



Beyond Xs and Os: The Role of an Athletic Trainer in Supporting Disordered Eating in College Athletes

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One subset of the college population that is at-risk of developing an eating disorder or signs of disordered eating are college athletes. College athletes face both internal and external pressures to remain fit. Of particular importance for this study is the role of the athletic trainer (ATs) in helping college athletes with a diagnosed eating disorder or patterns of disordered eating. This study followed a logical, systematic, and multiphase phenomenological approach to capturing reflections of athletic trainers' (n = 7) subjective experiences related to managing student-athletes who have a diagnosed eating disorder. Using an open-ended interview guide, athletic trainers participated in an intensive interview with one of the researchers. Researchers categorized statements into one of three themes: (1) AT and college athlete relationship, (2) barriers to care, and (3) opportunities for improvement. These results provide insight concerning the intersection of ATs and their role in addressing eating disorders with college athletes. ATs play an important role in providing both support to aid physical recovery from ailments and injuries and also serve as a source of psychosocial referral and support.

Keywords: eating disorders, sport social work, athletic training, qualitative research

Eating disorders are serious and sometimes fatal illnesses that cause severe disturbances to a person's eating behaviors (National Institute of Mental Health, NIMH, 2017). There are a variety of different types of eating disorders including binge eating disorder, bulimia nervosa, and anorexia nervosa. These disorders often include an obsession with food and body figure (NIMH, 2017). These eating disorders are diagnosable conditions within the *Diagnosics and Statistical Manual for Mental Disorders (DSM-5)*. Disordered eating includes a spectrum of different behaviors surrounding food and weight (Bonci et al., 2008; Wollenberg et al., 2015) including excessive exercise (Flatt et al., 2021). Patterns of disordered eating are related to eating disorders, but they are not synonymous, disordered eating does not meet the full DSM-5 criteria for clinical diagnosis (McArdle, 2016; Thompson, 2014).

In the United States, it is estimated that 9% of the population will experience an eating disorder in their lifetime (Deloitte Access Economics, 2020). However, the onset of both bulimia nervosa and anorexia nervosa commonly occurs around the median age of 18-years old, while binge eating disorder commonly occurs around 21-years of age (NIMH, 2017). Given the median age of onset, college students are an at-risk population for these types of eating disorders. In addition to the aforementioned eating disorders, patterns of disordered eating are also a common concern in the college student population (McArdle, 2016; Thompson, 2014; Wollenberg et al., 2015).

College Athletes and Eating Disorders

One subset of the college population that is at-risk of developing an eating disorder or disordered eating are college athletes (Ahlich et al., 2019; Martin et al., 2020). College athletes face both internal and external pressures to remain fit (Greenleaf et al., 2009). Internal and external pressures might include negative mood states, low self-esteem, desire for weight control, involvement in a hurtful relationship outside of athletics and perfectionism (Ahlich et al., 2019; Arthur-Cameselle & Quatromoni, 2011). Researchers believe patterns of disordered eating are common in college athletes as a way to enhance performance (Bonci et al., 2008; Chatterton & Petrie, 2013; Greenleaf et al., 2009). However, eating disorders and disordered eating can have grave consequences for college athletes. Individuals with an eating disorder are at an increased risk for suicide (Flatt et al., 2021; Lipson & Sonnerville, 2020) and co-occurring mental illnesses including anxiety and depression (Sander et al., 2021). Additionally, lack of nutrients and prolonged disordered eating can lead to physical ailments including organ damage, musculoskeletal damage, and electrolyte imbalances (NIMH, n.d).

Female college athletes are more at risk for disordered eating and eating disorders than male athletes. Greenleaf and colleagues (2009) found 19% of female college athletes showed partial symptoms of a clinical eating disorder. McLester et al. (2014) found 8% of college athletes were susceptible to an eating disorder, 10% had low self-esteem, and 12% were dissatisfied with their current body image. Research suggests strong competitive pressures, a lack of financial resources, and underdeveloped life skills may lead to eating disorders among female college athletes (McLester et al., 2014).

