

Ethical Checklist to Accompany FEPSAC Position Statement #9

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The purpose of this document is to accompany FEPSAC Position Statement #10 and is designed to assist practitioners in considering whether or not they engage in ethical practice. The checklist contains a number of questions under the heading of each ethical principle, each of which is followed by supplementary information to aid practitioners in avoiding potential ethical conflicts. This information is not exhaustive, nor intended to provide definitive answers for ethical dilemmas. The document is designed to inform practitioners of points to consider, and as a stimulant for discussion. Where necessary, practitioners should also seek advice from a mentor or professional body and always refer to their own Association's ethical codes to inform their ultimate decision making.

Principle A: Professional Responsibility

- **Have you provided the client with a contract covering all key ethical principles and details of intended services/interventions?**

The primary aim of contracting is to ensure that all parties' concerned (clients, coaches, family members and third-party organisations) are informed of ethical and practical information regarding the extent and limitation of services and the client-practitioner relationship. The nature and limits of all ethical principles should be explained in accessible language and clarified with the client prior to service provision. This will typically comprise a verbal discussion followed by a written document. Contracting procedures are also valuable in building client-practitioner trust and rapport, and should be completed as soon as possible.

A contract should comprise the following ethical information:

- To avoid potential misrepresentation and misunderstanding by the client, the sport psychology practitioner should clearly identify and describe the nature of their qualifications (and registration with a professional body), scope of practice (and type of clients served), identification of a supervisor and the associated limits/risks involved. See also Principle B: Competence.

- Practitioners will be aware of, and educate the client/organisation/third party on the role of informed consent and confidentiality (and the limits thereof) allowing the client to make an informed and unimpeded decision about whether or not to engage in sport psychology services. See also Principle C: Consent, and Principle D: Confidentiality.

A contract should also comprise the following practical information:

- Details concerning the nature of the services/interventions (purpose, duration and frequency of sessions) and likelihood of success (see also Principle E: Integrity).
- Fees (amounts and method of payment)
- Information regarding the client's right to temporarily or permanently withdraw from services at any time. The contract should also state the practitioner's right to terminate the client-practitioner relationship. For example if a client requires services outside of the practitioner's scope of practice (e.g., clinical psychology), the practitioner will refer the client on to the appropriate professional, however will nonetheless aid the client through this transfer.
- Procedures of feedback to the client, coaches, parents etc. See also Principle C: Consent and Principle D: Confidentiality, for details regarding sharing of client information with third parties.

- **Are you aware of your professional responsibility to be 'fit' for practice, and also do you have an awareness of colleagues' 'fitness' to practice?**

Sport psychology practitioners are accountable to their colleagues and the professional bodies to which they are associated, to ensure they are fit to provide sport psychology services. Sport psychology practitioners should not provide services if they are physically, psychologically or emotionally 'unfit' to do so. 'Fitness to practice' may be influenced by a number of personal circumstances (e.g., experiences of trauma, or life changes such as divorce), and therefore practitioners need to be continually aware of their physical, psychological and emotional states. Through peer supervision and a practitioner-mentor relationship, states of ill-health may be more easily identified, and appropriate strategies for recovery can be discussed. Further, should practitioners become aware of a colleague who may be physically, psychologically or emotionally impaired, it is then the practitioner's responsibility to address the colleague on an informal basis and encourage them to contact the appropriate organisation/professional body, whilst supporting their recovery. If they fail to do so, it is the professional responsibility of the practitioner to inform the relevant organisation/professional body (e.g., BPS or BASES) of the colleague's potentially unethical practice.

- **Have you obtained the appropriate clearance from authorities to state that you are able to work with vulnerable populations? (e.g., CRB Clearance to work with children).**

Awareness and understanding of legislation within your own country pertaining to children and vulnerable populations is crucial in exercising professional responsibility. Professionals should be well informed of child/vulnerable group protection procedures and policies (legal and organisational) to actively ensure they uphold and advance the protection of these persons. For example, in the United Kingdom, understanding and fulfilling the requirements of security and CRB (Criminal Records Bureau) clearance is vital when working with children and persons from vulnerable groups. It is the professional's responsibility to provide employers, clients and/or a third-party with documentary evidence of clearance to work with vulnerable groups. Such policies and procedures should also be discussed with current caregivers or organisations to prevent possible conflicts in the understanding of roles, responsibilities and care requirements.

