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Ethical Dilemmas in Sport Psychology: Discussion and Recommendations for Practice

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The practice demands required of sport psychologists often complicate the direct and specific fulfillment of several ethical regulations. Many practitioners face specific issues of confidentiality and the appropriate use of informed consent, challenges to practicing within areas of competence, issues regarding termination, and challenges that arise from multiorganizational demands and the formation of multiple relationships. Although ethical guidelines established by the American Psychological Association direct practice in order to protect both the client and the practitioner from difficult and dangerous situations, these guidelines typically pertain directly to traditional practice efforts. Within sport psychology, although ethical practice requires consideration of established guidelines, the specific demands of the population and setting complicate traditional adherence to such parameters. Sport psychologists must be flexible in their practice and carefully consider how the Ethics Code can both benefit athlete-clients and minimize inherent practice difficulties.

In all areas of professional psychology, regardless of population or setting, ethical issues naturally arise that require consideration, consultation, and potential alteration of services in order to ethically, legally, and competently meet the challenging and exceptional demands dictated by the professional setting. Yet the types of ethical issues that commonly arise may vary depending on population and setting. For the sport psychologist, ethical challenges not only include those typically faced by traditional clinical and counseling psychologists but also those dilemmas that arise as a result of the particular service demands that accompany practice with such a unique clientele.

Often, as is typically the case in traditional clinical and counseling psychology settings, ethical challenges and dilemmas are responded to and ameliorated by the practitioner's use of the clearly defined guidelines of the American Psychological Association's (APA) "Ethical Principles of Psychologists and Code of Conduct" (2002). These guidelines and practice parameters aid practitioners in finding "the ethical path that will assist them in resolving dilemmas in a manner that appropriately matches the psychologist's role responsibilities and the consumer's situation and needs" (Fisher & Younggren, 1997). As designed, however, the Ethics Code most accurately reflects the needs of the client or population in common professional settings. This is particularly problematic for those psychologists practicing in rural settings (Catalano, 1997; Faulkner & Faulkner, 1997; Schank & Skovholt, 1997), military settings (Hines, Ader, Chang, & Rundell, 1998; Johnson, 1995), and other nontraditional settings, as these psychologists quickly discover that many of the ethical guidelines do not in fact represent their common clientele, the particular demands of the setting, or the exceptional necessities that accompany their professional work and delivery of services.

Since the emergence of professional psychologists who choose to work with individual athletes, teams, and larger athletic organizational systems, it has become clear that practitioners of sport psychology face many of these same challenges, as applied work in this domain necessitates some specific, nontraditional practice requirements. For example, in a rural environment, psychologists face challenges to confidentiality and the potential emergence of dual role relationships, because the small size of these communities allows for increased contact between psychologists and their clients. A rural psychologist may frequently encounter clients in stores, restaurants, and at community events. Similarly, teams and sport organizations are small communities of individuals that are largely self-contained, and increased contact between athletes, management, and the sport psychologists is inevitable. Whether at the practice facility or during team travel, the sport psychologist is likely to pass athletes and staff in hotel halls, have back-to-back individual and group meetings with athletes and management, and provide quick consultation on the sidelines.

It is important to note that although many sport psychologists see individual athletes within a traditional independent practice model of service delivery, particular emphasis is placed here on sport psychologists who work with teams or who are part of a sport organization. Although challenges to the Ethics Code certainly exist for the sport psychologist in independent practice, traditional independent practice with individual athletes does not typically

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require specific challenges to or alteration of the Ethics Code that are different from those encountered in standard clinical or counseling psychology practice. The particular demands that challenge adherence to the Ethics Code typically arise when the athlete-client is involved in a broader organizational system, or the sport psychologist is hired by a third party to provide psychological services to athletes and personnel.

For example, like the goals of military and industrial/organizational organizations, the broad goal of a sport organization is to remain productive, and the achievement of success is largely based on the ability of all involved individuals to fulfill their specific tasks. The role of the sport psychologist is to help the athlete function more optimally in order to reach both personal goals and the specific goals of the greater organization/team. Thus, the sport psychologist is fundamentally in the service of the larger organizational goals. This can become complicated for the sport psychologist when the individual needs of the athlete conflict with the needs of the organization/team. For instance, an athlete experiencing a family crisis may need to spend additional time at home instead of playing an important game. The team/organization, however, needs that athlete to fulfill his or her occupational role to avoid disrupting the greater goals of the system.

