Tripp, & Keilitz, 1990). When directly compared, few differences were found to exist between college athletes and college students in their use of alcohol and drugs (Anderson & Snellman, 1986; Duda, 1984; Toohey, 1978; Toohey & Corder, 1981). The researchers suggest that college athletes and non-athletes appear to drink alcohol in similar amounts and frequency.

In the early 1990's, researchers found that alcohol use by college student-athletes was at least at a level similar to their non-athlete peers (Anderson, Albrecht, McKeag, Hough, & McGrew, 1991). Overman and Terry (1991) also researched alcohol use among college students and found that no significant differences existed in the alcohol use of college student-athletes and non-athletes. However, Overman and Terry did find differences in the drinking patterns of athletes and non-athletes, with non-athletes tending to drink more during the week than athletes. These findings were consistently replicated until the late 1990's when new trends in data began to emerge.

Recently, a national study conducted by the NCAA found that almost 81 percent of student-athletes had used alcohol in 2000 (Green, Uryasz, Petr, & Bray, 2001). The researchers also found that college student-athletes had significantly higher rates of heavy drinking (defined as five or more drinks in a row for men, four or more for women) than non-athletes. The results support a 1998 Core Institute study that had researchers concluding that college student-athletes drink more alcohol than other students (Leichliter, Meilman, Presley, & Cashin, 1998). According to the study, administered between 1994 and 1996, male student-athletes drink on average five more drinks per week than other male students, and female student-athletes drink an average of one more drink per week than other female students. These studies add credence to the accumulating body of evidence that indicates that student-athletes are more likely to develop alcohol-related disorders (i.e., alcohol abuse, and binge drinking) that are detrimental to their health than their non-athlete peers (Leichliter, Meilman, Presley, & Cashin, 1998; Nattiv, Puffer, & Green, 1997; Wechsler & Austin, 1998). To better understand this growing trend, it is important to examine the factors related to alcohol use among college student-athletes.

### Hypotheses Associated with Alcohol Use among College Student-Athletes

Athletes are subject to the same pressures regarding alcohol use as the general population (Evans, Weinberg, & Jackson, 1992). They must also cope with the added stress and pressure inherent with their status as student-athlete (Parham, 1993). With their familiar support group not present, alcohol may take the place of the comforting support a friend or family member would have provided. Whether or not sport participation promotes these reasons is debatable (Nattiv & Puffer, 1991). Assuming that sport participation does influence alcohol consumption, researchers have suggested two hypotheses regarding how participation in sports may place college student-athletes at a greater risk for developing alcohol-related problems (Tricker, Cook, & McGuire, 1989).

One hypothesis is that college student-athletes find themselves in a pressure-packed situation (Damm, 1991). They are asked to maintain a high level of performance, both athletically and academically, all under the constant scrutiny of coaches, teammates, fans, and media. In these situations, athletes are in a no-win position (Axthelm, 1988). The pressures they feel are typically more than they can developmentally handle, and as a result they turn to alcohol to ease the burden of stress. Another hypothesis highlights the fact that college student-athletes are overly exposed to social settings that promote

alcohol use (Stainback, 1997). Athletes travel frequently and, through their status as athletes, may gain access to settings not available to typical college students.

Regardless of the reason for alcohol consumption, college student-athletes continue to be at risk for developing alcohol-related problems (Stainback, 1997). Justified or not, reports on the use and abuse of alcohol and drugs by student-athletes are becoming more abundant and are beginning to permeate the national media (Overman & Terry, 1991). As a result, helping professionals must become aware of the warning signs of potential substance abuse issues in college-athletes. Not all substance use meets criteria for an alcohol-related problem. Therefore, a review of the diagnostic criteria for substance-related disorders, and a discussion of the warning signs of potential problems are provided here.