- **If providing services to a client who is receiving services from other professionals, have you obtained approval from other service providers?**

Practitioners should consider whether or not to begin a professional relationship with a client should that client currently be engaging the services of another profession in a related field (e.g., another sport psychology practitioner, NLP practitioner) or unrelated field (e.g., clinical psychologist, counsellor). A client engaging in 'dual-relationships' with other sport/health professionals may be at risk of receiving conflicting and contradictory advice or interventions. Sport psychology practitioners are responsible for enquiring if their clients are engaging/have engaged with other professionals, and determine how this may inform or impact on the work with the client. Should the client currently be engaged in a professional relationship, it is the newest professional's responsibility to explore gaining the client's consent to make contact with the other professional if such contact is relevant to their work and perceived to be in the best interests of the client. The procedures and potential limitations of informed consent, confidentiality and information disclosure with other professionals should be discussed with the client (see Principle C: Consent and Principle D: Confidentiality).

- **If you are using psychometric tools, are you using appropriate tools, and ones which have undergone rigorous empirical testing? Are you aware that use of some psychometric tools is restricted to those who have completed a user qualification?**

Only valid and reliable psychometric tools should be used in the provision of sport psychology services. Professionals must ensure that the psychometric tools they use are supported

by a sound theoretical background and have undergone tests of validity and reliability. Professionals should only use psychometric tools in contexts and with populations for which the measure has been validated. Sport psychology practitioners should be able to prove sufficient knowledge of, and competence to use a psychometric tool. Some psychometric tools however, require practitioners to complete a qualification, course or workshop before they are able to implement the use of the tool in practice. These are typically personality inventories such as the Minnesota Multiphasic Personality Inventory-2 (MMPI-2), and the Myers-Briggs Type Indicator (MBTI), however practitioners are advised to check regulations before using any psychometric tool. Further, sport psychology professionals should continuously receive additional training in using psychometric tools to ensure they maintain high levels of service. The purpose of, and procedures associated with psychometric testing must be discussed with a client, and informed consent gained, before tests are administered.

- **Do you maintain regular documentation of work with your clients?**

It is a practitioner's responsibility to record and maintain detailed case notes of each client that they provide services for, and must include the copies of the initial contract signed by all parties, all information collected during sessions, and details of all services and/or interventions provided. Furthermore, all documentation must be kept confidential, and stored where only the practitioner has access. Maintenance of full case history will help practitioners:

- Avoid conflict regarding the initial contract in terms of services provided and fee payments.
- To regularly evaluate programmes of work with a particular client and assess their effectiveness (see above in 'reflecting on provision of services'), therefore facilitating future work.
- To compare their programmes of work with anything they may learn through continuing professional development (CPD) workshops, reading etc., to judge whether or not they have implemented the correct services.
- To protect themselves against any complaints of incorrect provision of services and/or interventions.

Principle B: Competence

- **Do you have adequate knowledge of the theories and techniques, with respect to contemporary research and practice, to deal with the presenting issues? Are you practicing within your limits in qualifications, experience and expertise?**

Practitioners have the responsibility for the care of the client and promotion of the client's psychological well-being. Practitioners should therefore be aware of the limitations of their practice and should remind themselves of their professional practice boundaries which are set out in Ethical Codes of Conduct by their affiliated professional bodies. However, at times where issues or aspects of cases are not clear, practitioners need to be mindful of their experience, abilities and expertise. One scenario which may occur is a trainee/newly qualified practitioner finding themselves in a counselling situation within a sport psychology consultation. Practitioners need to ask themselves honestly:

- Do I have adequate training to counsel someone (what evidence do I have that suggests I can do this e.g., qualifications, or have I had experience of giving or receiving counselling)?
- Do I have previous experience of counselling situations in a sport context?

If the answer is no to both of these questions then it is the practitioners' responsibility to make sure that they explain why they cannot effectively help with the client's current situation and refer them to a professional that is able to provide the required services (e.g. a clinical or counselling psychologist). If such skills are required by the sport psychology practitioner's professional body or are simply desired by the practitioner to advance their knowledge, then it is the practitioner's responsibility to attend the relevant skills training courses and/or complete the relevant reading.