The specific practice requirements that are most common for sport psychologists include the development of a working alliance with a clientele that often understates the need for psychological services and the practical challenges concerning multilevel organizational demands, multiple relationships, issues of confidentiality, time and location of services, limits of competence, appropriate informed consent, and the necessity to engage in indirectly therapeutic organizational activities. Ethical limitations and considerations such as these have been discussed in the sport psychology literature by several authors (Andersen, Van Raalte, & Brewer, 2001; Biddle, Bull, & Seheult, 1992; Gardner, 2001; Granito & Wenz, 1995; Linder, Pillow, & Reno, 1989; Lodato & Lodato, 1992; Meyers, 1995; Petrie & Diehl, 1995; Taylor, 1994; Whelan, Meyers, & Elkins, 2002; Zeigler, 1987), yet these potential ethical concerns have not been fully assessed and discussed as they pertain to the Ethics Code developed by the APA (2002). It remains in the best interest of the client for the sport psychologist to follow APA's ethical parameters, and sport psychologists can also refer to the ethical principles and standards defined by the Association for the Advancement of Applied Sport Psychology (AAASP; www.aaasponline.org/ethics). The AAASP standards are a helpful yet insufficient sport-specific adaptation of the APA Ethics Code (1992). By having a thorough understanding of the general Ethics Code established by APA and the additional suggestions provided by AAASP, sport psychologists will be able to engage more effectively in ethical, competent, and moral practice.

Yet even with the presence of these ethical standards to guide practice, few suggestions and recommendations have been made in the professional literature to assist sport psychology practitioners as they attempt to develop and maintain their own quality work standards in an atypical field of psychology. The primary topics to consider include issues of confidentiality, use of informed consent, practicing within one's areas of competence, terminating the practitioner–client relationship, and balancing multiple roles, relationships, and organizational demands.

Confidentiality

> Confidentiality is the cornerstone of trust on which the therapeutic relationship is built, [and as such], clients must understand the limitations to their confidentiality if they are to make informed decisions about whether to enter into treatment and whether to disclose personal information during sessions. (Glosoff, Herlihy, Herlihy, & Spence, 1997, p. 573)

When sport psychologists work with individual athlete-clients and larger sport organizations, it is crucial that issues of confidentiality and privileged communication be discussed and agreed upon by all involved parties at the onset of services so that all individuals are aware of the limitations of confidentiality and the potential difficulties may be minimized (APA, 2002, Ethical Standards 4.01 and 4.02; Gardner, 2001; Pope & Vasquez, 2001). Issues of confidentiality are not typically challenged in the independent practice of sport psychology, as confidentiality can be upheld unless the practitioner is presented with certain issues, such as duty to warn. However, many sport psychology practitioners are hired by a sport organization, and thus the professional cannot assume that typical confidentiality parameters apply when working with athletes who are under the jurisdiction of a sport organization. This is especially important when considering that the sport psychologist cannot solely focus on the individual within the system that desires services but must place primary consideration on the fulfillment of the organization's broader mission, intent, and goals. Ethical Standards 3.07 and 3.11(a) of the Ethics Code (APA, 2002) require that psychologists providing psychological services to a third party/organization (such as when working for a college athletic department or professional sport organization) present to the client, at the onset of the consulting relationship, his or her professional roles and responsibilities, identify the recipients of information, and discuss any and all limits of confidentiality that are part of the psychologist's employment contract with the organization.

In some cases, the third party (sport organization) requesting consultation for their employees (athletes) may be allowed to request athlete-client information, regardless of whether the approval of the athlete-client has been obtained. Although the third party requesting services will not always request such information, the sport psychologist and organizational staff must accurately inform (up front) athlete-clients of the potential for shared information, with whom the information may be shared, and the specific use of the information gathered. The welfare of both the client and the greater organization must be respected to the greatest extent, and service limitations must be clearly delineated early in the sport psychologist's involvement. This will help ensure continued prosperity within the organization while assisting the individual athlete-client in the fulfillment of his or her personal needs.

If release of client information is warranted or necessary, practitioners are encouraged to provide only the information that is particularly relevant to the purpose of the disclosure (APA, 2002, Ethical Standard 4.04a). Likewise, "psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters" (APA, 2002, Standard 4.04b). Although significant personal information may have been collected, such information may be withheld during consultation with third-party requesters (such as team management) if it is not directly

relevant to the issues being discussed. When applicable, this procedure may help practitioners provide increased confidentiality for the individual client while continuing to fulfill their occupational responsibilities to both the client and the greater organizational system (Canter, Bennett, Jones, & Nagy, 1994).