Male college athletes are less likely to develop an eating disorder than female college athletes (Ahlich et al., 2019; Baum, 2006). In a study by Sanford-Martens et al. (2005), 2% of male college athletes had a diagnosed eating disorder, while 22.2% of male college athletes met subclinical characteristics for bulimia, anorexia, and body dysmorphia. More specifically, college wrestlers as compared to other male college athletes are more than twice as likely to

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develop an eating disorder, despite the fact cutting weight does not always lead to enhanced performance (Bratland-Sanda & Sundgot-Borgen, 2013). Male college athletes are most likely to develop an eating disorder to address coach/teammate pressure, lose or gain weight for weigh-in, enhance sport performance, or because of their internal association that more fit college athletes receive more playing time (Ahlich et al., 2019; Baum, 2006; Chatterton & Petrie, 2013; Galli et al., 2011).

Eating disorders and patterns of disordered eating are more common among college athletes who participate in a sport where body weight receives an emphasis (e.g., distance running, swimming/diving, and wrestling) (Baum, 2006; Wells, 2015). Furthermore, eating disorders are less common in sports that use referees (e.g., football and basketball) as opposed to sports that use judges (e.g., gymnastics and diving) to gauge competition (Baum, 2006).

While athletic participation increases certain risk factors for both developing an eating disorder and patterns of disordered eating, athletic participation also has positive effects on a college athlete's overall health (Thompson, 2014). Physical activity is necessary for a healthy lifestyle, and can even help decrease mental health conditions in certain populations (Lester, 2017). Within the athletic setting, college athletes also have access to a variety of resources and services both within and outside the athletic department. These often fall under the label of sport medicine. Sport medicine is a broad umbrella term encompassing a variety of professionals involved in supporting performance enhancement and injury care and management aspects of an athlete's health and well-being (Prentice, 2014). This holistic approach to care can include exercise physiologists, nutrition consultants, sport psychologists, social workers, strength and conditioning coaches, medical doctors, or athletic training staff. Of particular importance for this study is the role of the athletic trainer (ATs) in helping college athletes with a diagnosed eating disorder or patterns of disordered eating. ATs are often the college athletes first point of contact in the sport medicine team (Chapa et al., 2018).

Role of Athletic Trainers

ATs are unique healthcare professionals, they perform a variety of roles for their patients, including following the college athlete from initial injury to full return to participation (Clement & Shannon, 2011; National Athletic Trainers' Association, NATA, 2021). The newest education standards for ATs is to ensure preparation to identify, refer, and give support to patients with behavioral health conditions. ATs understand their role is not to treat behavioral health conditions; rather, to work with other healthcare professionals to monitor these patients' treatment, compliance, progress, and readiness to participate (Commission on Accreditation of Athletic Training Education, 2020).

Despite the treatment of mental health conditions, such as eating disorders, residing outside the scope of practice for ATs, it is still very important for ATs to be knowledgeable in this aspect of a college athlete's overall health and well-being (Neal et al., 2013). The close relationship many ATs develop with college athletes affords them a unique opportunity to get to know their college athletes and to recognize any behavior warranting referral to a mental health professional (Cormier & Zizzi, 2015). Researchers recommend all individuals who are involved in the health and preparation of college athletes understand the warning signs for psychological conditions, such as eating disorders or disordered eating behaviors (Bonci et al., 2008).

In regard to recognition and referral skills, ATs have demonstrated great accuracy in identifying and referring college athletes experiencing a variety of mental health concerns

(Cormier & Zizzi, 2015). In addition to the recognition of disordered eating and potential eating disorders, ATs also provide social support to college athletes in a variety of different contexts (Covassin, 2014; Yang, 2010; 2014). While ATs are viewed as a source of social support for college athletes, their role in providing support to college athletes with an eating disorder or patterns of disordered eating is largely unknown.

Importance of the Current Study

It is important for ATs to understand how mental health, specifically eating disorders, correlate with the overall health and safety of college athletes (Bonci, 2008; NATA, 2021). While ATs will work with a team of qualified providers to ensure holistic care of an eating disorder or disordered eating, they play a large role in supporting college athletes as they work through the psychological, behavioral, and physical characteristics of an eating disorder (NATA, 2021). In order to provide this support, an AT must work with an assembled team of healthcare professionals who will diagnosis, formulate, and implement a comprehensive plan for treatment and ongoing detection of concerns (NATA, 2021). Therefore, the purpose of this study is to provide a deeper understanding of athletic training practices that help support college athletes experiencing an eating disorder and the role ATs believe they can play in the holistic care of their athletes.