- **Subsequent to provision of services and/or interventions, have you reflected on whether or not your practice was the most suitable given the presenting issues, for future reference?**

There is a need to continually be self-reflective in practice by regularly evaluating the effectiveness of services provided. A thorough evaluation of services and interventions in light of the initial case formulation may suggest other theories or approaches may or may not have been more relevant. Such an evaluation process has the potential to develop awareness and competence, providing a greater knowledge-base from which a practitioner can prepare future assessments or interventions. This process can be helped by using structured self-evaluation forms. Feedback from clients, (plus coaches, parents and organisations where possible) should also be gathered, either anonymously or not, and included in the evaluation process. This will help to determine if the services were appropriate and effective from the client's perspective.

- **Have you identified your weaknesses in professional practice and made explicit plans to develop them?**

Practitioners should be aware of their competencies but also limitations to their knowledge and practice. By being affiliated with a professional body and undergoing a professional training programme (e.g., BPS Stage 2 practitioner training), a clear programme is given for necessary areas of competency development as well as allowing clear identification of specific areas for improvement. Once qualified, there is a need for regular self-reflective evaluations of practice to identify any areas requiring development. This can be conducted through peer supervision (discussions with a mentor, or having a mentor observe your practice) and the formation of a specific personal development plan (see below).

- **Are you undergoing continuous professional development (CPD) to enhance your knowledge and integrate new developments in the field into your practice?**

CPD should be directed at improving the quality of professional competency and services being rendered, ensuring that clients continuously receive the highest possible standard of sport psychology services. Developing competencies (both research and practical) also advances the quality of the profession as a whole. It is the practitioner's responsibility to consistently enrich their theoretical, practical, research and ethical knowledge through accredited courses, workshops, conference attendance, and further reading. With respect to reading, practitioners should be aware of the most contemporary literature in order to recognise any changes or improvements in theory and/or practice. This will ensure the provision of the most up-to-date services and interventions. Practitioners may also develop their competencies by learning from the practice of other professionals. This maybe through peer observation of sessions (with their client's consent) or through training DVDs. Practitioners may observe different approaches to consultancy practice, gain knowledge of new techniques, or gain reinforcement of techniques currently used. Further, practitioners should expand their practical knowledge and skills pertaining to various sporting contexts, and to various individuals (athletes, coaches, support staff etc.). Practitioners should therefore be aware that CPD may involve non-psychological aspects of sport, such as the technical, physical and tactical demands of a sport. It is beneficial for practitioners to improve understanding of these aspects through training courses, coaching manuals, and working with coaches.

- **Do you have adequate knowledge of the individual/team and the culture and demands of the particular sports you are working in?**

Practitioners are required to understand the physical and tactical (as well as psychological) demands of the sport they are working in (see above). Practitioners should seek to develop

knowledge of up-to-date research literature and practical interventions conducted in the particular sport, in order to provide the highest standard of service. It is also vital that the nature of the sport is understood (e.g., knowledge of when the seasons are) so that the timing of sport psychology interventions is appropriate. For example, a team development or communication intervention may be best implemented pre-season. Furthermore, knowledge of the social culture of the team and/or the particular sport, will allow for services and interventions to be tailored appropriately. Extensive understanding of the sport and the social culture will allow practitioners to demonstrate competence, and facilitate the trust and respect of clients, coaches, and any other parties involved.

- **Have you clearly defined your role (for the current job) in your own mind?**

Before practitioners commence service provision for a client/organisation and conduct preliminary needs assessments, it is important for practitioners to engage in self-reflection to determine exactly what their role may be, and what they hope to achieve by working with this organisation. This will clarify the practitioner's position, working philosophy, protect the client's welfare and minimise the risk of potential boundary crossings (see Principle F: Personal Conduct). This role clarity can be important to gain before commencing such work because it allows the parameters and intentions of work to be fully understood and agreed upon by all relevant parties.

- **What should I do in the case of a psychological emergency?**

Unless trained as a counselling or clinical psychologist, sport psychology practitioners should not normally attempt to intervene in the event of a client experiencing a psychological emergency (e.g., attempted suicide, self-harm, delusions/hallucinations or otherwise). An appropriately qualified professional should be sought immediately who, in turn, must gain the informed consent of the client/legal guardian. Provision of support and assistance for individuals experiencing psychological emergencies without qualified professionals present differs between Association's ethical codes. Therefore, please refer to your own Association's ethical code for specific guidance on this.