As previously mentioned, the mission and goals of the organizational system must be carefully considered. The practitioner has an obligation not only to the individual client receiving services but also to the employing organization, whose effectiveness is based on a fundamental consideration for the greater good of the system. Additionally, if the role of the sport psychologist is to conduct assessments of athletes, those athletes are also to be informed of the recipients of the (positive or negative) information. Under some circumstances, a sport psychologist who is hired by a third party to provide counseling or psychotherapy services to athlete-clients may form a specific agreement with the hiring body to allow client information to be kept confidential. Again, as in all cases, both the athlete-client and the sport organization must be clearly aware of the arrangement prior to the onset of services so that all parties can be cognizant of service opportunities and limitations (Canter et al., 1994). Sport organizations are typically realistic and understanding regarding issues of confidentiality, but such issues nevertheless need to be addressed openly and directly at the onset of any professional engagement in order to meet the needs of the athlete-client and the organizational system.

Of special significance is the presentation of limits to confidentiality that are imposed by law, examples of which are mandated abuse and neglect laws concerning children and older persons, as well as duty-to-warn statutes. Sport psychology practitioners must be aware of subtle signs of nontraditional forms of child abuse, such as parental pressures regarding weight, overtraining, loss of a competition, and return-to-play demands, which are most commonly reported with gymnasts, figure skaters, and wrestlers but which can be seen across a wide variety of sports. In addition, psychologists are expected to keep appropriate records and maintain those records in a safe and secure place (APA, 2002, Standard 6.01). In this regard, the practitioner must take reasonable steps to ensure that records and data remain available in the service of the client's best interests.

Although absence of evidence does not signify evidence of absence when difficulties arise, it remains necessary for sport psychology professionals to provide athlete-clients with appropriate written and verbal informed consent and keep sufficient records of client contact and intervention data.

Informed Consent

In order to successfully inform the athlete-client of guidelines and limitations to confidentiality, the practitioner must develop and use an appropriate informed consent. The use of informed consent is not only an important ethical issue but also a critical legal risk-management activity. Informed consent must include all information necessary for a client to make an educated, informed decision about the likely benefits and risks of the specific intervention to be used and the development of a professional working relationship with the therapist/consultant. Informed consent must define the parameters of both the treatment and the therapeutic relationship (APA, 2002, Standards 9.03a and 10.01; Beahrs & Gutheil, 2001; Pope & Vasquez, 2001). Such parameters include financial issues, description of services, detailed information regarding the likelihood of intervention success (i.e., empirical support vs. experimental interventions), and guidelines and limitations to confidentiality (Braaten & Handelsman, 1997; Canter et al., 1994).

In essence, this document is a contract delineating the roles and responsibilities of both the professional and the client, and it defines what, why, how, when, and where services will be provided. Failure to adequately develop appropriate informed consent for intervention is in clear violation of ethical principles (APA, 2002), places the professional and the organization at significant risk for later legal action, and threatens the integrity of the therapeutic relationship. It should be noted that written informed consent is not sufficient to meet the spirit and letter of this ethical imperative. Ethical guidelines require that the practitioner explain, in language appropriate for the age, education, and cognitive ability of the client, the necessary details in the written informed consent (Canter et al., 1994). This mandate exists even in those situations in which clients are not of age to provide consent themselves (i.e., children). However, as there has been relatively little formal discussion within the sport psychology literature on the use of informed consent, it may be possible that numerous sport psychologists do not offer verbal or written informed consents to their athlete-clients prior to service provision. It is imperative that all sport psychology practitioners engage in the administration of informed consent, both for research and intervention purposes. For a helpful and more thorough description of informed consent and an adaptable sample form for use in independent practice and organizational settings, readers are referred to Zuckerman (1997).

Practicing Within Areas of Competence

Another important concern relates to practice competence. Because sport psychology is a relatively small subdiscipline within professional psychology, sport psychologists must be particularly sensitive to issues of practicing outside of their competency areas (Taylor, 1994). Although assessment and treatment of psychopathological conditions are clearly within the bounds of statutory certified practitioners of psychology, counseling, and social work, there are many opportunities for both mental health practitioners and those who are not mental health practitioners to advertently or inadvertently practice outside of their areas of competence. Ethical Standard 2.01 stipulates that practitioners must "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" (APA, 2002). Thus, engaging in the practice of applied sport psychology is both inappropriate and unethical if the provision of these services is merely based on population or intervention interest (Canter et al., 1994). Failure to adhere to this standard places the practitioner of sport psychology at risk for charges of negligence (through ignorance or unawareness) and malpractice and may significantly increase the risk for client and organizational harm.

