

An Examination of the Licensure Differences of Mental Health Professionals in National Collegiate Athletic Association Division I Athletic Departments

Lauren Beasley, Ph.D., LMSW
Georgia State University

Robin Hardin, Ph.D.
University of Tennessee

Zachary T. Smith, Ph.D.
Penn State Harrisburg

John Magliocca, Ph.D.
St. John's Fisher University

Abstract: The high rates of depression, anxiety, suicide, and other mental health concerns among collegiate student-athletes have necessitated the need for appropriate mental health services. Members of Division I autonomous conferences of the National Collegiate Athletic Association (NCAA) have passed legislation requiring member institutions to provide access to mental health care for their student-athletes. The NCAA has also released a best-practices guide for mental health care in college sport that includes licensed psychologists, licensed clinical social workers, and licensed professional counselors. These professionals are all qualified and deemed competent to provide mental health services to student-athletes. However, an examination of the differences between these three licenses is absent from the literature. This essay offers an overview of these differences to clarify the purview of each license, as there is confusion surrounding the different types of professionals that can provide mental health services. A description of the qualifications of these professionals is provided, followed by a discussion of the differences between mental health licensure and certification as a certified mental performance consultant (CMPC). This will assist administrators, coaches, and student-athletes in making informed decisions about mental health care.

Keywords: student-athletes, NCAA, college athletics, holistic care, professional licensure, mental health, mental health literacy

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The World Health Organization (WHO) reported that one in five college students worldwide experiences some type of mental health disorder (Auerbach et al., 2016). This rate is

comparable or even higher in the collegiate student-athlete population in the United States. Wolanin and colleagues (2016) found that one in four student-athletes and nearly one in three of all-female student-athletes suffer from depressive symptoms in a study of National Collegiate Athletic Association (NCAA) Division I (DI) student-athletes. [Cox and colleagues \(2017\)](#) also found that 33.2% of student-athletes presented with depressive symptoms, whereas the average prevalence rate was approximately 30% for the general student population (Ibrahim et al., 2013). Other studies suggested high rates of substance use (Yusko et al., 2008), alcohol use (Taylor et al., 2017), and eating disorders (Greenleaf et al., 2009) in the student-athlete population. There are unique aspects of the collegiate athletic culture that can increase the risk for mental health concerns. These include the negative impact on self-identity when engrossed in athletics (Taylor, 2014), time demands (Kroshus, 2014), injury (Putukian, 2016), focus on the physical body (McLester et al., 2014), the transition out of athletics (Miller & Buttell, 2018; Smith & Hardin, 2018), over-training syndrome (Matos et al., 2011), and traumatic brain injuries (Kontos et al., 2012).

The growing concern around the high rates of these mental health issues in the student-athlete population (Murschel, 2019) led the NCAA Division I autonomous conferences to pass legislation at its 2019 convention requiring member institutions to provide mental health services and resources for student-athletes (Adelson, 2019). However, there is limited research on *who* is actually providing these services to student-athletes. There has been some analysis in the popular press about the number of people providing mental health services, but there has not been any in-depth analysis of the qualifications of the professionals providing the services (Wittry, 2020). The NCAA released a guide for mental health in college sport (NCAA Sport Science Institute, 2020) that includes four best practices: (a) clinical licensure of professionals providing mental health care; (b) procedures for identification and referral of student-athletes to qualified professionals; (c) pre-participation mental health screenings; and (d) health-promoting environments that support mental well-being and resilience. This essay focuses on the first two recommended practices by explaining the differences in mental health professionals' licenses so student-athletes and athletic administrators can be better informed.

The NCAA guide offers a list of mental health professionals who are qualified to provide mental health care: “clinical or counseling psychologists; psychiatrists; licensed clinical social workers; psychiatric mental health nurse; licensed mental health counselors; primary care physicians with core competencies to treat mental health disorders” (NCAA Sport Science Institute, 2020, p. 5). The guide emphasizes the need to see one of these licensed and qualified mental health professionals, but it does not outline the differences between the types of professions. As a result, there may be confusion for athletic administrators in the hiring process, athletic staff in the referral process, and student-athletes in determining which professional would best suit their needs for clinical therapy. Primary care physicians, nurse practitioners, and psychiatrists are key members of the mental health care team. This essay, however, examines professionals, licensed psychologist (LP), licensed clinical social worker (LCSW), and licensed professional counselor (LPC), whose primary focus is clinical therapy.

