Strength Versus Deficit Educational-based Mental Toughness Interventions on Mental Health of Female Student-athletes

LINDSAY GUZZETTA¹, ZACHARIAS PAPADAKIS², GRANT B. MORGAN³, & ANDREAS STAMATIS¹, FACSM

¹Exercise and Nutrition Science; SUNY Plattsburgh; Plattsburgh, NY ²Human Performance Laboratory, Barry University; Miami Shores, FL ³Educational Psychology; Baylor University; Waco, TX

INTRODUCTION

Educational-based psychological skills training (PST) is effective in terms of Mental Health (MH) outcomes. Mental toughness (MT), a Positive Psychology construct, is positively associated with MH. Sports training emphasizes working on the weaknesses of the athlete. Positive Psychology is rooted in strength-based interventions. In Applied Sports Positive Psychology, where females are underrepresented, the two approaches appear contradictory.

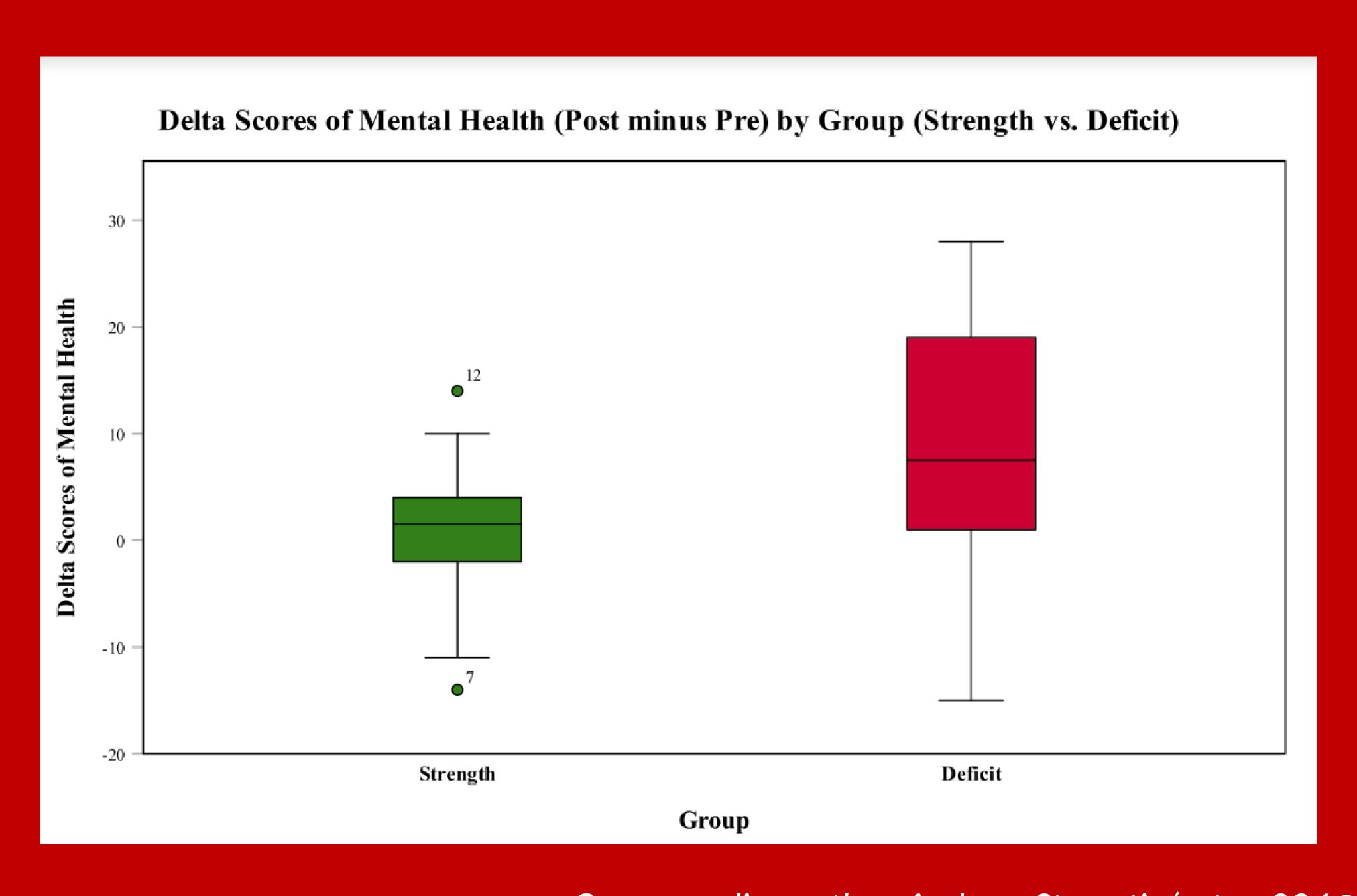
PURPOSE

To examine the effects of deficitversus strength-based MT interventions on MH levels of female collegiate athletes.

METHODS

Out of the 161 female athletes of a SUNYAC institution, 95 participated. MH scores were collected via the Mental Health Continuum Short Form (MHC-SF) while MT scores were via the eight-item, Mental Toughness Index (MTI). Each MTI question (score range: 1-7) represents one key MT dimension (e.g., Q7: Buoyancy). We previously created and successfully pilot-tested eight educational PST videos (one per key dimension). MT scores 1-3 were considered low (deficits) and 6-8 high Participants (strengths). clustered into two groups. Power analysis yielded a sample size of 34. Group 1 (*n*=18) received intervention in the form of 1-3 videos based on their deficits, whereas Group 2 (*n*=18) strengths. Descriptive statistics, a two-sided t-test, and an analysis of variance (ANOVA) on the gain scores were produced on SPSS

The deficit-based PST intervention was effective on mental health



Corresponding author: Andreas Stamatis (astam004@plattsburgh.edu)
This work was supported by the Greater NY ACSM Chapter (COVID-19 & Health-Fitness Research Competition)

RESULTS

Deficit Group MH scores: $M_{PRE} = 43.2$, SD = 10.3; $M_{POST} = 51.9$, SD = 12.5. Strength Group MH scores: $M_{PRE} = 52.2$, SD = 7.1; $M_{POST} = 52.9$, SD = 9.4. Gain scores: $\Delta_{DEFICIT} = 8.7$, SD = 11.7; $\Delta_{STRENGTH} = 0.7$, SD = 7.2. Ttest of deficit group: t(17) = -3.2, p = .01, d = 0.84. T-test of strength group: t(17) = -.4, p = .68, d = 0.09. ANOVA: F(1,34) = 6.1, p = .19, $\eta_p^2 = .151$.

CONCLUSION

Both interventions were effective. Only the deficit-based intervention was significant and of large magnitude. The difference between the groups in the effect of the interventions was also significant and of large magnitude. This is the first study to examine the effectiveness of a telehealth education-based PST strength- versus deficit-based MT intervention on MH.