For example, an individual who has been working with an athlete-client for traditional performance-enhancement concerns and who later recognizes the potential existence of an eating disorder may be practicing outside of his or her competency area

if a referral is not made to an appropriately qualified clinician. For those not sufficiently trained in assessment, the decision to use psychological assessments must also be made very carefully. The unqualified use of assessment instruments may place the practitioner outside of his or her area of practice competence and at risk for charges of negligence, malpractice, and legal action, and it may jeopardize the well-being of the athlete-client and the organization. Sport psychologists must also carefully consider which instruments to use (which have sufficient norms for the population) and for which intervention purposes, and they must determine whether their level of training and education qualifies them to use these instruments and interventions (APA, 2002, Standard 9.02). A less obvious example of practicing outside of one's area of competence may be the sport psychologist who is unable to recognize the emerging clinical nature of a destructive parent–athlete or coach–athlete relationship, which may require greater clinical attention.

Psychologists can also practice outside of their areas of competence by accepting positions or work involving the application of sport psychology while having little or no education or training in this professional domain. There is an obvious distinction between the acceptable clinical/counseling relationship between a psychologist and a client who happens to be an athlete but desires no performance-enhancement assistance and the psychologist not trained in sport psychology who is asked to provide performance-enhancement services (outside of the clinical/counseling domain). It is clearly acceptable for a psychologist to engage in therapy with an individual who happens to be an athlete; however, it is clearly inappropriate, for example, for an untrained psychologist to attempt performance-enhancement work with a 13-year-old figure skater when the psychologist is unaware of the specific motor learning and developmental needs and expectations of the skater-in-training. Although the opportunity to work with a skilled athlete may be interesting, enticing, and financially rewarding (Woody, 1997), a practitioner with specific skills in this field may be better able to meet the athlete-client's needs. Regardless, supervision and regular consultation with more experienced sport psychology providers is the most appropriate strategy for ensuring practice patterns that are within an individual's competency areas.

Terminating the Practitioner–Client Relationship

When working with sport organizations, especially with professional teams, a sport psychologist's job can be as fleeting as it can be for those individuals in management positions. Further, athletes come and go—from team to team and from year to year—and there is often not enough time to establish a therapeutic relationship. Regardless, practitioners have a fundamental responsibility to provide athlete-clients (and clients in management positions as well) with a continuity of quality care, despite any abrupt changes in organizational structure or personal employment. According to APA's Ethics Code (2002, Standard 3.12), "psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations." In addition,

> When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (APA, 2002, Standard 10.09)

Issues surrounding termination must be discussed by all involved parties at the onset of services to ensure that involved parties are appropriately prepared for termination in the event of abrupt change. It is not realistic to assume that the sport psychologist will always have access to athlete-clients once the psychologist has been terminated from employment or if the athlete has been terminated from the team. In many cases, organizational demands make posttermination access to athlete-clients difficult at best. Therefore, discussing this possibility and remaining prepared and cognizant of the extant realities of the sport culture are crucial if athlete-clients are to be ethically provided with continuity of care. If organizational demands conflict with the specific ethical obligations regarding termination (APA, 2002, Standard 1.03), it is the sport psychologist's responsibility to fully comprehend and assess the dilemma, express his or her professional obligation to adhere to the Ethics Code, and attempt to remediate the conflict. Nonetheless, conflict remediation must not compromise the practitioner's commitment and adherence to the Ethics Code.

If a sport psychologist is terminated from employment abruptly or has fulfilled contractual obligations, he or she cannot terminate the athlete-client without establishing or securing other resources to further meet the needs of the athlete-client (Canter et al., 1994). Concerning the termination of the therapeutic relationship, the practitioner should discuss with the athlete-client his or her progress, further intervention needs, and options for continuity of care. Appropriate referrals should be made to ensure that the athlete-client has sufficient access to intervention. Although the practitioner cannot insist or require the athlete-client to make necessary contacts for future care, reasonable efforts must be made by the psychologist and thoroughly documented.

Balancing Multiple Roles, Relationships, and Organizational Demands

Also arising during the provision of sport psychology services are several potential concerns relating to the manifestation of multiple relationships, competing organizational demands, practical issues such as length and location of services, and the emergence of boundary issues. When these complicated issues are presented, the psychologist must carefully consider which plan of action or remediation will alleviate possible ethical dilemmas while continuing to provide effective services to the individual athlete and the broader organizational system. Remediation of such concerns may require flexibility in the adherence to the "letter" of the Ethics Code (APA, 2002), yet the practitioner must consistently strive to uphold and fulfill the "spirit" of the Ethics Code's intent.