The similarities and differences between these mental health professionals have even caused tension within the mental health profession itself (King & Ross, 2003). Argesta (2004) found that, compared to other professional tasks, psychologists spent the most time on

psychometric testing, social workers on community outreach, and counselors on individual therapy. However, since all three professions can provide clinical therapy, many social workers and psychologists in the study stated they wanted to do more individual and group clinical work. In another study, licensed counselors indicated they perceived themselves as a unique profession with a different focus than psychologists and social workers (Mellin et al., 2011). It is not surprising that there has been consistent role confusion for individuals who seek mental health care since there is disagreement in the professional field itself (McKeddie, 2013; Murstein & Fontaine, 1993; Robiner, 2006). Individuals should be knowledgeable of these differences as “clearer articulation of disciplines’ respective scopes of practice and training models potentially could enhance consumers’ understanding of their choices” between mental health professionals (Robiner, 2006, p. 614). Therefore, an explanation of the differences in the licenses of an LP, LCSW, and LPC is necessary since it is missing from the NCAA Sport Science Institute (2020) Mental Health Best Practices, and even the broader sport studies literature.

Waller and colleagues (2016) include a counselor as part of a student-athlete’s holistic care team in their conceptualization of a holistic care model, but do not identify which *type or types* of counselors. A review of the Mental Health Best Practices guide identified the need for an interdisciplinary care team to include a licensed mental health professional but did not indicate the specific types of mental health professionals (Sudano et al., 2017). Sudano and Miles (2017) examined mental health services in athletic departments by identifying a variety of mental health professionals who provided care to student-athletes, including psychologists, social workers, and therapists. However, there was no discussion of the licenses these providers may hold, which is important clarifying information. Clinical and counseling psychologists were identified as providing services, both of which would have the LP license. As scholarship begins to delve more into mental health programming, there needs to be a common language and common knowledge around mental health licensure understood by sport administrators, coaches, support staff, and student-athletes.

Mental Health Literacy

The aforementioned lack of understanding of the different types of mental health professionals speaks to what research terms *mental health literacy* (MHL). MHL is the knowledge and ability to recognize, manage, and prevent mental health issues (Jorm et al., 1997). Kutcher et al. (2016) offer four aspects of MHL: (a) knowledge of mental health management; (b) knowledge of the different types of mental health disorders and treatments; (c) ability and action to decrease mental health stigma; and (d) appropriate help-seeking behaviors. Although all four aspects of MHL are important, attention to appropriate help-seeking behaviors may be especially needed for student-athletes, as there are significant barriers to help-seeking inherent in athletic culture (Davoren & Hwang, 2014; Gulliver et al., 2012).

Appropriate help-seeking behavior is also relevant for administrators and coaches who make programming decisions and have a direct influence on student-athletes’ perceptions of mental health and help-seeking (Moreland et al., 2018). MHL that involves help-seeking includes the knowledge of when, where, and how to obtain competent mental health care (Kutcher et al., 2016). Specifically, appropriate help-seeking behaviors are defined as having the knowledge to choose providers that are competent—i.e., have the appropriate training, experience, and

oversight—to effectively meet one’s specific mental health needs (Dang et al., 2020). It is critical to have a foundational knowledge of different types of mental health licensure so individuals can find competent mental health practitioners to meet their specific needs.

There has been limited research on the MHL of student-athletes and athletic staff in the United States. Student-athletes have similar rates of MHL as their non-athlete student peers, yet have significantly higher rates of mental health stigma, which can be a barrier to help-seeking behaviors (Beasley & Hoffman, 2021). Other research suggests that specific mental health educational programs can decrease stigma and increase student-athletes’ MHL (Kern et al., 2017). Additionally, in a systematic review that included national and international studies, Breslin and colleagues (2017) similarly found that educational initiatives can increase the MHL of administrators and coaches, which is important since these professionals can significantly influence the help-seeking behaviors of student-athletes. Thus, in an effort to establish common language used in these types of educational efforts, the purposes of this essay are twofold: (a) to clarify the distinctions between these three mental health professionals, and (b) to expand on help-seeking information provided by the NCAA in its Mental Health Best Practices guide (NCAA Sport Science Institute, 2020). This will enable administrators, coaches, and student-athletes to make educated, informed choices and improve their MHL around help-seeking to assure competent mental health care.