Principle C: Consent (see also Principle D: Confidentiality)

- **Who is your client?**

Gaining a client's informed consent to engage in a process of sport psychology consultation is a central component of the contracting phase of the client-practitioner relationship. Gaining adequate informed consent ensures that clients:

- Have adequate information to make an 'educated' decision; the client understands the nature of the services/intervention cognitively and emotionally.
- They possess the capacity to make the decision rationally and without coercion, and they are able to communicate their agreement.

Establishing who the client is will guide how the practitioner gains informed consent. For example, minors are unable to give consent. Most countries classify minors as being under 18 years of age however practitioners must check legal policies prior to completing a contract. In such cases when a client is deemed a minor, consent must be sought from the minor's parents/legal guardian. In all instances, the practitioner must ensure that the client and/or guardian have been adequately 'educated' through a variety of measures (e.g., written and verbal explanations) on the nature of the intended services/intervention program. In the case that an organisation may be deemed the client (for example a sport team or National Governing Body) and practitioners will engage with multiple persons (athletes, coach, performance director etc..) all parties involved must be fully informed before individual consent is obtained.

- **To what extent is the consent you have gained *actually* consent? Is the consent of the athlete fully voluntary or has there been coercive pressure from coaches/managers etc?**

The extent of sport psychology services and interventions must remain within the boundaries of informed consent that has already been provided by the client/legal guardian. Consent should not be provided retrospectively or by a third-party (e.g., coach, manager or performance director). Recommendations to engage in a sport psychology consultation process can be proposed/advised by coaches, managers, National Governing Bodies or family members, however the final decision of whether to engage in sport psychology services should lie solely with the client. Informed consent must be given by the client/legal-guardian both freely and without coercion; evident through a written and signed agreement.

- **Have you taken all possible steps to ensure that the acquired consent is appropriate for the client (team/individual) and context (time/place/multiple settings)?**

Every attempt should be made to support the client's (or legal guardian's) educated decision, by providing adequate information. The information supplied to the client must be comprehensive, detailed and cover every potential element of the intended services/intervention (see contracting procedures under Principle A: Professional Responsibility). This will typically comprise a verbal discussion followed by a written document. Informed consent must be continuously sought throughout the duration of the client-practitioner relationship as the nature of interventions change (for example, to change an intervention or initiate a new phase of a current intervention program). Practitioners should be aware that informed consent is neither open-ended nor valid across all clients (when working with a team), settings (on or off-field), and contexts (practice, training or during competition) unless this has been explicitly discussed (with each client if more than one). If in doubt, the sport psychology practitioner should seek the verbal and written consent of the client.

- **Where it may be necessary to gain information from third parties, such as coaches, managers, medical staff, parents, teammates etc., have you gained the client's consent? Is the client fully aware of exactly what information will be sought from third parties, and if any information will be disclosed to the third party in return?**

Information about a client from external sources (e.g., coach, doctor, physiotherapist, parent, manager or teammates) has numerous benefits in helping the sport psychology practitioner generate a clear understanding or 'picture' of their client. However, any information that is deliberately sought requires the informed consent of the client. While the client may not know the specific contents of the professional exchange (e.g., medical diagnoses or information regarding team selection), their consent for the sport psychologist to retrieve that information is primary. Where clients are unable to give their consent (i.e., the client is a minor), consent must be sought from their parent/legal guardian. No information about the client shall be provided to the third party in return unless prior consent has been given by the client. This against must be evident in a signed document.

- **Have you informed all parties of their right to withdraw at any time?**

Practitioners have the responsibility to make all clients aware of their freedom to withdraw from an intervention and/or terminate the client-practitioner relationship at any time, without giving reason, and without penalty.

Principle D: Confidentiality (see also Principle C: Consent)

- **Who is your client?**

Confidentiality is one of the most important ethical principles, and has quite specific limits. It is intended to maintain the strength of the ‘therapeutic alliance’, the wellbeing and trust of the client, and also seeks to ensure psychological best-practice. During the contracting phase, the parameters and boundaries of confidentiality in psychologist-athlete relationship must be established. This includes clarifying who the client is (see ‘who is you client?’ under Principle C: Consent). To avoid potential conflict, details on who receives feedback/progress reports (e.g., a parent, coach, manager, club director, or sponsor) and the content of that feedback/progress must be explicitly discussed with all parties involved, and consent must be given individually (see below).