In a study by McLester et al. (2014), only 33% of ATs thought they could identify a college athlete with an eating disorder and 50% believe they could offer effective support. Research of this nature can help ATs better analyze and explore how best to approach their relationship with a college athlete experiencing an eating disorder or patterns of disordered eating.

Previous research by Zakrajsek and colleagues (2016) found ATs are capable of helping college athletes manage their emotions, improve coping techniques, and build confidence. It is important to understand whether these current capabilities of ATs are transferable to enhancing biopsychosocial skills necessary for a college athlete to overcome challenges with an eating disorder or patterns of disordered eating.

Method

Descriptive phenomenology is a qualitative research method within the human science research paradigm designed to understand and explain the meaning of human experiences (Fitzpatrick & Watkinson, 2003). Similar to phenomenology, descriptive phenomenology focuses on the lived human experience, but differs by illuminating trivial details that might otherwise be taken for granted (Wilson & Hutchison, 1991). Phenomenology research concentrates on the development and culminations of historical meanings regarding the experience (Lavery, 2003). This approach has a history of being used within athletics and sport (Kristiansen et al., 2017; Ryba, 2008), which includes helping to illuminate specific perceptions of those working with college athletes.

This study followed a logical, systematic, and multiphase methodological approach to capturing reflections of athletic trainers' subjective experiences related to managing student-athletes who have a diagnosed eating disorder. More specifically, the study followed principles of inductive reasoning, where observations and interviews led to the development of patterns, hypotheses, and theory. The use of phenomenology in this study included gathering information

from athletic trainers, personal reflections from the researchers on the topic (a tenant of descriptive phenomenology), and information gathered from outside the context of the research project (e.g., website biographies of the athletic trainers).

Study Participants

Researchers used purposive sampling to recruit currently practicing athletic trainers from NCAA Division I institutions in a mid-major conference. Researchers sought Division I athletic trainers who could speak freely about recent experiences involving college athletes with a diagnosed eating disorder. The researchers selected Division I programs as there are higher rates of diagnosed eating disorders or patterns of disorder eating among these college athletes (Kato et al., 2011). Researchers contacted athletic training staff at all schools affiliated with the conference. Ten athletic trainers identified with the study inclusion criteria. Each athletic trainer ($n = 10$) received a pseudonym to protect their true identity. The researchers had a challenging time identifying ATs who either worked with a college athlete with an eating disorder or were willing to discuss their experiences. However, research suggests a sample of between six (6) and 20 individuals is sufficient for a phenomenological study (Ellis, 2016). These athletic trainers provided vivid descriptions of their experiences working with student-athletes that had a diagnosed eating disorder. See Table 1 for information about each study participant.

Table 1

Study Participants

Pseudonym (Gender)	Age	Race/Ethnicity
Allison (Female)	27	White
Arlene (Female)	30	White
Brianna (Female)	32	White
Frank (Male)	28	White
Grace (Female)	40	White
Margaret (Female)	36	White
Sol (Male)	29	Black
Jill	34	White
Marcus	38	Black
Jason	44	Asian American

Study Procedures

Interview guide. The semi-structured interview guide had a total of six (6) prompts. The prompts asked participants to: (1) talk about their collegiate athletic training experience, (2) describe their athletic training philosophy, (3) discuss experience with college athletes with a diagnosed eating disorder, (4) discuss the role of an athletic trainer in working with these college athletes, (5) discuss effective and ineffective athletic training services for a college athlete with a diagnosed eating disorder, and (6) suggest tools or skills athletic trainers need to strengthen their impact when supporting college athletes with a diagnosed eating disorder. The research team developed the interview guide by first defining the larger research question and outline broad areas of knowledge that was relevant to answering this question. The research team piloted the questions with a group ($n = 3$) of local athletic trainers.