### **Diagnostic Criteria of Alcohol-Related Disorders**

Alcohol consumption has been a significant part of history for several centuries (Stainback, 1997). In fact, it is probably the most popular psychoactive drug in existence today. When talking about problems related to alcohol use, two primary categories develop, alcohol abuse and alcohol dependence. These categories are listed as diagnosis in the Diagnostic and Statistical Manual of Mental Disorders- version IV-TR (2000). The DSM-IV-TR defines alcohol abuse as a significant impairment in human functioning directly related to a maladaptive pattern of alcohol use. Alcohol dependence typically involves a more pronounced impairment in functioning, and usually includes some form of psychological and physiological dependence. The diagnostic criteria for alcohol abuse and dependence are included below as Table 1

Table 1. DSM-IV-TR Diagnostic Criteria of Alcohol Abuse and Alcohol Dependence.

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#### Alcohol Abuse 305.00

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home.
2. Recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating machinery while impaired).
3. Recurrent substance-related legal problems.
4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

#### Alcohol Dependence 303.90

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. Tolerance, as defined by either of the following:
  - (a) A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  - (b) Markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following:
  - (a) The characteristic withdrawal syndrome for the substance.
  - (b) The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. The substance is often taken in larger amounts or over a longer period of time than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
7. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

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### **Assessing Alcohol-Related Problems in College Student-Athletes**

Not every college student-athlete will be a potential substance abuser. In fact, some individuals can drink responsibly and never develop the symptoms that are needed to meet criteria for alcohol abuse or dependence. As a coach, counselor, or concerned teammate it is important to note whom might be at-risk for developing an alcohol-related problem. Carroll (1989) found that some of the symptoms of substance abuse that may be observed in an athlete population include: drinking in secrecy, feelings of guilt about drinking, lying about drinking, needing an increased amount of alcohol to produce the desired effects, and experiencing of alcohol-induced amnesia or blackouts. Student-athletes who display any of these symptoms might be experiencing problems related to their alcohol use. In these situations it is best to assess the situation further to determine what it is the individual needs.

Assessment comprises at least four important tasks: 1) to aid in the formal diagnosis of the patient's alcohol problem; 2) to establish the severity of the alcohol problem; 3) to guide treatment planning; and 4) to define a baseline of the patient's status, to which his or her future conditions can be compared. Several methods of assessing alcohol use can be used to accomplish any number of the previously mentioned tasks. Self-report has

traditionally been the most convenience and widely used form of substance use assessment. Self-report measures can be obtained through various modes of administration, including self-administration via paper-and-pencil questionnaires, computer-assisted self-interviews or interactive voice recording, and through personal (interviewer-administered) interviews.

Sport psychologists and other help professionals do not need lengthy training in the various assessment applications currently available. A simple assessment that focuses on key behaviors and attitudes that might signal an alcohol-related disorder are equally effective. Table 2 presents a brief assessment tool to be used in assessing potential for alcohol-related problems. Student-athletes who answer "yes" to any of these items are at risk for developing alcohol-related problems. These student-athletes should be referred to a campus help-provider (i.e., college counseling, student health, or athlete enrichment center) for further evaluation.

Table 2. Brief Assessment of Potential for Developing Alcohol-Related Problems.

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1. Do you consume alcohol more than three times per week?
  2. How often do you consume more than five drinks in one sitting?
  3. Have you ever felt that you should cut down on your drinking?
  4. Do you find yourself drinking even when you are alone?
  5. Do you find that you need a drink in the morning, before a class, or before a game to calm your nerves?
  6. Do others comment on your drinking behaviors?
  7. Have you ever felt bad or guilty about your drinking?
  8. Are medical conditions arising due to your alcohol intake?

\*Answering yes to any of these items may be a sign that the individual either has or is moving towards developing an alcohol-related problem.

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### **Treatment Options for Problem Drinkers**

Once a student-athletes has been identified as potentially having an alcohol-related problem, it is important to assure the athlete that there is help available. Treatment for individuals with substance abuse problems can take many different forms. It is important to find the right treatment for each individual. With student-athletes, it is especially important to find treatment that will not cause further problems such as complications with training regimens, health risks, and exposure of the problem to the general public. Two main treatment approaches have been used repeatedly in the past with success (Stainback, 1997). These two approaches are the pharmacological and psychological approaches.

