Referring clients to other professionals

Judy L. Van Raalte
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An athlete came to talk to the team’s sport psychologist saying that she wanted to increase her confidence during games. Most of the meeting was focused on talking about confidence, but the athlete also mentioned in passing that she had “issues at home” that she might want to discuss in the future. Some time later, the coach called the sport psychologist to express concerns about the athlete. Two team members had approached the coach and told her that the athlete had sent text messages talking about suicide. When the coach spoke to the athlete directly, however, the athlete said that she was fine and denied that she was suicidal. The coach and teammates are worried.

How should the sport psychologist proceed with this case? Should she continue to work with the athlete on confidence and performance enhancement? Should she push the athlete to talk about the “issues at home?” Should she discuss the information about suicide provided by the coach? Should the athlete be referred to another practitioner? If so, how should the athlete be referred and to whom?

The answer to these questions depends on a number of factors, many of which may be explored and addressed by the sport psychologist during supervision. The focus of this chapter is referral. Therefore, attention will be primarily directed to issues pertaining to referral. Specifically, when and why referrals should be made, how to make referrals, and what happens when needed referrals are not made. Applied sport psychology work is complex, involving individual athletes, teammates, entire teams, coaches, parents, and other support service providers. Understanding the referral process can facilitate the effectiveness of applied sport psychology practice in complex situations such as the one described above and can strengthen the relationships among all those involved in sporting endeavors.

What is a referral?

In the case of applied sport psychology practice, referral typically pertains to those situations in which a client, or potential client, is directed to another professional for services. These professionals often include experts in medical, nutritional, physical, psychological, or spiritual issues (Andersen & Van Raalte, 2005).
Why referrals are made?

At a basic level, referrals are made to meet ethical obligations pertaining to the treatment of clients. Sport psychology is a diverse field consisting of practitioners with a variety of backgrounds and training, but all applied sport psychology practitioners are subject to ethical guidelines of the profession. In their review of more than 200 ethics codes, Henschen, Ripoll, Hackfort, and Mohan (1995) identified seven key ethical principles essential to the practice of applied sport psychology. Of those ethical principles, two are directly related to referral: the principle pertaining to professional competence and the principle relating to professional and scientific responsibility. In both principles sport psychologists who are asked to work beyond their training and competence should make referrals to suitable colleagues. The referral process is an effective mechanism by which sport psychologists can serve their clients’ best interests and protect their welfare.

When should referrals be made?

Sport psychology consultants make referrals for a variety of reasons. For example, a sport psychology consultant may have too much business and not have the time to devote to working with a particular client. A practitioner may have the time, but simply not be interested in working with a client.

Referrals can be made when a sport psychology practitioner has limited knowledge about a particular behavioral, psychological, or spiritual concern (Andersen & Van Raalte, 2005). Referrals may also help ensure the provision of optimal services when a sport psychologist lacks experience with or does not have a full understanding of how to work with a client of a particular age, gender identity, race, ethnicity, culture, religion, sexual orientation, disability, or socioeconomic status (American Psychological Association, 2002). In these types of situations, referrals are made because another practitioner with a different set of skills and experience would be best suited to serve the client.

Why aren’t referrals made when they should be?

The exact conditions that require a sport psychology consultant to refer are not completely clear (Etzel, Watson, & Zizzi, 2004). Before a referral can be made, a sport psychology consultant has to recognize that a referral is needed. Williams and Scherzer (2003) surveyed doctoral students in sport psychology and found that 44% of the students had encountered issues that were not related to sport in their applied work with athletes. Similarly, Leffingwell, Wiechman, Smith, Smoll, and Christensen (2001) found that 42% of students who sought the assistance of sport psychology consultants were dealing with personal and/or mental health issues not directly connected to sport. There appears to be recognition among sport psychology practitioners that mental health and other issues that might require referral arise during consultation.

In 2006, Gayman and Crossman surveyed sport psychology professionals, all of whom were registered with the Canadian Mental Training Registry, about how often they made referrals to mental health practitioners (Gayman & Crossman, 2006). Results indicated that the sport psychologists surveyed rarely made referrals to such professionals. Etzel et al. (2004) assessed sport psychologists’ ethical beliefs and behaviors and found that the top two
concerns identified by sport psychologists, who were asked to “list questionable ethical practices in applied sport psychology that you have recently observed” (p. 238), involved referral. Specifically, the Association for Applied Sport Psychology members surveyed expressed concerns about practitioners who did not refer clients even though the practitioners lacked sufficient training, competency, or supervision to meet client needs. Further, the members expressed concern about sport psychologists who misrepresented their credentials, skills, and training, thus confusing potential clients about their abilities and by extension the need for a referral for suitable services. Although, there appears to be recognition in the field of sport psychology that mental health and other issues arise during applied work, there seems to be little follow-through in terms of actually making needed referrals.