Multiple Relationships

Multiple relationships can occur throughout psychological practice and intervention, often creating ethical dilemmas for involved parties. Multiple relationships are defined as "those situations in which the psychologist functions in more than one professional relationship, as well as those in which the psychologist functions

in a professional role and another definitive and intended role" (Sonne, 1999, p. 227). According to Ethical Standard 3.05(a), psychologists are encouraged to "[refrain] from entering into a multiple relationship" with clients (APA, 2002). In addition, the psychologist must be aware of the potentially harmful effects that multiple relationships may have on involved persons, such as the psychologist's loss of objectivity, the damage to the therapeutic alliance and to the effectiveness of the services, and the exploitation of the client (Canter et al., 1994; Ebert, 1997; Kagle & Giebelhausen, 1994; Pope, 1991; Pope & Vasquez, 2001). Although the Ethics Code does not strictly prohibit psychologists from engaging in multiple relationships, caution is advised when the psychologist participates in a multiple relationship with an individual who depends on the services provided by that psychologist (Kagle & Giebelhausen, 1994; Pope, 1991). However, the development of a multiple relationship during the provision of psychological services does not inherently and automatically create an ethical dilemma or multiple relationship concern. In fact, "multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical" (APA, 2002, Standard 3.05a). Instead, difficulties typically arise when multiple roles conflict with one another (Canter et al., 1994).

In sport psychology practice, military settings (Hines et al., 1998; Johnson, 1995), forensic settings (McGuire, 1997), rural settings (Catalano, 1997; Faulkner & Faulkner, 1997; Schank & Skovholt, 1997), and other small communities, multiple relationships are often unavoidable. For instance, a practitioner in a rural setting or small community may encounter clients at the grocery store, post office, and restaurants. For the sport psychologist, this may occur at the practice facility, on road trips, or in many other situations. The key to maintaining the original professional relationship during these instances is for the sport psychologist to acknowledge the athlete-client's presence yet continue with his or her intended course of action or plan of business. If the individual insists on engaging in conversation, such conversation should remain brief, should not become personal in nature, and should not focus on therapeutic material or events related to other team or staff members. Although an unexpected encounter may be uncomfortable, ignoring the individual or pretending not to notice a person's presence is likely to damage the interpersonal and professional relationship. It is advisable for the psychologist to inform the athlete-client at the onset of services about the manner in which he or she will respond in such circumstances in order to alleviate the athlete-client's discomfort with future interactions and minimize misinterpretation of the psychologist's responsiveness.

Multiple Organizational Demands

When working with a sport organization, the sport psychologist has a role similar to that of a military psychologist (Johnson, 1995); both must carefully balance the needs of the larger organization with the specific service needs of individual personnel. The sport psychology practitioner must balance providing specific psychological services to athletes, coaches, and organizational personnel with consultation to coaches and management. A hierarchy is often vividly apparent and can certainly complicate the establishment of trust and rapport, which is a necessary ingredient for effective psychological care, consultative effectiveness, and organizational acceptance. To both respect this dilemma and balance the differing needs and concerns of the involved parties, the sport psychologist has a duty to ensure that confidentiality (as stated in the informed consent) is protected and that multiple roles do not conflict, endanger the well-being of either the client or the greater organization, or markedly alter the psychologist's ability to remain objective to either party (Canter et al., 1994).

Another dilemma within many corporate organizational settings arises when the sport psychologist is asked to assist management in making decisions regarding player selection or termination. Although this process may be acceptable if this is the sole role of the practitioner or if players are not yet involved with the team, this would be unacceptable for those who are asked to evaluate those athlete-clients with whom the sport psychologist has worked. In such cases, the [sport] psychologist

> has likely obtained insight into the personal and professional strengths and weaknesses of his or her clients and cannot objectively make such determinations without compromising his or her role with the [athlete] and misusing information that has been obtained in a confidential relationship, even when such information is not shared with others. (Canter et al., 1994, p. 48)

To help alleviate such concerns, the sport psychologist should discuss the ethical limitations of his or her work prior to the onset of services so that all involved parties can formulate realistic expectations regarding the sport psychologist's acceptable roles and professional limitations. Although the sport psychologist, management, and individual athletes may not always agree with the limits the psychologist places on his or her roles, it is the psychologist's responsibility to respect and uphold adherence to the Ethics Code (APA, 2002) when disagreements or challenges arise. Remaining within the professional limits of one's established role helps one gain the respect of athletes and staff, supports the maintenance of professional boundaries, and, most important, minimizes potential harm to clientele.