## Pharmacological Approach

The pharmacological approach is used primarily in the early stages of alcohol treatment. When an individual stops consuming alcohol their body begins going through a stage of detoxification. In this stage the alcohol is expelled from the human body. Typically associated with detoxification from alcohol are withdrawal symptoms. These withdrawal symptoms include fever, nausea, headaches, fatigue, shakiness, and increased perspiration. In the pharmacological approach, individuals going through the detoxification stage are administered anti-anxiety medication to help relieve some of the pain and uneasiness associated with the withdrawal symptoms. This approach is beneficial because it allows individuals to expel the alcohol from their bodies in a medically safe manner. However, this approach does not begin to address the reasons surrounding the usage of alcohol. Individuals gain no insight regarding the potential problems inherent with their current levels of drinking. These issues are more appropriately handled in a psychological approach.

## Psychological Approach

Psychological approaches look at the factors associated with an individual's drinking behaviors. In particular, an examination of the behaviors that lead to problem drinking and the feelings and emotions associated with drinking takes place. The assessor would ask when the student-athlete drinks, with whom, and how often. Then, a discussion of how the behaviors may be altered or changed so that alcohol consumption is no longer the coping mechanism of choice occurs. Ask the student-athlete what supports they have, who are their good friends, who does not drink that they trust. Next, alternative behaviors are introduced and practiced so that they can eventually replace alcohol consumption. Finally, emotions and feelings are explored to gain insight into potential causes and reasons for alcohol consumption. Identifying these factors can help the individual to avoid situations where these feelings and emotions typically arise. Helpful questions to ask include how do you feel before you drink, when you drink, and after you drink. Also, it would be helpful to ask how the student-athlete feels about others' perceptions of their drinking behavior. These questions lead to responses that may shed light on the underlying factors that lead to the development of problematic drinking behaviors.

## **Locating Treatment Options**

Many college and university campuses have counseling centers that handle the emotional well being of the student body. These centers are a valuable resource that can be used to help student-athletes with their problem behaviors. Some campuses also have resource centers specifically designed to meet the needs of the student-athlete. Both sites offer a wide array of potential treatment options for the student-athlete including: individual therapy, group therapy with other student-athletes, peer mentoring, psychological testing, educational classes, as well as career and life planning. Services also exist off-campus should the student-athlete feel their privacy might be jeopardized on campus. Individuals can contact either their local mental health agency or the local hospital and inquire about the various alcohol treatment facilities available. Most

hospitals and community mental health centers offer both inpatient and outpatient chemical dependency programs. These programs may include detoxification, intensive outpatient, family programs, and prevention programs for individuals trying to stem a problem before it gets out of control. As always, Alcoholics Anonymous (AA) remains a viable option as well. Newspapers and telephone directories usually have listings of area meeting times for AA groups. These groups can be either open (everyone welcome) or closed (for addicts only). The AA meetings provide individuals with a safe place to share their stories with others that have experienced similar situations in their lives.

## **Conclusions**

There is a wide variety of treatment options available to those who decide to take advantage of the help services provided to college students. Each treatment modality offers its own benefits, however they are only beneficial if they are used. It is for this reason that it is important to recognize the potential warning signs of problem drinking and help the individual before the problem grows out of hand. The aforementioned assessment tools will help any concerned individual identify student-athletes who might need further help with their drinking behaviors. Assessment is the key, for without it, identifying the truly troubled student-athlete is difficult.

Sport psychologists who work with student-athletes can help combat problem drinking on college campuses by recognizing warning signs in student-athletes' behavior. Sport psychologists can also promote prevention by identifying those student-athletes that might engage in at-risk behaviors and referring them to the appropriate campus resources. To be most helpful, sport psychologists and other helping professionals should become familiar with the criteria for alcohol abuse and dependence and how the development of these diagnoses may change an individuals' attitudes and behaviors. They should also recognize that student-athletes face several stressors that put them at increased risk for turning to alcohol as a coping device.