Mental Health Professionals

It is important at this point to establish a common vocabulary for this essay. Although the following are common terms in the mental health profession, different terms may be used across publications and contexts (de Silva et al, 2005; Hodges, 2019; Prout & Watkins, 2014). Therefore, the terms were conceptualized for this essay as follows.

Clinical therapy refers to the management of mental health issues with talk therapy, rather than or in conjunction with psychiatric medication.

Psychometric testing refers to standardized tests and measurements to assess individuals’ mental capabilities and behaviors that usually require a licensed professional to administer and score.

Supervised clinical therapy refers to when a mental health professional is not yet licensed to provide clinical therapy on their own and must practice under the supervision of a clinically licensed professional. Mental health professionals who practice supervised clinical therapy are commonly working towards completing hours to become clinically licensed.

Unsupervised clinical therapy refers to when a mental health professional is fully licensed to provide clients with clinical therapy without supervision (although it is always good practice to maintain a relationship with a supervisor or colleagues for consultation). These professionals will have completed their education, completed required supervised hours, and passed a clinical licensing exam.

Licensed Psychologist (LP)

LPs must have graduated with a doctoral degree in a type of psychology (i.e., counseling, clinical) from an American Psychology Association-accredited university (American Psychological Association [APA], 2014). Individuals can earn either a PhD or a PsyD, depending on the doctoral program; however, either degree is acceptable for licensure. The majority of states require approximately one year of supervised clinical therapy post-graduation from a PhD or PsyD program before an individual can sit for the national and state licensing exams (APA, 2014). An individual is licensed as an LP after completing their post-graduation supervision hours and passing their examinations. An LP is qualified to administer psychometric testing, perform clinical therapy, and diagnose mental disorders. Only five states (Idaho, Illinois, Iowa, Louisiana, and New Mexico) as of July 2021 allow LPs with advanced specialized training to prescribe psychiatric medicine (Bethune & Lewan, 2017). Consultation with a psychiatrist, psychiatric nurse practitioner, or primary care physician is most likely necessary if a student-athlete needs medication. It is important to note that laws are ever-changing, so it is imperative that administrators stay up to date on policy and legal developments.

Licensed Social Worker (LMSW or LCSW)

An individual needs a master's degree in social work to sit for the master's level licensing examination. A licensed master's social worker (LMSW) can conduct case management, assessments, advocacy, work in non-private settings (i.e., hospital), and provide supervised clinical therapy. However, they cannot diagnose mental disorders, work independently in private practice, provide unsupervised clinical therapy, or bill insurance without a clinical license (National Association of Social Workers [NASW], n.d.). An individual must complete an additional 3,000 hours of post-master's supervised therapy before sitting for the state's clinical licensing exam (de Silva et al., 2005).

A licensed clinical social worker (LCSW) can perform unsupervised clinical therapy, diagnose mental disorders, and bill insurance to work in private practice, but cannot prescribe medication. Administrators seeking to hire a social worker to provide clinical therapy should ensure they hire an LCSW or an LMSW, who is under clinical supervision. It is important to note that the majority of clinical licenses will be labeled as LCSW and non-clinical licenses as LMSW; however, some states will have a variation. Michigan, for example, lists the clinical license as LMSW, with a non-clinical license listed as Limited License Master Social Worker, or LLMSW (Licensing and Regulatory Affairs, 2017). Therefore, administrators should consult their state-specific social work board website to identify their state's version and abbreviation for each license.

Licensed Professional Counselor (LPC)

There are several different licenses a professional mental health counselor can hold depending on the state. The most common clinical counseling licenses are: (a) Licensed Professional Counselor (LPC), (b) Licensed Mental Health Counselor (LMHC), (c) Licensed Clinical Professional Counselor (LCPC), and (d) Licensed Professional Clinical Counselor (LPCC). To become a licensed clinical counselor, no matter license name, an individual must at

least hold a master's degree in counseling, complete a minimum of 3,000 post-master's supervised clinical therapy hours in most states, and pass the state-endorsed licensing exam (American Counseling Association [ACA], 2011).