Intensive interviews. All ten athletic trainers participated in an intensive interview with one of the researchers. The interviews took place virtually via a video conferencing system. Researchers made this decision to support health and safety protocols related to the COVID 19 pandemic. The researcher conducting the interviews used the interview guide to engage the participants in open-ended conversation about their experiences working with college athletes that have a diagnosed eating disorder. All follow-up prompts flowed from participant responses to the open-ended questions.

The researcher interviewed each athletic trainer until data saturation occurred. Saturation meant the addition of no new information from participants with the use of prompts (Hennink & Kaiser, 2019). The research team believed the sample provided a robust and valid understanding of the study phenomenon. Thus, the researchers did not feel extending the interview, conducting a second interview, or adding participants was necessary (Hennink & Kaiser, 2019). The duration of the interviews ranged between 45 and 80 minutes. The researcher only interviewed each athletic trainer one time. The researchers recorded each interview with a digital recorder. Additionally, the researcher took field notes (e.g., written observations about non-verbal cues and scratch notes containing keywords) during the interview and used each athletic trainer's current biography on the corresponding university website. These were short paragraphs about each athletic trainer's educational and professional careers. The biographies of the athletic trainers were the historical documents reviewed by the research team to explore their time in the field and any specific mentions of knowledge about eating disorders or disordered eating.

Thematic Analysis

Following transcription of the narratives, completed by the interviewer, the researchers conducted a thematic analysis of the text independently. The researchers considered the detailed notes taken during the interviews, recorded notes taken while listening to and reading the interviews, and the historical contexts into account (Tessier, 2012). Specifically, the biographies provided background information on each athletic trainer that might not have been mentioned in the interview (Laverty, 2003). This detailed approach of listening to and reading the transcriptions and relevant documents provided a systematic process for independently identifying emerging themes. It was possible for more than one theme to exist in each sentence, researchers independently considered each phrase, statement, or sentence in isolation so not to miss the meaning or essence of an athletic trainer's experience (Fitzpatrick & Watkinson, 2003). Each researcher used an Excel file to organize potential inductive coding themes. Researchers use this inductive coding method when they know little about the research subject and researchers are conducting heuristic or exploratory research (Laverty, 2003).

Researchers then shared their findings and worked to mutually code their independent findings into meaning units (Laverty, 2003). These meaning units ranged in magnitude from a single word to a full sentence to capture salient ideas. At this point, the researchers did not have sophisticated codes for the data, but rather, just an idea of what the overall data looked like. Researchers collaboratively reviewed these meaning units line-by-line to help establish initial codes. Researchers used categorization of these codes to generate final themes (Guest et al., 2012). Data not combined in the first round of theme generation was set aside as miscellaneous, then reviewed to see if the code fit into an existing theme, could be combined with other miscellaneous data to create a new theme, or remained miscellaneous (Guest et al., 2012; Maguire & Delahunt, 2017). During the analysis process, the researchers constantly debated in

order to reach an agreement on the descriptions and interpretations of the athletic trainers' experiences (Wilson & Hutchison, 1991). These debates helped the researchers avoid potential confirmation bias.

To promote the quality control of this study, the researchers used member checking, peer debriefing, and prolonged engagement. The research team provided copies of the transcripts to each ATs for their feedback and validation. By debating findings amongst the research team, peer debriefing occurred naturally. Members of the research team have prolonged engagement in athletics as former student-athletes, current college coaches, and sport social work scholars. These individuals spent sufficient time in the field to learn or understand the culture, social setting, or phenomenon occurring in college sports.

Results

This section expounds on various themes constructed from the analysis of transcripts and other supporting documentation. The researchers intend for each participants' voices to be heard through examples used as illustrations for themes. In addition, the relationship between ATs and college athletes with a diagnosed eating disorders or identified disordered eating was expressed through these statements to describe the college athlete's experiences with ATs. Researchers categorized statements into one of three themes: (1) AT and college athlete relationship, (2) barriers to care, and (3) opportunities for improvement. Each of these larger themes included multiple subthemes. These themes emerged from initial coding/surface content analysis (first iteration of thematic analysis), identification of pattern variables (second iteration, subthemes), and application to the data set (third iteration, primary themes) (Anfara et al., 2002).

