Routledge Handbook of Applied Sport Psychology

A comprehensive guide for students and practitioners

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In general, those who choose to pursue careers in the helping professions are motivated to act morally and ethically (of course, this ideal is sometimes not the case). But a desire to do good is not sufficient to ensure good practice. The majority of practitioners who have acted unethically have not done so through explicit malicious intent, but rather through passivity, inattention, ignorance, or limited competence to deal with the challenges of applied practice.

**Key ethical principles**

Challenges faced by sport psychologists cut across a number of ethical principles. In particular these challenges tend to pertain to the areas of confidentiality, boundaries, and competence.

**Confidentiality**

Respect for clients’ confidentiality is among the oldest and honored ethical standards in the practice of psychology. Confidentiality is a necessary precondition for the development of an effective client–therapist alliance, without which safe, trusting, and effective therapeutic relationships cannot be formed (Andersen, 2005; Brown & Cogan, 2006; Moore, 2003). Most practitioners and trainee sport psychologists have a reasonable grasp of what confidentiality is, why it is fundamental to the practice of psychology, and when they are required to breach it. Nevertheless, translating these guidelines into applied practice is complicated. There are a multitude of environmental and social demands placed on sport psychologists that are qualitatively different from those usually experienced by our clinical, counseling, and school psychologist counterparts for whom the codes of ethics were originally written.

Sport psychologists often consult with their clients in untraditional ways with respect to time, place, confidentiality, and boundaries. It is not unusual for sessions to take place on pool decks, in gyms, on team buses, or in hotel foyers. These settings are often public, and even if the space in which the session takes place is private, it is frequently known to other people that the athlete is speaking with the psychologist. The process by which athletes are commonly referred to psychologists also raises issues of confidentiality. Coaches, administrators,
player-managers, parents, and teachers are among those who refer athletes to psychologists. They have vested interests in the welfare of their athletes, and in many cases are paying for the psychologist’s services. In some instances, sports clubs and government-based sport institutes not only fund psychological services, but also make athletes sign legal waivers enabling the sharing of information between medical, support, and coaching staff. Considering these challenges, practitioners need to understand how to navigate the treacherous waters of maintaining confidentiality while keeping third parties satisfied (and in many cases keeping their jobs).

**Boundaries**

When the original codes of ethics were written for countries such as the United States, the United Kingdom, and Australia, only typical workplace environments were considered, such as consulting rooms, hospital settings, or boardrooms. Sport psychologists, however, frequently deliver therapy in nontraditional settings (Andersen, 1996). Sport psychologists may travel for extended periods with either large teams or single athletes. Often they are in places such as locker rooms where athletes in various stages of undress are bleeding, vomiting, being injected, crying, fighting, hugging, drinking alcohol, singing, joking, or screaming in physical and emotional pain. Similarly, the countless hours of nontraditional interactions often spent with athletes traveling on planes, eating in hotel rooms, or “hanging out” as Andersen et al. (2001) put it, all contribute to the formation of blurred boundaries between the athlete and the sport psychologist. Typically, some level of blurring is unavoidable through spending extended periods of time together. When sharing hotel rooms and long-haul international flights, it is natural that some degree of disclosure will occur between the psychologist and the clients. Self-disclosure is not a problem *per se* in therapeutic settings, and when used judiciously can enhance therapeutic effectiveness. Therefore, it is not so much about preventing disclosure from occurring, but rather ensuring that it is relevant to the task at hand and not just unfiltered sharing of stories common between travel companions or friends (Knapp & Slattery, 2004).

Because of the heightened potential for the blurring of boundaries, sport psychologists would benefit from some self-monitoring skills and should strive to be astute in identifying, defining, and managing boundaries to prevent the ethical dilemmas that arise from dual-relationships and boundary violations. Managing these boundaries can be challenging because team psychologists work in environments where they are among professionals who may not be ethically and legally required to maintain these boundaries. For example, coaches and dieticians do not have the same level of ethico–legal obligations relating to professional boundaries. Athletes may expect that relationships with psychologists will mirror those developed with other professionals, with “work” occurring within the context of some form of personal relationship. Practically, sport psychologists initially devote much time to developing relationships with the team or the individual athlete before actively intervening. Caution is required to ensure that this form of relationship looks and feels different from other relationships that may be formed within the team (e.g., teammates, coaches, strength and conditioning specialists).