Researchers and practitioners will need to continue to examine ways in which student-athletes with alcohol problems can be identified and treated. More support services for student-athletes need to be developed so that the student-athlete has alternatives to choose when stress reaches a level that cannot be managed. Further research is needed in examining the hypotheses for why student-athletes turn to alcohol. The more we can understand the thought process and precipitating factors that lead to the development of problem drinking, the easier it will be to provide preventive interventions rather than treatment interventions.

## References

- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed. Text revision). Washington, DC: Author.
- Anderson, W. A., Albrecht, R. R., McKeag, D. B., Hough, D. O., & McGrew, C. A. (1991). A national survey of alcohol and drug use by college athletes. The Physician and Sportsmedicine, 19, 91-104.
- Anderson, W. A., & Snellman, M. A. (1986). 1984-85 NCAA sponsored study of alcohol, drug, and tobacco use among college athletes. East Lansing, MI: Michigan State University, College of Human Medicine.
- Antonelli, F. (1966). Psychology and psychotherapy in sporting phenomena. Journal of Sports Medicine and Physical Fitness, 6, 108-110.
- Archer, J. (1991). Counseling College Students. New York: Continuum.
- Archer, J., & Cooper, S. (1998). Counseling and Mental Health Services on Campus. San Francisco, CA: Jossey-Bass Publishers.
- Astin, A. W. (1978). Four critical years: Effects of college on beliefs, attitudes, and knowledge. San Francisco: Jossey-Bass.
- Axthelm, P. (1988, October 10). The doped-up games. Newsweek, 54-56.
- Carroll, C. R. (1989). Drugs in Modern Society. Dubuque, IA: Brown.
- Cavenar, J. D., & Werman, D. S. (1981). Origins of the fear of success. American Journal of Psychiatry, 138, 95-98.
- Danish, S. J. (1984). Psychological aspects in the care and treatment of athletic injuries. In P. E. Vinger & E. F. Hoerner (Eds.) Sports injuries: The unthwarted epidemic. (2nd ed.). Boston: John Wright.
- Dick, R. W. (1991). Eating disorders in the NCAA athletics programs: Replication of a 1990 study. NCAA Sports Sciences Education Newsletter, 3-4.
- Duda, M. (1984). Drug testing challenges college and pro athletes. The Physician and Sportsmedicine, 16, 109-118.
- Etzel, E. F., Pinkney, J. W., & Hinkle, J. S. (1994). College student- athletes and needs assessment. In C.C. Thomas (Ed.), Multicultural needs assessment for college and university student populations. Springfield, IL: C.C. Thomas.

Evans, M., Weinberg, R., & Jackson, A. (1992). Psychological factors related to drug use in college athletes. The Sport Psychologist, 6, 24-41.

Gay, J. F., Minelli, M. J., Tripp, D., & Keilitz, D. (1990). Alcohol and the athlete: A University's response. Journal of Alcohol and Drug Education, 81-86.

Green, G. A., Uryasz, F. D., Petr, T. A., & Bray, C. D. (2001). NCAA study of substance use and abuse habits of college student-athletes. Clinical Journal of Sport Medicine, 11, 51-56.

Lanning, W. (1982). The privileged few: Special counseling needs of athletes. Journal of Sport Psychology, 4, 19-23.

Lee C. (1983). An investigation of the athletic career expectations of high school student athletes. Personnel and Guidance Journal, 61, 544-547.

Leichliter, J. S., Meilman, C. A., Presley, C. A., & Cashin, J. R. (1998). Alcohol use and related consequences among students with varying levels of involvement in college athletics. Journal of American College Health, 46, 257-262.

Masland, R. P. (1983). The adolescent: Athletics and development. Journal of Adolescent Health Care, 3, 237-240.

McDonald, S., & Hardy, C. (1990). Affective response patterns of the injured athlete: An exploratory analysis. The Sport Psychologist, 4, 261-274. Murphy, S. M. (1995). Sport Psychology Concepts and Applications, 4th Edition. Champaign, IL: Human Kinetics.