These licensees can usually provide clinical therapy, diagnose mental health disorders, and bill insurance for clinical therapy, but they cannot prescribe medication; however, the specific scope of practice for each license is state-dependent. For example, in Maine, an LPC can provide therapeutic services, but does not have the diagnostic ability, whereas an LCPC does have the diagnostic ability (State of Maine Professional & Financial Regulation, n.d.). In Tennessee, an LPC can provide therapeutic services, but cannot diagnose unless they have the LPC with a Mental Health Services Provider Distinction (LPC/MHSP; Tennessee Department of Health, n.d.). Therefore, consultation of each individual state's licensing board is needed to identify their state's version, abbreviation, and scope of practice for each type of license. There is no case management version of this license. The individual will hold one of these licenses, or have some type of provisional license, or "intern" distinction if still completing post-master's supervised clinical therapy hours to provide clinical therapy. Some LPCs will also have the distinction of National Certified Counselor (NCC), which means they are nationally board-certified and held to certain standards, but this does not replace state licensure (National Board of Certified Counselors, n.d.).

Overall, all practitioners with an LP, LCSW, and LPC license can diagnose and provide clinical therapy for mental health concerns. An LMSW, although not licensed to diagnose (and must be under supervision to provide clinical therapy), can be an important member of a student-athlete's mental health care team by providing assessment and case management services. LPs have specific training in psychometric testing, although assessments are a part of the training needed to receive any of the four licenses. However, the information provided on each license is not exhaustive. Licensing requirements, license names, and practice boundaries for each license vary by state because licenses are issued by each state's licensing board, and specific requirements for each state are determined by the state licensing board.

Yet, with the foundational knowledge of licensure presented, a sports stakeholder can better understand the terminology used by each state's licensing board, and wisely use state-specific licensing information to assure practitioners hold the required mental health license for needed service. A foundational understanding of mental health licensure increases one's MHL specifically in identifying competent mental health practitioners. Sport administrators are encouraged to review the psychology, counseling, and social work licensing boards' websites for the state they are working in for state-specific information. This will provide a better understanding of the services that can be offered by each professional, as well as their educational and training requirements.

A Discussion on Mental Health and Sport Performance

There is often confusion in the athletic world between a mental health professional, especially a psychologist licensed to offer clinical therapy services, and a Certified Mental Performance Consultant (CMPC; Carr & Davidson, 2014). A CMPC focuses on enhancing athletic performance and assisting athletes to reach optimal athletic performance. This is much different than the clinical therapy services offered by LPs, LCSWs, and LPCs, who are focused on mental health. The American Psychological Association (2018a) recognizes three types of sport

psychology specializations: (a) applied, which focuses on performance enhancement; (b) clinical, which uses clinical therapy to address the mental health of athletes, and (c) academic, which focuses on teaching and researching at the university level. Individuals possessing a master's degree in psychology or a related field can practice performance enhancement at the applied level and can become certified as a CMPC through the Association for Applied Sport Psychology (AASP).

The AASP (n.d.) defines *applied sport psychology* as facilitating “optimal involvement, performance, and enjoyment in sport and exercise” (para. 1). Performance enhancement training specifically focuses on assisting athletes in developing the needed mental skills, such as goal setting and concentration control, to *perform consistently* at high levels. An individual must have either a master's or doctoral degree in sport science, sport psychology, or related field, have completed specified course work, completed 400 hours of mentoring experience, and have passed the CMPC certification exam to become a CMPC (AASP, n.d.). The focus of the CMPC is not the diagnosis, treatment, and management of mental health issues. AASP is explicit that individuals who only hold a CMPC are not licensed as clinical psychologists and focus solely on enhancing performance by teaching mental skills.