AT and College Athlete Relationship

ATs understand the importance of providing care and support to college athletes. At the heart of this care and support is the ability to establish trust-based relationships with those in their care and the ability to serve as a primary contact for help. Brianna acknowledged, "I am a primary point of contact for a lot of the student athletes." Sol added, "I know athletes deal with a variety of challenges. I am always here to talk if they want to." Allison explained, "We are always encouraging athletes with any mental health condition to reach out for more specialized or appropriate resources." Frank insisted that college athletes will "come to the athletic trainer first." and Arlene shared, "Athletes trust me. They understand I will do all I can to help them be successful."

Through the development of these trust-based relationships, ATs reported a likelihood that college athletes would confide in them during moments of difficulty. Grace shared, "Athletes know they can come and tell me anything - no matter what the case may be." Margaret added, "Athletes come in and confide in me about a variety of situations." Sol reported, "I try my best to actually talk to them and get them to understand that I know what they are feeling. We then try to solve the problems together."

Patient-Centered Approach. Each AT reported their own personalized approach to working with college athletes. A common subtheme was the use of a "patient-centered approach" when working with college athletes. Grace promised to, "Provide the best care to each athlete by making them the center of our attention." Marcus agreed, "I am very patient centered. The athlete is the priority and I must help them meet their needs." Arlene added, "A patient-centered

approach definitely embraces a holistic review of each athlete.” Jill reported, “My approach looks at both the mind and the body when working with an athlete. This allows me to understand the total of who they are as a patient.” Frank summarized the conversation by saying, “Our goal is to guide and facilitate each athlete’s unexpected journey with compassion and understanding. We have to keep their long-term health in mind.”

Transparency. There are numerous benefits to having an AT on staff. ATs have a large amount of exposure to college athletes and are paramount in identifying their needs. Therefore, communication between the AT and the college athlete should be transparent. Allison stated, “I think transparent communication has been the key to my success with athletes.” Sol added, “I try to always be honest with the athlete. This helps to keep everything out in the open.” Jason shared, “You have to be able to get to know your athletes and forms bonds, which only comes when you are honest with them.”

Barriers to Care

Coaching Staff. There are coaches that have adopted unpleasant tendencies for approaching and addressing their players body image. Frank shared, “Some coaching staff did not necessarily have the most body positive mindset.” Grace recalled, “I had a meeting with the coach and was told the athlete had to lose five pounds leading up to the season for no reason.” Arlene illustrated, “I had a coach that wanted their players to work all of their food off.” Brianna shared, “Athletes were trying to lose weight throughout season because of their coaches.”

Discussing Red Flags. ATs reported not always feeling comfortable discussing red flags about possible eating disorder. Sol disclosed that, “I had an athlete come in with a stress fracture and was vegetarian. I knew the athlete was not getting proper nutrition, but was not sure the best path forward.” Allison portrayed, “I have athletes that will not take the necessary nutrition steps, but I do not always know how to have the conversation with an athlete.” Jill stated, “I know the reoccurrence of an athlete’s injuries is often related back to disordered eating. It is just challenging to approach that topic with an athlete.” Frank described a story where, “An athlete not only had really low bone density but they also were taking laxatives before weigh ins. Trying to help the athlete understand the risks of these actions was challenging.”

Referral Process. ATs reported a lack of clarity in procedures and policies for referring college athletes to specialized services for eating disorders. Jason testified, “I do not think it is a set policy or procedure at any school.” Grace admitted, “There was never a training or established step laid out with anyone...it was even difficult to get answers when we had questions about eating disorders.” Marcus described the procedures as, “a cloudy process because I did not have direct contact specialists.” Participants shared there are multiple referral contacts depending upon their athletic department. These individuals included: “psychiatrists, head athletic trainer, dieticians, physicians, and mental health professionals.”

Athlete Response. Unfortunately, our mood has the ability to determine appetite and food intake. Some people unintentionally associate their emotions with food intake because they have not established coping mechanisms. Allison exclaimed, “As much as you can tell someone not to over-exercise or not to punish themselves by exercise or have unhealthy relationships with food, they are not going to listen to you.” Frank observed, “She neither understood what was going on nor did she think there was a correlation between her nutrition and her injuries.” Brianna stated, “Eating does not mean you are going to gain weight or get too big to run. That is what they are

afraid of.” Grace noted, “Some athletes do not understand that they do not have to kill themselves to stay in shape.”