- **Have you ensured that the client and all third parties (e.g., coaches, parents, mangers, National Governing Bodies etc.) clearly understand the parameters and limitations of confidentiality?**

Regardless of the nature of the relationship between the client and a third-party (e.g., parent, guardian, coach, or program director), the external/third-party is not permitted access to details shared between a practitioner and their client without the client’s prior consent. It is the responsibility of the practitioner to explain clearly (and also demonstrate in a written contract) to the client and all third parties as to with whom information will/will not be shared, and under which circumstances it will/will not be shared. With regards to the specific use of the information, the practitioner must also inform all parties how these limits of confidentiality influence the breadth and quality of feedback or reporting that will be presented to third parties. This is particularly important where a third party may have vested interest in the content of a client’s sessions (for example a coach requiring information for team selection, or a sponsor considering taking on a particular athlete). Such information may create either positive or negative bias towards certain individuals. The practitioner will be in clear breach of confidentiality should they share any private information that might influence coaching/selecting decisions if prior consent has not been obtained.

Practitioners are also responsible for obtaining a client’s consent if they plan to share any information with peers or with a supervisor/mentor, for reasons of developing the practitioner’s competence in provision of services and interventions. Furthermore, practitioners must obtain the client’s consent to share information with other health professionals currently working with the client. Clients must also be informed of the specific circumstances in which the practitioner is obliged to breach confidentiality. Such instances might include: a criminal offence (see below) or potential physical and psychological harm to self or others,.

- **Should you report any knowledge of athletes or coaches taking part in illegal or harmful activities (e.g., drugs, gambling, burglary, sexual assault, self-harm)?**

All practitioners have the right to break confidentiality with their clients in instances where a criminal offence has taken place, or where the potential for a criminal offence exists. Such instances may include assault, domestic abuse, use of illegal drugs, gambling, burglary, or any other lawbreaking activity. This should be stated in the initial contract. However, practitioners may wish to consider the impact that breaking confidentiality will have on the client, (and possibly the team/organisation) and also on the therapeutic relationship. One potential way to deal with the situation would be to discuss the offence/incident with the client in question, and encourage them to declare any wrongdoing. Practitioners may want to seek advice from a mentor or professional body before taking any action.

In the case of non-illegal yet still harmful activities, such as non-illegal drug use or potential of self-harm, practitioners should consider whether or not a referral needs to be made to another professional service (for example drug rehabilitation or clinical psychology). Additionally, the motivation of the client to receive education and support for behaviour change may be an important factor in your decision to continue consulting with the client regardless of your competence and referral actions (see Principles E and F: Integrity/Personal Conduct). In the case of performance enhancing drugs, practitioners should consider whether or not to report the matter internally to appropriate personnel within the National Governing Body or sporting federation. This decision may depend greatly upon your role as a paid practitioner for a governing body/federation whereby contracted athletes may have already signed agreements pertaining to clear action taken if illegal or non-illegal harmful activities are revealed or disclosed to support staff. If a governing body/federation has no such athlete agreement/contract in place and/or you are employed directly by the client and not by the organisation, then confidentiality rests strictly with the athlete and the practitioner would be in breach of confidentiality if they disclosed such activity. These issues reinforce the importance of contractual agreements, roles/responsibilities and limits to confidentiality prior to working with a client or a governing body. Again, practitioners should consult with a mentor/supervisor prior to taking any action and pay careful attention to their accrediting organisation's specific code of ethics. In all circumstances, measures of 'best practice', which consider the care and well-being of the client should guide the actions of the practitioner.

Principle E: Integrity (see also Principle F: Personal Conduct)

- **Have you falsely claimed affiliation to any professional bodies? (i.e. have you got the appropriate affiliation? Are your memberships up-to-date?)**

Practitioners have the responsibility to accurately advertise their title and affiliations to any professional bodies. For example, in the UK, the title ‘sport psychologist’ is a protected term which can only be used by those who have been accredited by the Health Professions Council. Therefore to use this term when one is not qualified to do so is misrepresenting one’s accreditation and qualifications. Professional bodies will advise practitioners of the current regulations in their country. If a practitioner is a member of/affiliated to a professional body, it is their responsibility to keep their memberships up-to-date by completing all of the necessary forms and making the required registration payments.