Since a CMPC depicts competence in performance enhancement and not clinical mental health, one must hold a doctoral degree in psychology and be licensed as a psychologist in the state they are practicing in to gain recognition from the APA as clinically proficient to perform clinical therapy (American Psychological Association, 2018b). Under these guidelines, the APA recognizes sport psychology as a professional specialization, but not as a separate profession or separate degree. The APA (2008) even states in their description of the sport psychology proficiency that, “This proficiency does not include those who have earned a doctoral degree in sport psychology but are not licensed psychologists” (para. 1). Therefore, an individual cannot be licensed as a *sport* psychologist, only as an LP and/or certified as an CMPC. To date, neither the NASW or the ACA offer a specialization, certificate, or license in sport performance. The Alliance of Social Workers in Sports (ASWIS; n.d.) does offer a certificate in “Sport Social Work,” but this is not yet formally recognized by any social work regulatory board, nor does it offer training in performance enhancement. There are also counseling programs that offer specific tracks in sport counseling. However, this is not recognized by the ACA as a specialization of counseling, and these programs' emphasis are still on mental health counseling in the athletic context, not on sport performance enhancement (Hebard & Lamberson, 2017).

Therefore, no *one* license exists that suggests competence in both mental health and performance. This is a precarious situation, as research has found athletic administrators prefer to hire a *sport* psychologist who can address both performance and mental health issues (Connole et al., 2014). An individual may have both an LP/LPC/LMSW/LCSW and a CMPC, but it is key to note the former is licensed to practice clinical therapy and the latter a certification in performance enhancement. Student-athletes seeking mental health services need to understand these differences, as receiving mental health care from an individual who is not competent can have negative impacts on their well-being (Dean, 2010). Furthermore, it should be incumbent upon the athletic administrators and coaches referring student-athletes to services to assure that the professional holds an LP, LCSW (LMSW under supervision), or LPC distinction if the student-athletes are seeking clinical therapy services.

Competence

It is not a requirement for a licensed mental health professional working with student-athletes to also hold a CMPC certification, as their focus may be solely on mental health and not performance, but familiarity and understanding of the sport culture is essential to effective practice with student-athletes (NCAA Sport Science Institute, 2020). This cultural competence is an added component to MHL (Gorczyński et al., 2020), as the help-seeking domain of MHL is not only the basic knowledge of when, where, and how to find help, but also how to identify competent, and thus perhaps more effective, mental health services (Dang et al., 2020). In line with this aspect of MHL, exploring what competence means for each profession, outside of just appropriate professional licensure, can further enhance appropriate help-seeking behaviors in sport contexts. All three regulatory bodies—the APA, NASW, and ACA—state in their respective Code of Ethics that competence is key to practice with any population. The APA (2017) Code of Ethics states:

Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience ... Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study (p. 5).

Similarly, the NASW (2017) Code of Ethics states:

Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience... Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision (para. 49-50).

Finally, the ACA Code of Ethics (2014) states:

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience... Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience (p. 8).

All three professions are held under their license to only practice with populations within their training, education, and experience, and must continually seek out further professional development to work with specific populations. Licensed practitioners only practice within the bounds of their competence, meaning both with appropriate state licensure and expertise, when it comes to specialty areas of practice, such as work with student-athletes.

An understanding of the athletic culture and the specific challenges student-athletes face are needed for competent care (Gorczyński et al., 2020; NCAA Sport Science Institute, 2020). Thus, the mental health professional should have internship or professional experience working with the college-aged population and with student-athletes, or be seeking further education, training, and research on mental health work with student-athletes. Mental health professionals

gain this education and training through course work during their degree program and through membership in professional organizations such as ASWIS. They can also attend sport-specific professional conferences, stay updated on relevant research, or through continuing education. It is key to emphasize again that this competence does not necessarily mean training in performance enhancement or the distinction of CMPC. Rather it means a license in mental health (e.g., LP, LMSW, LCSW, LPC) and training, experience, and knowledge of *mental health work* with the student-athlete population.