Length and Location of Services

In addition to the provision of multiple professional services, where multiple relationships may exist, sport psychologists must also recognize the presence of concerns regarding the location of services provided and the necessary alteration of the time constraints that are often present for psychologists in independent practice.

When sport psychologists travel with teams during the athletic season, they are required to be available for consultation throughout the trip in order to consult with or provide services to a member of the athletic team or staff when such a need is presented. This will often include consultation or counseling services while on buses and planes, after dinner, in the hotel, or over breakfast. Given the scope of traditional independent practice in clinical or counseling psychology, such endeavors could be detrimental to the therapeutic relationship with a client, may at a glance appear to be inappropriate, and may potentially lead to a violation of the principles outlined in the Ethics Code (Moore, 2001). For example, a meeting with an athlete after a game during a playoff series may not be held to a previously established time limit, such as 45 minutes or 1 hour, but may last as long as the psychologist deems necessary in order to prepare the athlete for the next big game. The meeting may also not be in the psychologist's personal office but

in one of many settings available at the particular time, such as in the locker room, over dinner because of time constraints, in a hotel room with an open door, or on the bus during travel time.

The sport psychologist must recognize the inherent dilemma. On one hand, meeting with one or a group of athletes in a hotel room may be necessary in order to provide needed services. On the other hand, could conducting such a meeting appear to others as a potential sexual or other malintended encounter? Furthermore, if the psychologist instead meets with the individual or individuals in the hotel lobby, could providing services in the lobby be viewed as a violation of client confidentiality? Such dichotomous professional difficulties are central to the practice of applied sport psychology, and these difficult questions are often left without clear and practical answers.

For a clinical or counseling psychologist in independent practice, the mentioned arrangements may appear to outwardly violate confidentiality, breach boundary issues, or provide an opportunity for the formation of detrimental or exploitative multiple relationships (Anderson & Kitchener, 1999; Pope & Vasquez, 2001). However, such spontaneous and compromising decisions echo the demands of the sport psychologist and must be carefully considered (Petitpas, Brewer, Rivera, & Van Raalte, 1994). To help ameliorate this concern, the sport psychologist must clearly indicate to both athlete-clients and organizational staff that in order to provide needed services under such variable travel conditions, compromised meeting schedules and settings will occasionally become a necessity. Further, flexibility will be required among all parties to ensure the most adequate service provision possible. If such an understanding is agreed upon by all involved parties at the onset of services, potential difficulties may be minimized.

Maintaining Boundaries

Issues such as multiple relationships, multiple organizational demands, location of services, and schedule flexibility inherently require the clear and forthright establishment of professional boundaries. Although numerous ethical dilemmas may arise during the course of service, the sport psychologist should attempt to establish clear boundaries at the beginning of employment. This may alleviate some concerns before they arise and will set a precedent for future decision-making and boundary maintenance.

The job of the sport psychologist is rarely without potential ethical complications, as the psychologist performs many roles, holds many relationships, and is involved in a number of activities that do not typically mirror the traditional practice of psychology. For example, the sport psychology practitioner may be asked, or even obligated, to attend organizational events and activities in order to maintain rapport with the athlete-clients and staff and further secure a position as an accepted, reliable, and trusted member of the organization. It may take a considerable amount of time for a sport psychologist to become fully accepted by both athlete-clients and the larger organizational system, and to reject such an invitation may damage even the most well-established therapeutic alliance. Thus, sport psychologists must frequently make decisions regarding the extent to which they are willing to participate in such activities, to what degree such participation may violate boundary issues and invite multiple relationships, and to what extent an invitational rejection may ultimately harm established therapeutic relationships (Buceta, 1993; Moore, 2001).

Although these nontherapeutic, seemingly "social" interactions may potentially lead to violations of the Ethics Code (APA, 2002), behavioral incongruence can potentially threaten the sport psychologist's job within the organization and thus his or her ability to effectively provide much needed psychological services. For example, if the sport psychologist consults with a team throughout the year, attends necessary practices and games, and facilitates relationship/team building, rejecting an invitation to an event to ensure the maintenance of boundaries and the avoidance of real or perceived multiple relationships would not set a positive example or demonstrate behavioral congruence for those team members who accepted the practitioner into the organizational family and welcomed his or her services. In addition to damaging the therapeutic relationships already established with specific athlete-clients, such actions on the part of the sport psychologist may cause those athletes who have resisted the psychologist's services in the past to be less likely to ask for assistance in the future.