Why do some sport psychology practitioners not make needed referrals? There may be several reasons. Some practitioners simply do not recognize that a referral is needed. For example, sport psychology practitioners who do not recognize the signs of depression are unlikely to refer their depressed clients to mental health clinics. Ideally, sport psychology practitioners should both “know what they know” but also “know what they don’t know.” Continuing education can help practitioners gain knowledge of relevant issues outside of their areas of specific expertise, about intervention techniques, and about situations that require referral. The use of continuing education has been found to be nearly universally endorsed as an ethical sport psychology professional development behavior (Etzel et al., 2004). Therefore, it seems likely that many or even most sport psychology consultants are working to maintain their expertise. Reasons beyond simple lack of knowledge contribute to some practitioners’ not making needed referrals.

Some practitioners may not refer clients because they are not sure how or when to make a referral. That is, they do not feel comfortable making referrals. Reis and Cornell (2008) found that counselors and teachers who had been trained to recognize and refer students with suicidal tendencies using a “Question, Persuade, and Refer” program had greater knowledge of risk factors for suicide and had made more referrals nearly six months after the training program had ended than did those participants who had not received training. Because awareness of the referral process enhances the likelihood of making effective referrals, a detailed explanation of the referral process is provided later in the chapter.

Another reason why sport psychology practitioners may not refer clients is that they have a sincere desire to help their clients. Having established strong working relationships, these practitioners may feel that referrals will interrupt the progress being made with their athlete–clients. On the one hand, sport psychology consultants who have developed rapport with their clients and are having some success in their work may ethically continue working with their athletes in areas outside of their main skill set by “stretching” to meet their clients’ needs (Andersen & Van Raalte, 2005). Practitioners who take this approach should keep the best interest of their clients in mind and ensure that they are expert enough (Heilbrun, 2008) to provide appropriate services. Sport psychology practitioners who are “stretching” often benefit from extra supervision, study (e.g., reading texts on the issue), and from consultation with experts in the area of concern to strengthen the services they provide and to allow for the possibility of a future referral if needed (Andersen & Van Raalte, 2005).

On the other hand, the desire to help athletes and “stretch” can be confused with the desire to continue to work with a client for a number of less than ethical reasons such as the desire to bask in the reflected glory of a particular athlete (Haberl & Peterson, 2006) or the desire to maintain an income stream from the client. Sport psychology consultants who are self-aware and supervised are less likely to work when they are impaired...
(Andersen, Van Raalte, & Brewer, 2000) and are more likely to identify these sorts of ethical concerns and proceed appropriately (Anderson, Knowles, & Gilbourne, 2004).

Some sport psychology consultants may not refer because they do not know, or do not have relationships with, high quality practitioners to whom they can refer clients. This problem can often be addressed by the creation of a referral network, described in more detail later in this chapter. For some practitioners, the lack of a referral network is a reflection of the limited local resources rather than the effort on the part of the practitioner to create a referral network. Although a number of challenges with the delivery of telehealth services have been identified (Miller, 2007), recent research by Mitchell et al. (2008) indicates that telemedicine services for the treatment of bulimia, a challenging mental health issue, were essentially as effective as a face-to-face interventions. For practitioners in areas where face-to-face referrals are not possible, the use of telemedicine may be an alternative way to provide referrals for clients (see Chapter 44).

How effective referrals are made

Effectively managing the referral process is an issue that extends beyond the field of sport psychology. Goldberg and Gater (1991) studied patients at a general medical practice in the United Kingdom and found that approximately 25% of patients entering the clinic experienced anxiety, depression, or distress. The clinic doctors recognized only about 40% of the troubled patients. Fewer than 10% of the anxious, depressed, or distressed patients were actually seen by mental health practitioners. To provide effective service for sport psychology clients, multiple steps must be taken to ensure that a network of professionals to whom clients can be referred is established, the need for a referral is identified, a referral is made, and that clients follow up by meeting with the suggested practitioner or get other support.