Implications and Future Research

The purposes of this essay are twofold: (a) to clarify the distinctions between these three mental health professionals, and (b) to consolidate and expand on help-seeking information provided by the NCAA in its Mental Health Best Practices guide (NCAA Sport Science Institute, 2020). Overall, an LP, LCSW, or LPC can *all* provide unsupervised clinical therapy and diagnose mental health disorders under their license. A student-athlete can receive competent mental health care from an individual holding any of these three licenses. The main differences, however, are threefold:

1. LPs must hold a doctorate degree, while LCSWs and LPCs require a master's degree, but all three require some amount of post-degree supervised clinical therapy hours.
2. Social work is the only degree that has a case management license. Individuals with an LMSW are trained in mental health, case management, and advocacy, but must be in supervision to provide clinical therapy. LCSWs are also trained in case management and advocacy, but can provide clinical therapy and diagnose mental disorders without supervision.
3. The APA is the only regulatory organization that currently recognizes a specialization in sport as a clinical proficiency. However, there is no current license for this proficiency, and to provide clinical therapy, the individual must be an LP, regardless of their background or experience in sport psychology.

Knowing the differences between these licenses is important for athletic administrators, coaches, and student-athletes to make appropriate mental health care decisions and increase their MHL as it relates to help-seeking behaviors. Furthermore, establishing a common language and understanding around mental health licensure among academics who write about mental health in sport can increase the MHL of sport-related disciplines, such as sport management and sport sociology.

Several recommendations are made through this review of different mental health licenses. First, student-athletes can receive competent mental health care from LPs, LMSWs, LCSWs, and LPCs. Yet, in a survey of all DI athletic department websites completed in 2019, only 13 LCSWs (2 LMSWs) and 13 LPCs were listed as athletic department staff, compared to 57 LPs. This was consistent with Sudano and Miles (2017), who found in their survey of NCAA Division I head athletic trainers that the majority of mental health services in athletic departments were provided by psychologists. There is a much wider pool of mental health professionals that can provide care to student-athletes, but it appears athletic departments may not be using them. Recently implemented NCAA regulations are requiring athletic departments to provide their athletes with mental health services; thus, there will be a growing number of mental health-related professional

positions in collegiate athletics. In future job announcements, athletic administrators can include either an LP, LMSW (under supervision, or in a case management role), LCSW, or LPC as licensure requirements.

Second, there is a difference between performance enhancement and mental health. A professional providing mental health therapy must hold mental health licensure. Third, all three professions are required under their license to achieve competencies in any population in which they are providing services. Thus, another important consideration when student-athletes are choosing a provider, or an administrator is hiring a professional, is the mental health professional's knowledge and training in the college-aged population and in the athletic context. Although this may mean a dual certification as a CMPC, it can also mean the professional had their internship hours in the athletic context, took relevant course work during their degree plan, are members of sport-related professional organizations, are up-to-date on current research, and have continuing-education-credits on mental health work with athletes. Student-athletes and administrators are within their rights to inquire about the professional's competencies in the athletic context. Finally, administrators in athletic departments could consider including this information in student-athlete orientations and trainings, so that student-athletes have the knowledge of who is providing them services.

There is ample opportunity for future research. First, a more theoretically-driven examination of the three professions can be helpful in understanding the philosophical differences between psychology, social work, and counseling, as they are three separate professional fields with different training models (see McHenry et al., 2021). Second, future research should continue to evaluate mental health services in athletic departments which can inform forthcoming best practice guides from the NCAA and other organizations focused on the mental health care of student-athletes. Finally, future studies can also use evidence-based mental health literacy scales to explore if student-athletes can practically apply the type of mental health information presented in this essay or provided to them by their athletic department.

Conclusion

Although there are certainly other considerations in choosing a provider, such as competencies, insurance coverage, and specialized training, the first step is assuring appropriate licensure (Mayo Clinic, 2017). The information presented in this essay can help facilitate a foundational understanding of what it means for a professional to hold an LP, LMSW, LCSW, and LPC, so that administrators, coaches, athletic staff, and student-athletes can be better informed about the differences between mental health professionals. Furthermore, this information can help establish a common language around mental health professions in sport for both sport practitioners and sport researchers. Although nuances of licensing requirements and boundaries of practice can vary across states, it is our hope that the foundational licensure information presented in this essay can be a starting point for anyone interested in the mental health care of student-athletes. The lack of informed decision-making in regard to providing mental health care services to student-athletes is indeed a precarious situation. Administrators, coaches, and student-athletes must be aware of the many nuances of the professionals providing these services, which begins with a foundational understanding of mental health licensure.

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