A performance enhancement group (PEG) offers injured athletes an opportunity to share and receive information and emotional support in a safe setting while also being introduced to performance enhancement skills. Part 1 addressed the preparation and development phases of a PEG. Part 2 will focus on the implementation and facilitation of a PEG.

PEG Structure

Variation in recovery times associated with different types of injuries require a program coordinator (PC) to establish the structure of the PEG that he or she is interested in forming. The PC should consider the severity of athletes’ injuries when determining the structure of the PEG. Ideally, a PEG structure should be specific to anticipated injury outcome (i.e., athletes who are able to return to sport should be separated from those who are unlikely to return to sport due to injury severity). We suggest that a PEG designed for athletes who will be able to return to sport should be limited to athletes who have sustained a season-ending injury. This will decrease the chances of individuals entering and leaving the group before its completion, which can change group dynamics. Although individuals who do not sustain a season-ending injury are not eligible to join the PEG, the PC should not ignore their needs. We suggest that one of two approaches should be taken. If the PC is a member of a university sport psychology faculty/staff, he or she should consider offering individual sport psychology consultation sessions for the athlete or provide contact information for an appropriate referral source. If the PC is a member of the sports medicine team, he or she should consider providing the athlete with the appropriate information and emotional support or make a referral to a sport psychology professional.

PEG Recruitment

The PC needs to ensure that the availability of the PEG is sufficiently advertised. All attend-
ees of the initial stakeholders meeting (e.g., coaches, athletic administrators, university faculty athletic representative, university counseling, or health center staff) can serve as advocates for the PEG. Informative fliers can be placed in locations that athletes frequently visit, which can help increase awareness of the PEG. Contact information for the PC should be included on the flier to provide interested participants with a means to have questions answered.

We believe that the effectiveness a PEG is heavily dependent on adequate athlete participation. Some experts believe that PEG membership should be limited to 10 individuals,¹ and Corey and Corey² have suggested that a group consisting of six individuals will ensure ample interaction. Moreover, this number helps to ensure that the PEG facilitators can attend to the needs of each individual participant. A proper screening process should be utilized to ensure that membership is limited to individuals who are genuinely interested in the group and who can potentially benefit from participation.²,³ If there is a great deal of interest in PEGs, a PC might choose to develop more than one PEG.

**Facilitation**

Suitable individuals to serve as PEG facilitators need to be identified, and arrangements need to be made for an adequate location and a convenient meeting time.

**PEG Facilitators**

Because a PC’s job responsibilities may not allow adequate time to facilitate the PEG, we suggest that facilitators are recruited to conduct the PEG sessions. Facilitators can play a vital role in the delivery of the educational content and the retention of group membership, both of which are essential for PEG effectiveness. Thus, the PC needs to be extremely careful when selecting individuals for this role. Although facilitators will be responsible for conducting PEG sessions, they should be supervised by the PC. This supervision should involve oversight of all activities related to the PEG and should include weekly meetings prior to each PEG session and a debriefing after completion of each session. PEG members should be informed about the supervisory role of the PC, and they should be specifically informed that information will be shared with the PC.

We recommend that the PEG be co-facilitated by an individual with a background in sports medicine and an individual with a background in sport psychology, since the psychological aspects of sport injury should not be treated as a separate entity from its physical manifestations.³ Granito et al.⁴ suggested that this combination is both beneficial and effective in meeting the needs of injured athletes who participate in the PEG. The co-facilitator with a sport psychology background can provide emotional support and teach performance enhancement skills to the injured athletes, while the co-facilitator with sports medicine training will have already established a rapport with the PEG members from previous interactions during rehabilitation sessions. Prospective facilitators should have prior experience in facilitating group interaction. Such experience is vital, because integrating athletes who differ in terms of sport participation, type of injury, and background into a cohesive group can be difficult. Moreover, since injured athletes are engaged in a unique subculture that differs from that of healthy athletes, we recommend that both group facilitators have had some coursework or training in the psychology of sport injury prior to facilitating a PEG. Such a course should have provided an understanding of the theoretical basis of psychological aspects of sport injury, thereby preparing the facilitators to deal with situations that could arise during the PEG meetings. We recommend that both PEG facilitators are trained to recognize circumstances that dictate referral to a physician, sport psychologist, or mental health specialist, since athletic injury is sometimes associated with psychological distress.⁵ If a member of the PEG does not seem to be effectively coping with the psychological effects of injury, a referral is warranted. PEG facilitators, as well as PCs, need to have established relationships with qualified professionals for advice and possible referrals.

**PEG Meeting Location and Time**

We suggest that PEG meetings are conducted outside the athletic training room, where athletes can freely talk about their injury treatment and rehabilitation experiences. PEG meetings should be located in a place that ensures comparable ease of access for all members, and it should provide disability access for those who may have mobility limitations. A classroom may be a good location, assuming that it provides a private and quiet environment that is conducive to facilitating PEG activities. Suggestions for an optimal location should be solicited from the institution’s stakeholders and members of the group.