Nattiv, A., Puffer, J. C., & Green, G. A. (1997). Lifestyles and health risks of collegiate athletes: A multi-center study. Clinical Journal of Sport Medicine, 7, 262-272.

Nattiv, A., & Puffer, J. C. (1991). Lifestyles and health risks of collegiate athletes Journal of Family Practice, 33, 585-590.

Nelson, E. S. (1982). The effect of career counseling on freshman college athletics. Journal of Sports Psychology, 4, 32-40.

Nelson, E. S. (1983). How the myth of the dumb jock becomes fact: A developmental view for counselors. Counseling and Values, 27, 176-185. O'Brien, C. P., & Lyons, F. (2000). Alcohol and the athlete. Sports Medicine, 29, 295-300.

Ogilvie, B. C., & Tutko, T. A. (1971). Security. In L. Larson (Ed.), Encyclopedia of sport sciences and medicine: The American College of Sports Medicine. New York: MacMillan.

- Overman, S. J., & Terry, T. (1991). Alcohol use and attitudes: A comparison of college athletes and nonathletes. Journal of Drug Education, 21, 107-117.
- Parham, W. (1993). The intercollegiate athlete: A 1990's profile. The Counseling Psychologist, 21, 411-429.
- Pinkerton, R., Hinz, L., & Barrow, J. (1989). The college student athlete: psychological considerations and interventions. Journal of American College Health, 37, 218-226.
- Pinkney, J. W. (1991). Student-athletes and time management for studying. In E. Etzel, A. P. Ferrante, & J. W. Pinkney (Eds.), Counseling College Student-Athletes: Issues and Interventions. Morgantown, WV: Fitness Information Technology, Inc.
- Presley, C. A., & Meilman, P. W. (1994). Development of the core alcohol and drug survey: Initial findings and future directions. Journal of American College Health, 42, 248-255.
- Remer, R., Tongate, F. A., & Watson, J. (1978). Athletes: Counseling the overprivileged minority. Personnel and Guidance, 56, 626-629.
- Rotella, R., & Heyman, S. (1986). Stress, injury, and the psychological rehabilitation of athletes. In J. M. Williams (Ed.), Applied sport psychology: Personal growth to peak performance. Palo Alto, CA: Mayfield.
- Spady, W. G. (1970). Lament for the letterman: Effects of peer status and extracurricular activities on goals and achievement. American Journal of Sociology, 75, 680-702.
- Stainback, R. D. (1997). Alcohol and Sport. Champaign, IL: Human Kinetics Publishers.
- Swoap, R. A., & Murphy, S. M. (1995). Eating Disorders and Weight Management in Athletes. Sport Psychology Interventions, 307-329.
- Toohey, J. V. (1978). Nonmedical drug use among intercollegiate athletes at five American universities. Bulletin of Narcotics, 30, 61-64.
- Toohey, J. V., & Corder, B. W. (1981). Intercollegiate sports participation and nonmedical drug use. Bulletin of Narcotics, 33, 23-27.
- Tricker, R., Cook, D. L., & McGuire, R. (1989). Issues related to drug abuse in college athletics: Athletes at risk. The Sport Psychologist, 3, 155-165.
- Wechsler, H., & Austin, S. B. (1998). Binge drinking: The five/four measure. Journal of Student Alcohol, 59, 122-123.

Wittmer, J., Bostic, D., Phillips, T. D., & Waters, W. (1981). The personal, academic, and career problems of college student athletes: Some possible answers. Personnel and Guidance Journal, 60, 52-55.

*Joshua C. Watson is a licensed professional counselor and an instructor in the Counseling and Educational Development department at The University of North Carolina at Greensboro. Correspondence regarding this article should be sent to Joshua C. Watson, Department of Counseling and Educational Development, School of Education, PO Box 26171, The University of North Carolina at Greensboro, Greensboro, NC 27402-6171.*