- **Have you advertised your sport psychology services in a manner that is honest and truthful?**

Practitioners have the responsibility to advertise their qualifications, skills, expertise and scope of practice to potential clients/organisations in a manner that is clear and truthful. Clarifying qualifications, training and expertise to a client prior to service commencement is necessary to prevent clients being uncertain of the practitioner’s skills or services. This can also prevent practitioners being presented with clients/situations which they are unqualified or inexperienced to effectively deal with. Furthermore, practitioners cannot guarantee performance improvements as a result of an intervention. Therefore practitioners have the responsibility to advertise services carefully so as not to mislead potential clients about the advantages and limitations of sport psychology services.

- **Have you asked your client for a testimony?**

A practitioner may often want to ask previous clients for a testimony to their competence in providing successful services and interventions, for publication on the practitioner’s website or other advertising material. Before making any client’s comments public, practitioners must inform the client whether or not the comment will be anonymous, and gain the informed consent of the client to use that comment. Furthermore, practitioners must only make use of truthful comments, and must not use comments which overestimate the practitioner’s ability, or misrepresent the practitioner’s services.

- **Have you clearly defined the financial arrangements (fees and payment methods) for services within the contract?**

It is necessary for all parties to confirm fee arrangement before service commencement. Fee amount, notice periods for re-arranging sessions, method of payment should be clearly defined in the contract. If fee arrangements are discussed prior to provision of services, this will prevent the practitioner from increasing charges or the client not making fee payments. Practitioners may want to review fees periodically as the nature of sport psychology services is changeable. In this case, practitioner must clearly define in the contract prior to the onset of services, when and how often fees might be reassessed. In some specific circumstances fees may also need to be reassessed, for example if the practitioner takes on more responsibilities by beginning to work with the coaches in addition to the athletes within a team. Practitioners need to consult with all parties involved and obtain their agreement before increasing charges. These precautions will prevent any conflict or negative consequences for the client-practitioner relationship.

- **Do you advance and uphold the integrity of your profession/professional body in all your actions?**

Sport psychology practitioners have the responsibility to be continually mindful of the nature and quality of their statements, actions and interventions within both professional and social contexts. Upholding integrity includes demonstrating professional behaviour at all times (see also Principle F: Personal Conduct). Practitioners will also manage sensitive and personal information with humility, conscientiousness and honesty, with the aim of advancing public trust and confidence in themselves, other sport psychology practitioners and the professional bodies they belong to.

Principle F: Personal Conduct (see also Principle E: Integrity)

- **Do you feel you are able to work with/provide interventions for males and females from a variety of cultures and ethnic backgrounds? Are you aware of any personal values and/or biases which may affect your practice?**

‘Being true to oneself’ is considered a vital aspect of applied practice - an awareness of any bias towards a particular social group can be developed through introspection. If practitioners have an awareness of their own biases, then dialogue within supervisory relationships can provide guidance as to the appropriate actions to take. Practitioners must strive to remain unbiased and objective in matters involving gender, race, and culture. In addition to personal awareness, it is important to be explicit to clients regarding the services that will be provided. For example if a religious athlete asks a practitioner to pray with them, the practitioner must be open and honest with the client if they feel uncomfortable in doing so. Dealing with this situation by respectfully declining to pray with the athlete is unlikely to be damaging to the client-practitioner relationship. Being aware of the variety of individuals’ needs (e.g., an athlete’s desire to have faith-related counsel in sport psychology practice, or use meditative practice within consultations) and the boundaries of your practice will make you more confident in dealing with such scenarios directly and sensitively with the client. If a client requires services that go beyond the knowledge and experiences you possess, then practitioners need to make an appropriate referral (see also Principle B: Competence).

- **Do you continuously assess and manage the nature of your relationship with your client in terms of potential dual-roles?**

Practitioners should be aware of the potential dual-roles they may be expected to undertake. For example, a practitioner may take on both a sport psychology and coaching role within a team. If taking on the coaching role undermines the primary role as a sport psychology practitioner, this may damage the therapeutic relationship. If so, practitioners should practice as a psychology professional *or* a coach, and inform all parties of this choice. Other dual-role conflicts may arise where a sport psychology practitioner carries out other supportive duties that help them to integrate into and demonstrate commitment to a team or sport. These may include transport, mentoring, collecting player statistics, analysing match videos or acting as a first aider. In all of these cases, practitioners need to evaluate these dual-role circumstances in terms of whether or not such a dual-role responsibility is likely to hinder or undermine the delivery of psychological services and therefore client well-being.