Referral networks

The referral process often begins before a client is even seen, with the sport psychology consultant establishing networks of professionals to confidentially discuss challenging cases and issues and to whom clients can be referred when necessary. Members of the referral network might include experts in such disciplines as career counseling, coaching, exercise science, medicine, mental health, nutrition, and religious issues/pastoral care (Andersen & Van Raalte, 2005). Issues requiring referral may include but are not limited to: anger management, biomechanical problems, career exploration, eating disorders, existential concerns, family problems, gambling, grief, injury, personality disorders (e.g., antisocial personality disorder, borderline personality disorder) and mood disorders (e.g., depression, dysthymia, cyclothymia), religious belief conflicts, retirement, strength and conditioning, sexuality issues, steroid use, study skills, substance abuse, suicidal ideation, time management, unplanned pregnancy, and weight management (Andersen & Van Raalte, 2005).

There are many benefits to identifying referral sources in advance of needing to refer a client. The first is that this process allows a sport psychologist to clearly know the quality of the services that will be provided by the referral source. Many sport psychologists cultivate their referral networks by meeting or talking on a regular basis with their referral network members. Such interactions allow them to maintain relationships that facilitate the referral process and ensure that the sport psychologist and the referral sources are “on the same team.” A team-based approach to service provision is appreciated by athlete
clients who find that it is an efficient and effective way to get needed services (Andersen, 1992).

A sport psychology practitioner can identify potential members of a referral network by talking with colleagues and friends about experts in various fields. Additional contacts can be found in the telephone book and by using online resources. The consultant finder services provided by the Association of Applied Sport Psychology (2010), the Australian Psychological Society (2010), and the British Association of Sport and Exercise Sciences (2010) are effective means of finding credentialed sport psychology consultants. Information about mental health practitioners in the United States is available at 4therapy.com (2010). Ethical guidelines generally require that practitioners do not receive “kickbacks” or other benefits for making referrals to particular practitioners.

Maintaining an effective referral network is a dynamic process with new referral sources being added and other resources being removed on a regular basis. New practitioners may be added who address a particular void in the referral network. Clients prefer practitioners about whom they have heard favorable comments from others and who are perceived as having high standards of confidentiality (Athanasiades, Winthrop, & Gough, 2008). Current practitioners who are unable to meet client needs may be removed. For example, referral failure may result when clients are referred to practitioners with long wait-times between the call for an appointment and the first scheduled appointment (Sherman, Barnum, Nyberg, & Buhman-Wiggs, 2008), to practitioners who do not accept a client’s insurance (Beel, Gringart, & Edwards, 2008), or to practitioners whose practices are located a long distance from the client (Portone, Johns, & Hapner, 2008). It may be useful to include more than one practitioner per area of specialty in a referral network so that effective referrals can be made in case a particular practitioner is not available. Some sport psychology consultants are able to “refer in” and have a consultant come to work directly with the sport psychologist and client. This approach can be particularly useful for athletes who appreciate the convenience and/or do not want to be “abandoned” by their current sport psychology consultant (Andersen & Van Raalte, 2005).

**Referral training**

Sometimes people (e.g., coaches, athletes, family members, friends) believe that an athlete needs sport psychology services and want to make a referral. In these instances, it can be helpful to educate them about the referral process to enhance the likelihood that the referral will be successful (Bobele & Conran, 1988). These principles also apply to sport psychologists making referrals to other practitioners for their own clients (Andersen & Van Raalte, 2005). Van Raalte and Brewer (2005) developed the acronym REFER to help university students make effective referrals with regard to body image issues (see Table 22.1). With slight modifications, the acronym can be useful for sport psychology consultants.

**R-ecognize that a referral is needed**

The sport psychologist can help the referral source assess the situation and identify common situations for which referral might be appropriate. The sport psychologist might also take a proactive educational role informing coaches and athletes about the types of issues for which a referral to a sport psychology consultant or other professional might be helpful. Sport psychology consultants would be wise to consider referrals to medical professionals.
Table 22.1 Guidelines for making effective referrals.

R-ecognize that a referral is needed.
E-xplain the referral process.
F-ocus on feelings. Discuss the referral in a clear, caring, and supportive manner.
E-xit if emotions are too intense. You can return to the topic when things calm down.
R-epeat (and follow-up) as needed. It often takes more than one suggestion for a referral to be effective.