**Competence**

The ethical requirement to deliver services only within the confines of one’s competence is another area that may occasionally be violated by psychologists across different specialties.
Those practising as sport psychologists may be particularly vulnerable to the pressures to make this ethical breach due to the complex nature of the work settings and the relationships they form with clients. Psychologists may be pushed to work with clients who have presenting problems that are beyond the psychologists’ training because of the interaction of pressure from the client and the sporting organization to handle all things psychological. It is not uncommon for sport psychologists to come across clients who seek assistance with a raft of presenting problems that are of a clinical psychological nature. Athletes, like the general population, experience psychopathologies such as depression, anxiety, eating disorders, and substance abuse. In traditional clinical psychology practice, clients are screened and given clinical interviews at the commencement of therapy to ensure that the presenting problem matches the competence of the treating therapist. In sport psychology settings, often there is already a working relationship with the client before clinical issues are raised. Pressure to treat clients for presenting problems outside sport psychologists’ competence can arise as a result of athletes’ resistance to seeing and developing relationships with other psychologists. Athletes may have good rapport with sport psychologists and may not like the stigma of seeing clinical psychologists, or feel that traditional therapists may not understand them in the way the sport psychologists do. Resistance to seeking help from other psychologists may even take the form of athletes choosing not to seek any help rather than undertake treatment from different psychologists. The result of clients’ resistance is that they may implicitly and/or explicitly place pressure on the sport psychologists to continue to treat them.

From the perspective of those running sporting organizations, sports psychologists have been employed and receive payment explicitly for assessing and delivering treatment for psychological difficulties to athletes. Often, sports psychologists are considered “one-stop shops” for all difficulties relating to the athletes’ intra- and interpersonal functioning, and their role is to “fix” these difficulties in order to restore or improve performance. It may be difficult for personnel in management to understand that there are parameters defining sports psychologists’ work and that some presenting difficulties fall outside their professional training and require referral. Here is where it is the job and the professional duty of sport psychologists to explain explicitly to coaches and other sport personnel (e.g., managers, finance officers) exactly what sorts of treatment fall into the psychologist’s service delivery and what sorts of psychological care (e.g., treatment for depression) are outside of the psychologist’s competencies and that referrals to other mental health professionals will likely need to be made. Not making one’s professional competencies and limits clear from the outset to all interested parties is a professional gaffe. Much of the pressure from athletes and sport personnel to treat beyond one’s competencies could be obviated by holding “competency conversations” with members of the sport organization. Some sporting organizations may be especially reluctant because referral constitutes an additional financial burden when liaising with a professional who is outside the organizational structure. These external pressures sometimes interact with sports psychologists’ own issues around feeling or being seen as incompetent. For a few psychologists, their professional sense of competence is threatened if they are not directly managing and dealing with the problems with which they are presented.

Pressures from both internal and external sources may influence the sports psychologists’ decisions regarding referral. Clearly, referral to appropriate external providers is required whenever presenting issues fall outside one’s training and expertise. Sport psychologists seeking to expand professional competencies and to treat conditions outside the traditional sport psychology repertoire can undertake further training. Like all professional development,
training must be done through suitable and board accredited avenues such as courses, workshops, and supervision (Hays, 2006).

Case vignettes and discussion

Case vignettes outlining real-world experiences from my practice and from colleagues working in the field are presented below, along with some guidance about their management. These cases highlight a number of challenges to the ethical principles outlined above.

Scenario 1

You are employed as a psychologist to work with athletes at a government-based academy of sport (e.g., U.S. Olympic Training Center, Australian/English/New Zealand Institute of Sport). A coach refers an athlete to you, because she is concerned that the etiology of his recent underperformance is psychological. The coach wants to know if her assessment was correct and whether her star player will be able to overcome his problem.

Ethical challenges and management

One setting where applied sport psychologists are employed to work with athletes is in government-based sporting institutions. These institutions are often the training grounds for many of the world's top athletes. A defining characteristic of these institutions is the comprehensive approach they take to sport sciences. Athletes frequently have access to the services of sports physicians, dieticians, physiologists, biomechanists, and sport psychologists. Athletes receive scholarships that enable them to access these services, but most institutes require that scholarship holders sign legal waivers agreeing to the sharing of information between staff (coaches, other service providers, management) within the institute.

The open sharing of a client's information may not seem contentious for the majority of service providers working with the athletes. For example, a biomechanist telling the head coach that a particular athlete drops her head too early prior to serving in tennis would not be damaging to the athlete's psychological welfare. When the disclosure of client information is extended to a psychologist, it may be a different matter. As an employee of the institution, one may be contractually obliged to share information gathered from scholarship holders (e.g., drug use), but this divulging of information may come into conflict with one's professional code of conduct and ethical principles.