- **Have you considered your consultation settings and the possible challenges they might propose to your therapeutic relationship? (e.g., consulting in the locker-room, consultation whilst on trips)**

Sport psychology practice often occurs outside of the formal one-on-one dyad in non-traditional settings such as in the locker-room, on team buses, or in hotels during trips. However, practitioners must be aware of issues which may arise in these settings, and conduct risk assessments before engaging in consultation. For example, it is important for practitioners to consider whether clients are going to be happy disclosing information in a non-traditional setting and in settings where information may potentially be overheard by others. If a client is unhappy disclosing information in the presence of coaches, teammates etc., practitioners may suggest an alternative setting or an alternative time for the consultation. Non-traditional settings such as hotels or café's may present other challenges to the client-practitioner relationship. For example, if a client asks the practitioner to consult with them in their hotel room, practitioners need to have an awareness of potential boundary crossings and violations. To minimise the risk of any potential ethical conflicts arising, practitioners may want to suggest an alternative setting where other people are present (albeit out of hearing range), so as to minimise the risk of the interaction being perceived by others as inappropriate. This will reduce the risk of harm to the client and/or the practitioner and the therapeutic relationship. Prior to travelling with a team, practitioners could obtain advice from a mentor, and clearly indicate to all parties that service provision during travel periods may often require flexible meeting schedules and settings.

- **Are you aware of the potential non-professional (e.g., social) interactions which may occur in sport contexts?**

A number of sport environments (see above regarding non-traditional settings) are likely to result in non-professional relationships arising. For example, social relationships may emerge when travelling with a team, attending organisational events, or spending prolonged periods of time with an athlete whilst travelling. Such interactions are often perceived as beneficial in eliciting high-quality information, building trust and rapport, resolving presenting problems or enhancing performance output. These benefits however, have often negated the concerns surrounding the formation of social relationships. However an understanding and awareness of the potential risks of engaging in social relationships is vital in ensuring client well-being and the provision of quality sport psychology services. Practitioners need to consider whether the engaging in the socialising behaviour will strengthen or undermine the therapeutic relationship. If the social interaction is likely to lead to the practitioner and client becoming over-familiar, practitioners may want to politely decline engaging in the social interaction in order to preserve the respect and trust essential to the

client-practitioner relationship. Continual self-reflection and discussion with peers and mentors will aid practitioners' awareness of potential conflicting relationships.

- **Are you aware of potential boundary crossings and violations that may occur within sport psychology practice? Have you mindfully set your ethical boundaries within your practice?**

Boundaries are the parameters of a working relationship, and are set so that practitioners can practice safely, and to prevent harm being done to the client and the therapeutic relationship. Boundary crossings are where a person within the therapeutic dyad 'crosses' from acceptable to potentially undesirable behaviour. For example, one boundary crossing which may occur in sport psychology consultancy relates to touch – hugging an athlete after a successful performance or placing a hand on a shoulder to comfort an individual in a stressful situation. With regards to the second example, if a client is crying and in clear distress, the effect of a practitioner's touch could comfort and calm the client, and serve to augment the trust and understanding in the client-practitioner relationship. If the practitioner adopted a more conservative style and refrained from engaging in a comforting touch, this lack of action could be perceived by the client as a lack of care, and appearing 'cold'. Yet, if the touch is perceived by the client as inappropriate contact, this may damage the therapeutic relationship.

Practitioners need to be aware of boundary crossings that may occur, and be aware that they may be beneficial, or cause harm to, the therapeutic relationship. Practitioners must therefore consider the most appropriate action given the particular client, and given the context and situation they find themselves in. If in any doubt, ask to cross boundaries (i.e. there is no harm in asking to place a hand on the shoulder). Also, providing reasoning for actions where possible is likely to minimise misinterpretation on behalf of the client. Practitioners can also consult with a mentor for advice.