Robinson and James (2005) reported that over 10% of psychological symptoms are caused by medical or physical conditions such as metabolic abnormalities, infections, neoplasms (tumors), and trauma to the body.

E-xplain the referral process

Referrals work well when the people making the referrals (e.g., coaches, teammates, parents) understand the process and are confident about their abilities to effectively refer. Steps involved in making a referral might include: (a) a coach talking to the athlete about sport psychology and the sport psychologist to whom they are being referred (including why they are being referred, the type and effectiveness of the services to be provided, a discussion of confidentiality, and what is involved in meeting with a sport psychologist, all issues that are related to the success of consultation (Athanasiades et al., 2008; Swift & Callahan, 2008); (b) the coach providing the athlete with the telephone number and/or email of the sport psychologist; and (c) the coach discussing an appropriate follow-up plan to ensure that the athlete meets with the sport psychologist or gets other needed assistance.

Sometimes people are unsure when the “best time” is to make a referral. There is no one best time. Athletes may need several referrals before they accept and/or find the help that they need. Making a referral sooner rather than later, therefore, may enhance the likelihood of a beneficial outcome. In general, the less time problematic behaviors have existed, the easier they are to change.

F-ocus on feelings

Emotions can run high during the referral process. Athletes may feel criticized or rejected by the referral source. Referral sources who focus on feelings when making a referral, “you seem sad” or “you seem frustrated and therefore I am suggesting that you consider meeting with our sport psychologist,” allow athletes to save face, and appear more caring and supportive than those who say things like “you are a head case” (Brewer, Petitpas, & Van Raalte, 1999). Using language that emphasizes enhanced performance (e.g., “sport psychology may help you reach your full athletic potential”) rather than pathology (e.g., “maybe the shrink can get your head straightened out”) may also be useful in reducing stigma (Van Raalte, Brewer, Brewer, & Linder, 1992), increasing the chances that athletes are comfortable and that they follow up on the referral.

Practising or role playing the referral can enhance the likelihood that the person making the referral will communicate with the athlete in an effective manner. The person making the referral should plan to hold the conversation in a quiet, private environment in which outside distractions are minimized, if possible. It is reasonable to expect that an athlete may be hesitant to admit to a problem and may be uncomfortable with the referral process.
E-xit if emotions are too intense

When the topic of referral is raised, athletes may: (a) feel angry that they are being accused of having problems; (b) feel relieved that their problems are being brought up and can be discussed openly; (c) be in denial that problems exist; or (d) have some other reaction. The response to a referral is unpredictable. Referral sources who understand that a variety of responses are possible are better equipped to make effective referrals. Informing referral sources that it is acceptable to stop the referral process if the conversation is becoming too confrontational and resume it at a later calmer time can be helpful.

R-epeat and follow-up as needed

Referrals may be rejected the first time they are made. As with most human behaviors, repeated effort may be needed to effect change. It is acceptable to simply raise the possibility of a referral the first time the topic is discussed but to reserve the right to revisit the topic at a later date. A written contract, agreed upon and signed by the parties involved, can also promote compliance with the referral in some circumstances (Bonci et al., 2008). Discussion of why an athlete did not follow up with a referral may be useful and important for referring in the future.

Conclusion

Sport psychology consultants may make referrals for a multitude of issues related to mental, physical, and spiritual concerns when working with athletes, teams, coaches, and families. The referral process is a complex one that involves recognizing the need for a referral, knowing when to refer, and making an effective referral. Understanding the referral process and developing referral skills is likely to benefit the athlete clients whom sport psychologists serve. In this chapter we have looked at referral from two major viewpoints: the sport psychologist making the referral, and how sport psychologists can help others (athlete family members and friends, coaches, exercise science practitioners, sports medicine personnel) make referrals to the sport psychologists themselves and to other mental health professionals. See Box 22.1 for key practical points from this chapter.

Box 22.1

Key practical points about making referrals

- Making referrals meets ethical obligations.
- Making referrals meets client needs.
- Referrals should be made when sport psychology consultants lack the expertise to meet clients’ needs effectively.
- Before making referrals, sport psychology consultants should:
  - learn how to make referrals;
  - r-ecognize that a referral is needed;
- Explain the referral process;
- Focus on feelings – discuss in clear, caring manner;
- Exit if emotions are too intense;
- Repeat (and follow-up) as needed;
- Develop referral networks;
- Obtain supervision for all applied work.

References