Opportunities to Improve

AT Role. The roles of ATs vary by organization, but they are significant to the development and health of each athlete. Arlene stated, “It is my personal belief and philosophy that athletic trainers should have an intricate role in handling eating disorders.” Jill emphasized, “ATs must help facilitate the healthcare of student-athletes and ensure each patient is getting the best treatment. However, this is something we all need to learn more about.” Sol declared, “Beyond facilitation we must grow an overall awareness for what is going on with each individual athlete, which includes understanding possible eating disorders.” Allison insisted, “I treat more mental health issues than muscular-skeletal issues in a week. There is a need for more training in this area knowing our role in the mental health process.” Sol cautioned, “I have some background in nutrition, but that is not my specialty and there has to be someone much more trained to provide that than me.” Brianna further stated, “We are always encouraging patients with a mental health condition to reach out to more specialized or appropriate resources.”

Communication and Education. All sports organizations have specific areas that might need improvement. Communication is an area that will have limitations, but it should not have an effect on the student-athlete. Jason noted, “We must be able to communicate to each coach or staff or member so they can understand the impact of an eating disorder too.” Frank reassured, “I think communication could be better for one. Not everyone is on the same page when it comes to athletes with an eating disorder.” Allison urged, “We need to receive more continuing education on things such as eating disorders.” Arlene volunteered, “Continuing education with your coworkers on these topics is essential. We need more of that.” Brianna responded, “We need more education on eating disorders, which could enhance our understanding.” Frank suggested, “By learning more about eating disorders, we can teach life skills to student-athletes.” This has prompted further consideration of the important role ATs have in addressing eating disorders.

Discussion

The purpose of this study was to provide insight concerning the intersection of ATs and their role in addressing eating disorders with college athletes. ATs play an important role in providing both aid to injury recovery and also serve as a source of psychosocial referral and support (Cormier & Zizzi, 2015; NATA, 2021). The research aimed to better describe the role of ATs in recognizing and referring athletes to appropriate resources to address eating disorders and disordered eating. The study is also timely, emerging as the newest education standards for ATs also require the ability to identify, refer, and give support to patients with behavioral health conditions (Commission on Accreditation of Athletic Training Education, 2020). Several themes emerged from the data, which allowed the research team to suggest ATs have both an important and varied role in addressing conditions such as eating disorders.

AT-Athlete Relationship

The AT-athlete relationship is unique and centers around the ability to provide support to athletes in multiple arenas. Past studies involving ATs confirmed limited abilities to identify and

offer support to athletes with an eating disorder (McLester et al., 2014). The first step in addressing this gap is considering how to generate a trust-based AT-athlete relationship. The relationship between the athlete and AT can take many forms. ATs view themselves as collaborators, extensions of a parental figure, and that of a “first responder” for athletes with an eating disorder. They act as a hub for the athlete, especially in terms of referring them to appropriate resources, even if they are beyond the scope of their immediate capacity to treat the athlete (Bonci, 2008; NATA, 2021). While it is clear ATs believe they are a primary point of contact and can provide trust-based care to athletes, this relationship only strengthens if ATs have knowledge about eating disorders. This study found participants did not feel comfortable in working with athletes diagnosed with an eating disorder. This lack of comfort relates to the limited education provided to ATs on this topic. These limitations pose serious risk for connecting athletes with the necessary holistic care (Ahlich et al., 2019; Martin et al., 2020).

Harnessing the unique relationships that ATs have with athletes may provide opportunities for early or preventative interventions. Some participants in this study reported regularly providing support and guidance to athletes with mental health and eating disorder behaviors, while others felt uncomfortable addressing such topics without adequate training. While the recommended core multidisciplinary team for treatment of athletes with disordered eating and eating disorders includes a doctor, sports dietitian, and psychologist (Wells et al., 2020), it is important for ATs to be aware of the risk factors and warning signs of eating disorders so that they can work effectively within the sport system to best support outcomes for athletes. Early identification and treatment of disordered eating improves the speed of recovery, reduces symptoms, and improves the likelihood of better health outcomes (Bratland-Sanda & Sundgot-Borgen, 2013). This is of particular importance as Flatt et al.’s research found that college athletes underutilized supports for eating disorders and disordered eating. The underutilization may, in part, be contributed to stigma and shame, general access and knowledge of services, and/or the perceived expectations of the sport (Flatt et al., 2021). However, professional awareness by ATs may lead to greater resource acquisition. Furthermore, it is crucial that sports organizations develop well-defined roles and clear communication strategies across relevant stakeholders to address mental health and behavioral concerns as they arise.