The major ethical consideration in this instance pertains to confidentiality. The key is in understanding from the outset who your client is. Clearly defining the client is best practice and will determine who has access to what information. In these settings there are generally two possible options. Option one would involve transparency with the athletes about your obligations to report information if requested by the institution. Being transparent and reporting client information would satisfy the organization's requirements and ensure that you are not in breach of a workplace contract. The consequences of this approach for your therapeutic effectiveness, however, may be substantial. This contractual requirement strips therapists of one of their most powerful tools – confidentiality. The effect on the therapeutic relationship of having no confidentiality could dramatically limit the scope of the work that might be done. The second option is negotiating with the institution a separate workplace agreement that enables you to protect your clients' information from third parties.
This process is not simple and may require the involvement of legal support. In my work I have always chosen to pursue the second option, because I feel that in our profession we should not compromise client confidentiality. A consequence may be that the institution does not wish to retain your services if you take this stance. I suggest that being ethically and morally compromised and having your therapeutic effectiveness diminished to maintain a contract with an institution is not worth the cost to your professional integrity. Thankfully, sport institutes are beginning to realize the consequences of making athletes sign these waivers and are being more open to allowing psychologists to work around this requirement (e.g., I have personally negotiated workplace contracts that allow me to protect my clients’ confidentiality in state sport institutes in Australia as well as professional clubs in Australia).

**Scenario 2**

You are employed as the sport psychologist for a professional sporting team. The head coach refers an athlete, who is underperforming, to you. Your assessment of the athlete leads you to the conclusion that he is psychologically unfit to compete at his peak, and his participation in competition could have a negative influence on the overall team’s performance. The coach asks you whether he should select him for the big match this weekend.

**Ethical challenges and management**

The scenario above raises the ethical dilemma of confidentiality and boundaries – who is your client, and do you get involved in player selection? When employed by a professional sporting organization, you are by definition entering a contract with multiple organizational demands and relationships. The CEO is paying for your services, the head coach wants you to help the team as a whole to perform better, and your ethical obligation to your individual athletes is to help them function optimally with respect to both their personal well-being and sporting prowess. Sometimes these competing goals place the sport psychologist in precarious situations. Looking at the scenario above, if you were to inform the coach that the player is not psychologically fit to perform at his peak, then you would be fulfilling your role in helping the team perform optimally, thus keeping the CEO, coach, and probably the other teammates happy. The welfare of the individual athlete, however, might be compromised. The mental health of many athletes is tightly linked to their sporting identities and senses of competence. In the scenario above, if you were to provide information that led to the athlete being dropped from the team, your actions may directly lead to the further deterioration of the individual’s mental health (of course the reverse is also true – if he plays poorly he may also experience deterioration in mental health). You can, and probably should, have a candid conversation with the athlete about the situation and the potential consequences mentioned above. Ultimately, it is the athlete’s decision as to whether he puts himself up for selection to play.

This scenario is common in professional sport settings. It often occurs due to sport psychologists not clearly defining the boundaries in which they operate with the team and coaching staff. The duress that may be placed upon sport psychologists by coaches is understandable because coaches daily interact with other medical staff (e.g., team doctors or physiotherapists) about whether players are fit to play. The onus of responsibility lies with psychologists to prevent this situation from occurring in the first place through clear establishment of boundaries with regard to player selection. Of course, clearly defining boundaries with a head coach does not prevent the coach from still attempting to engage you on
such matters throughout the duration of a season. Coaches are not psychologists and typically do not have the working understanding of ethical codes of practice. Therefore, if you are placed in this situation it will be important to remind the coaching staff of the boundaries you set up at the beginning of the contract and the purpose and value of maintaining these boundaries. Alternatively, if your professional role includes informing decisions regarding team selection then this information needs to be clearly communicated to all parties, and athletes need to know that the information they share will not be held in confidence.

Personally, I strongly discourage my colleagues and students from engaging in team selection. There are several potential detrimental consequences associated with psychologists being involved in selection, including the potential for athletes to limit or conceal certain information, to view the therapist as an ally to the coaching staff, and to undermine aspects of the therapeutic relationship such as trust, empathy, and understanding.

Scenario 3

An athlete asks you to travel with him to a major competition overseas for two weeks.

Ethical challenges and management

Traveling with athletes is often viewed as glamorous and rewarding. Although it is personally exciting and often reflective of the practitioner’s competence to be asked to travel with athletes and provide support as they enter major competitions, several factors must be considered prior to embarking on this journey. First, the usefulness of traveling with the athlete must be weighed. It is easy for the excitement and lure of traveling to get in the way of the basic needs of the client. You must be sure of your purpose and the benefit to your client before agreeing to travel with him. He may be anxious about upcoming competitions and ask you to come to help control these emotions. In the short term if an athlete is in treatment for performance anxiety and that anxiety is not yet under control, then you going along on the trip as a psychological coach may be useful. In the long term, however, it is possible that you could be fostering dependency in your client and an external locus of control, thus doing more harm than good. It is worth considering if the travel is for the benefit of the athlete, or if it is servicing your own desire to be needed. Additionally, it costs money for an athlete to take a sport psychologist to a competition, therefore, the financial "cost–benefit" must be taken into account as well. On the flip side, traveling to a competition with an athlete is often the best way you for you to see your client performing in situ.