A clinical or counseling psychologist in independent practice may invite concerns over multiple relationships by attending a client's party, which is likely to hold little therapeutic intent. However, sport psychologists may find it difficult to hold themselves to such dichotomous standards of practice when, in fact, additional activity outside of the direct therapeutic domain may employ therapeutic intent as the foremost concern. Examples of this would be attending organizational events, team meals, late-night staff meetings, and development meetings during training camp. Although the psychologist may not be performing his or her specific occupational duties during each of these circumstances, the psychologist nonetheless continues to represent himself or herself in a professional way, and the role and participation of the psychologist are understood to all involved parties. If the sport psychologist does attend an organizational event that is more social in nature, such as a championship dinner, it is imperative that he or she minimize deep personal engagement with athlete-clients and keep conversations superficial in nature (Canter et al., 1994). In this respect, it is possible to attend organizational events as part of one's occupational duties and yet be social without actually "socializing." In essence, it remains the sport psychologist's obligation to not only provide a multitude of services to the organization but also to remain involved in all aspects of the athletic environment that facilitate rapport and promote current and future use of services by members of the team and staff.

Conclusions

So what can a sport psychology professional do to combat such ethical concerns, fulfill occupational needs, remain cognizant of best-practice guidelines and considerations, and provide services that respect the best interest of the client?

1. In order to facilitate therapeutic utility, establish rapport, maintain professional boundaries, and avoid ethical dilemmas, the sport psychologist is responsible for providing (up front) a clear understanding of his or her professional roles within the athletic environment.

2. Although the sport environment requires flexibility, spontaneity, and the ability to adapt to the changing needs of an entire organization of potential clients, the sport psychologist must adhere to both the demands of the team and the guidelines provided in the Ethics Code (Nideffer, 1981).

3. Rules, standards, and limitations regarding confidentiality, informed consent, treatment, assessment, practitioner competence, and necessary professional boundaries should be established and communicated to all involved parties before the onset of services to avoid potentially harmful ethical dilemmas, loss of objectivity, and exploitation of the client (Gardner, 1995).

4. Remaining cognizant of and professionally adopting APA's Ethics Code (2002) are crucial for the sport psychology practitioner. Consideration of the Ethics Code will help practitioners "avoid ethical violations by sensitizing them to potential behaviors that can violate the rights and welfare of individuals with whom they work . . . [and] should help them avoid these pitfalls before an ethical problem develops" (Fisher & Younggren, 1997, p. 586). In addition, a clear understanding of the Ethics Code will allow practitioners to effectively adapt particular guidelines to better serve such a unique population. In essence, this adaptation of the "letter" of the Ethics Code allows the sport psychologist to competently and ethically fulfill the "spirit" of the Ethics Code's mission and intent. Although remaining bound to ethical responsibilities, the clinician must practice with the effort and intent to provide sound services and use professional judgment and collegial consultation as necessary (Gardner, 1995).

5. It is imperative that the sport psychologist consult with colleagues when ethical issues arise (Ebert, 1997) and attempt to resolve such issues in a manner that is ethically bound, appropriate to the population, situation, and setting, and concerned above all with the welfare of the client(s) (Buceta, 1993; Ellickson & Brown, 1990; see the Appendix for a guide to ethical self-awareness).

By establishing, communicating, and maintaining professional boundaries, practicing within one's area of competence, recognizing and ameliorating the inherent ethical difficulties that may arise, and maintaining competence and informed professionalism, the sport psychologist can ethically remain integrated into the athletic environment and provide the multifaceted services necessary to enhance successful participation in professional and nonprofessional sports.

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Appendix

Ethical Self-Awareness Checklist for Sport Psychologists[A1]