Boundary violations however, are crossings of boundaries which are almost certainly going to put the therapeutic relationship in jeopardy. Examples include having sexual relations with a client, accepting shares in a client's company, or entering any another sort of business relationship with a client. Engaging in these types of relationship is unethical as they potentially abuse the nature of the client-practitioner therapeutic relationship. In such circumstances power struggles may result, therefore potentially harming the client's psychological welfare.

- **Are you aware of any physical/sexual attraction to client or third party; if so have you discussed this with a colleague?**

As a practitioner working with a physically fit and high-achieving population often in non-traditional service settings, physical attraction to a client or third party (coach/manager etc.) may result. There is a need to be self-aware of the likelihood for attraction, and a need for honest self-reflection as to whether or not any attraction exists. Practitioners should be aware that physical attraction in itself is not an ethical violation, however any actions confirming such attraction would be a violation of boundaries and therefore a violation of ethical practice. Practitioners and supervisors need to be aware of this topic (which is typically seen as taboo in professional practice) and make sure they are aware of psychological principles of transference and counter-transference in therapeutic relationships. Discussing the issue of attraction openly will minimise the taboo surrounding the topic, and help the practitioner deal with any difficult situations more effectively. For example, open and honest discussion with a peer or mentor/supervisor can help identify reasons for such attraction, so that a natural phenomenon is not 'blown out of proportion'. If attraction is hindering provision of services to a particular client or organisation, suitable strategies can then be put in place to avoid any ethical violations within the professional relationships.

Principle G: Research

- **If conducting research at a university, have you gained the ethical approval of the ethical committee board at the institution?**

Each academic institution will have an ethical committee to which research proposals must be submitted for consideration before research is allowed to commence.

- **Have all research participants given fully informed consent to participate?**

Prospective participants must be given full information regarding the nature, duration and frequency of any research testing and data collection before they consent to participate.

- **Have all research participants been informed of their right to withdraw at any time, without the release of confidential information?**

Researchers have the responsibility to inform all prospective participants of their right to withdraw from the research proceedings at any time, without giving reason, and without penalty.

- **Have you ensured safeguarding procedures for research on vulnerable populations?**

For research on vulnerable populations, researchers may be required to have participants' current caregivers present in case of any distress or communication problems.

- **Have you ensured safeguarding procedures for research with minors?**

For research on children, parental/guardian informed consent must be obtained, and furthermore, researchers may be required to have a parent or guardian present during the research procedures.

- **If conducting longitudinal research over various time points, have you made plans to obtain continued consent?**

Researchers may be required to obtain consent to continue at each time point. Otherwise it may be valid to state in the initial informed consent information that by consenting to participate, this will cover all time points at which data is collected. For minors however, even if parental/guardian consent has been given for all time points, researchers may still want to clarify at each time point if the minor is still happy to participate. This will negate any feelings of coercion the minor may be experiencing.

- **Have you as a professional and researcher considered all possible outcomes/impacts of the research you will undertake?**

Practitioners have the responsibility to promote the care and well-being of research participants at all times. If for any reason a researcher believes that harm (physical, psychological, and/or emotional) may result from partaking in the research, then participants must be notified of the potential risks before they are asked to provide consent to take part.

- **Have you accurately and honestly reported the research findings (or lack of)?**

Researchers have the responsibility to correctly report the data they have collected and results of any analyses that have been conducted to avoid any potential misinterpretations regarding the findings. In the case of null findings, it is important that the research is still submitted for publication to prevent 'undesirable' findings being withheld.

- **Does your research have implication for both theory and applied practice?**

Researchers should strive to undertake research which can contribute not only to theory in an academic sense, but that which is also relevant to applied practice. Research is of limited value when the findings only further theoretical propositions and cannot be implemented to enhance the performance and well-being of sport participants.

- **Have your research findings been disseminated to the relevant parties?**

In addition to being published in peer reviewed journals, it is important that research findings are disseminated to those who can implement the findings. For example, sport psychology practitioners, coaches and possibly athletes themselves, must be able to put into practice the principles of your research findings.

Principle H: Social Responsibility

Practitioners and researchers must remain aware of their professional and scientific responsibilities to apply their knowledge to the best of their ability across all domains of society to contribute to human welfare. Practitioners and researchers must protect the rights and welfare of all clients and research participants, and must maintain the integrity of all professional relationships. All ethical principles discussed above should be implemented and continually managed to ensure ‘best practice’ at all times.

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