Education is the best evidence-based method for primary prevention of disordered eating and eating disorders (Coelho et al., 2014), and may include elements related to increasing awareness of risk factors, symptoms, improving body image, and raising nutritional literacy (Wells et al., 2020). Some ATs in this study suggested that athletes’ disordered eating behaviors may be particularly influenced by their coaches. Other studies (Currie, 2010; Turk et al., 1999) have suggested that the environment created by sports coaches, potentially due to poor awareness and knowledge of eating disorders, can either reduce or increase the risk of these negative health outcomes. Therefore, educational efforts should be developed and delivered with buy-in from coaches whenever possible. This suggestion is supported by NATA (2021), which recommends that the entire sports support staff, along with athletes and coaches, undergo an initial comprehensive educational program on eating disorders and disordered eating and regular follow-up training sessions.

Philosophy of AT

ATs have the opportunity to be an essential factor in the progression of care with athletes (Zakrajsek et al., 2016). Much of this progression of care centers around a consistent referral

process for athletes with an eating disorder (Commission on Accreditation of Athletic Training Education, 2020). ATs consistently shared how a lack of education and an inconsistent referral process hampered their ability to work with athletes with an eating disorder. This extended to ATs doubting their ability to serve as a positive role model that helps athletes focus upon their treatment (Chapa et al., 2018). This doubt could prevent ATs from teaching athletes how to process their eating disorder, linking the mind-body connection, and taking appropriate steps for supporting athletes in the maintenance of treatment protocols associated with their eating disorders.

To further support their athletes, ATs also made it clear they desire ongoing education on evidenced-based services for treating eating disorders and how they can support these evidence-based approaches in the training room. For instance, how can ATs help athletes maintain balanced nutrition, address concerns about body image, and provide assurance and confidence in an athlete's recovery. The intrinsic motivation from ATs to support their athletes can help serve as potential protective factors and lead to sustained mental health treatment by recognizing potential barriers, supporting treatment, and normalizing communication surrounding eating disorders as social (both professional and personal) supports can lead to improved outcomes (Cockell et al., 2004).

Sports have a responsibility to athletes to foster a culture of health, both in their environment and in their policy. The ATs in this study reported a lack of clarity on roles, guidelines, and policies for referring athletes for mental health and eating disorder issues. To address these challenges, sporting organizations are encouraged to create guidelines on prevention and early identification of disordered eating within the specific context of their sport, create a coordinated flow of reporting and information to relevant sport staff, and maintain the principle of "first do no harm" (Wells et al., 2020).

Limitations

A limitation of this study was the use of a single, interview with each participant. This approach could make it difficult to get a truly in-depth look at this phenomenon. Researchers could expand their overall engagement with these willing ATs through a prolonged single interview or multiple shorter interviews. A second limitation of this study is potential bias from the research team. While the researchers took clear steps to avoid personal and confirmation bias, past and current experiences related to athletics are difficult to fully avoid.

Future Directions

The study contributes to the literature through providing in depth descriptions of the ATs role in both providing services and being part of a treatment team that addresses eating disorders or disordered eating in collegiate athletics. The study sheds light on some of the philosophies and actions that guide ATs in this environment. Future research and practice should include additional training for ATs about eating disorders, examination of the service referral process for an athlete with a potential eating disorder or disordered eating, and the role ATs play in supporting the evidence-based care of athletes. Additionally, given AT's work in collaboration with other professionals, it may be beneficial to interview other professionals who interact with ATs to better understand perceptions of their role, especially in relation to the treatment of serious mental health conditions, such as eating disorders. ATs serve an important role in this

space and one that through enhanced understanding can be further confirmed, especially in treating athletes beyond traditional understandings of their knowledge, skills, and abilities.

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