A Guide for Ethical and Legal Practice	Yes	No	N/A
• Do I have the appropriate specialized education and training to offer and provide these services in this proficiency area of professional psychology?	—	—	—
• Is my role(s) with the client/organization clearly defined and within defendable limits of competence as defined by my education and training?	—	—	—
• Am I describing/representing myself and my services honestly and accurately?	—	—	—
• Am I thoroughly aware of APA's Code of Ethics and how it pertains to my work?	—	—	—
• Do I integrate new research findings and professional developments within my field in order to remain up-to-date in my practice efforts?	—	—	—
• Am I providing my clientele with written and verbal informed consent?	—	—	—
• Am I providing informed consent that is detailed, honest, and appropriately describes:			
Myself (the practitioner)	—	—	—
The services I provide	—	—	—
Expectations of the services	—	—	—
Limitations of the services	—	—	—
Empirical support (or lack thereof) for the services	—	—	—
Issues of confidentiality	—	—	—
Fees	—	—	—
Other intervention options	—	—	—
The extent to which these interventions are likely to be effective	—	—	—
• Have I exaggerated the likelihood of treatment success or promised the client an outcome that is unrealistic?	—	—	—
• Have I clearly defined confidentiality, limits of confidentiality and how those limits are to be decided with the client, parents, coaches, organizational personnel, etc.?	—	—	—
• Am I receiving pressure from organizational staff to violate client confidentiality, blur boundaries, or engage in unnecessary/inappropriate interventions?	—	—	—
• If so, have I discussed these dilemmas with the appropriate individuals within the organization, in an attempt to remediate the difficulties?	—	—	—
• Do I discuss a client(s) and his/her relevant case material with other individuals, outside of a consultative role?	—	—	—
• If I speak to other individuals about a client, have I obtained the necessary voluntary verbal and written consent from the client to do so?	—	—	—

Appendix (*continued*)

A Guide for Ethical and Legal Practice (continued)	Yes	No	N/A
• Prior to obtaining consent from the client to speak to other individuals about the case, have I made the client aware of the possible consequences/outcomes of sharing/discussing case information, so that the client can make an informed decision?	—	—	—
• Have I recorded essential client information, evaluative information, progress notes, etc., in clients' records?	—	—	—
• Do I retain records and client data for the number of years mandatory in my state?	—	—	—
• Are these records kept in a safe and secure place?	—	—	—
• Are legal reporting requirements clearly presented and understood (i.e., child abuse, potential self-harm, potential harm to others)?	—	—	—
• Do I have any nonconsultative/therapeutic contacts with clients?	—	—	—
• If so, can I clearly defend the need for, or unavoidable nature of, these nonconsultative/therapeutic contacts with clients?	—	—	—
• If/when I attend organizational events, do I remain superficial in my contact with athlete-clients and avoid excessive socializing in order to limit the potential for loss of objectivity or the development of unnecessary dual role relationships?	—	—	—
• Have I discussed with my client(s) the possibility of abrupt employment termination and thus made appropriate referrals ahead of time to provide continuity of care?	—	—	—
• Am I prolonging treatment past necessity and continuing to engage in a therapeutic relationship with a client(s), although my services are complete and intervention success has ensued?	—	—	—
• Have I developed an appropriate referral network so that issues out of my area of competence can be appropriately addressed/treated?	—	—	—
• Am I willing to refer clients to another professional if I can no longer be of assistance, or if personal objectivity is compromised, the therapeutic relationship becomes damaged, or if the client is not able to benefit from my services?	—	—	—
• Have I minimized the presence of more serious psychological concerns and thus denied the need for referral in order to continue working with this client(s)?	—	—	—
• Have the services I provide become clouded by my own personal life circumstances and difficulties?	—	—	—
• Do I approach my client with a sense of negativity, feel anger or resentment toward my client, and/or have harmful or sexual feelings or fantasies about my client?	—	—	—
• If using psychological assessment instruments, do I have the necessary education and training to engage in these activities?	—	—	—
• Have I allowed a large debt for services to accumulate?	—	—	—
• If so, have I discussed this debt with the client, attempted to coordinate payment, and appropriately recorded any interactions between myself and the client regarding this issue?	—	—	—
• Do I have professional liability insurance?	—	—	—
When a Concern or Dilemma Arises			
• Am I thoroughly aware of APA's Code of Ethics regarding this situation or dilemma?	—	—	—
• Have I read the Ethical Standard directly regarding this issue?	—	—	—
• Have I contemplated how the issue at hand may impact my client(s)?	—	—	—

(*Appendix continues*)

Appendix (*continued*)

When a Concern or Dilemma Arises (continued)	Yes	No	N/A
• Am I serving my needs and interests more than the needs and interests of my client(s)?	—	—	—
• Have I consulted with a colleague or another professional in the field?	—	—	—
• Have I contacted the APA Ethics Board for suggestions and guidance?	—	—	—
• Have I read relevant literature within the field concerning similar issues and concerns?	—	—	—
• Am I comfortable and confident that I could defend my decision or intervention in front of an ethics board or court of law if necessary?	—	—	—
• If applicable, have I contacted my professional liability insurance provider?	—	—	—
• If applicable, have I contacted a lawyer regarding this issue?	—	—	—

Note. APA = American Psychological Association.
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