When traveling with clients, some ethical considerations need to be made in relation to boundaries, unwarranted disclosure, and confidentiality. You are spending extended periods of time together in trains, planes, and automobiles; sharing meals; and staying in the same hotel (but, one would hope, not the same room), meaning that keeping traditional boundaries is not possible. There will be some natural spilling of information between the two parties, which is expected in such an environment, however it is important that there are some parameters guiding the nature, content, and level of disclosure by the therapist. In essence therapists’ disclosures should be limited to information that is in the service of the client’s needs.

Confidentiality is often inadvertently breached when traveling with athletes. The daily occurrence of being introduced to new people is the most common place where confidentiality is breached. How do you introduce yourself to new people when asked what you are doing with your client at the tournament? “Hi, I’m his sport psychologist … ” Saying this
could be easy to do, and may not seem like a big deal when working in an environment where people are familiar with the role of a sport psychologist. Nevertheless, revealing your role with your client is a blatant breach of your client’s confidentiality. To prevent it you must set up clear guidelines for yourself that the athlete dictates. Sometimes you may be required to fabricate a story about who you are and your role to people. The second main breach of confidentiality is when the sport psychologist uses the opportunity to recruit new clients while at a competition. Seeking out new clients can easily happen, because competitions are environments where athletes, coaches, managers, and parents congregate. It would be easy to have conversations with parents or coaches and mention your qualifications and provide them with your business card (being careful not to mention anything about the athlete with whom you are working). The problem arises when those parents or coaches then see you consulting your client at the event. Through inference it can be assumed that they now know who your client is. Again, I recommend that all of these potential scenarios be discussed openly with your clients prior to traveling and a clear understanding of what will and will not be said or done by yourself with respect to protecting their confidentiality.

Scenario 4

A concerned coach refers a 14-year-old talented tennis player to you. During the course of your intake assessments you learn that she is the possible victim of physical abuse by her mother.

Ethical challenges and management

Working with minors is fraught with ethical challenges. Who has access to the minor’s information and when are practitioners required to report incidents of suspected abuse? The answers to these questions are not simple, and they vary according to where one is registered/licensed/chartered. There are clear differences between countries, and even between states within the same country with regard to psychologists’ obligations to report suspected abuse. Some countries mandate that psychologists must report all suspected cases of physical abuse to minors, whereas others have no such requirement. The ethical and legal ramifications for failing to notify abuse of a minor are significant (as is breaching a client’s confidence when you have no ethical or legal basis to do so). The example above is provided to highlight that before acting on suspected abuse, familiarity with your relevant ethical and legal obligations is a necessity.

Concluding thoughts

I hope this chapter provoked some thought about ethical practice in sport psychology. The one central theme I did want to convey was the potential for sport psychologists to inadvertently act in questionable ways. As outlined above, these breaches typically arise through the interaction of practitioners’ passivity, ignorance, limited competence, the environments, and clients with whom we work. I encourage readers to access and study their registration (licensing, chartering, certifying) boards’ ethical principles and codes of conduct for further information on the specific guidelines for practitioners in the field (see American Psychological Association [APA], 1992, for a standard reference point, but note that each country has its own code that applies to the practitioners within that locale). See Box 7.1 for some practical take-home messages from this chapter.
Box 7.1

Take-home messages regarding ethics in sport psychology

- The majority of practitioners who act unethically do so through passivity, inattention, ignorance, or limited competence to deal with the challenges of applied practice, not through malicious intent.
- Sport psychologists often consult their clients in less traditional ways with respect to time, place, confidentiality, and boundaries. A consequence of the nature of sport psychology service delivery is that sport psychologists are at times vulnerable to pressures to breach ethical guidelines.
- Understanding what confidentiality is, why it is fundamental to the practice of psychology, and when to breach it, is not sufficient to successfully navigate applied practice. Most breaches of confidentiality can be prevented by having transparent discussions with clients about how the therapist can manage the competing demands of third-parties (e.g., government sporting academies, IOC, parents, coaches).
- Sport psychologists deliver therapy in nontraditional settings, frequently spending extended periods of time traveling with clients. Typically, some level of boundary blurring is unavoidable in these settings. Because of the heightened potential for the blurring of boundaries, sport psychologists benefit from some self-monitoring skills and should strive to be astute in identifying, defining, and managing boundaries to prevent the ethical dilemmas that arise from dual-relationships and boundary violations.
- Working with clients who have presenting problems that are beyond the psychologists’ training can occur due to the interaction of pressure from the client and the organization, as well as the therapist’s own desires to be helpful or to be seen as competent. Sport psychologists must clearly define the scope of their competence to their clients and avoid practising outside of it.

References


