**Elliott’s folly: How multiple roles can lead to ethical violations**

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**Introduction**

Elliott is a counselor and mental performance consultant for the athletes at a large NCAA university who is dealing with issues of confidentiality, nonmaleficence, competency, and dual agency. Because he has not defined his roles within the university’s administration and to the students themselves, he is taking on more than he can chew, and more than he is competent to perform. His education and training have deemed him capable of practicing as a licensed professional counselor as well as a mental health consultant. Having two jobs for both roles in the same place, with the same student-athletes, has created a stir among the students themselves and Elliott himself. He understands his limitations but the school Provost, the athletic director, and the counseling center all have needs to be met by Elliott. This creates conflicts of interests and the ones dealing with the consequences are the student-athletes themselves.

Elliott also has two student workers, making him a mentor and a supervisor, adding to his many, many priorities and positions. With existing dilemmas of confidentiality between the various roles and demands, violations have already occurred. To cause harm is a principle of both the Association for Applied Sport Psychology (AASP) and the American Counseling Association (ACA) code of ethics in which Elliott must adhere to.

Elliott must make his clients the first priority and he must withdraw from conflicting roles in order to stop the current harm and prevent future harm. In this paper I will discuss the ACA Ethical Decision-Making Model, the application of the ACA and AASP ethical codes as it pertains to Elliott’s case, and suggest resolutions regarding violations.

**Model Description**

I chose the ACA Ethical Decision-Making Model as I found it was the most suited for Elliott’s case of multiple roles. The first step in the ACA model is identifying that an ethical problem exists (Forester-Miller & Davis, 2016). To solve an ethical issue, I must gather the information about the dilemma and carefully assess whether an ethical decision-making model is even necessary. While some problems can be solved with a logical solution, some require more careful consideration due to the risk of potential harm towards myself, my clients, and any stakeholders involved. I start by writing out the details of the situation like who, what, when, why. Determine the parties involved and what’s at stake. Ethical issues are rarely simple to resolve.

Other things to consider as far as information-gathering, is considering which guidelines to follow based on the issue. If it’s a purely ethical issue with no legal implications, stick with the professional ethics codes within my professional associations. If it’s an institutional or employer policy issue, those standards must be addressed as well. If it is a matter of breaking the law, I must consult legal advice. The intention of this step is to determine the depth of the issue, who and what it potentially harms, and objectively and to thoroughly clarify the situation. This helps determine what type of situation and what kind of resources are needed.

Step two is to refer to the *ACA Code of Ethics* (ACA, 2014). Because a professional association’s ethics are to be held higher than any other code of ethics, this is a good place to start researching an ethical issue and how it might be resolved (Aoyagi & Shapiro, 2011). Some issues are common and can be resolved using the solution stated within the document. If the issue can’t be resolved, a more complex ethical issue is at play and I must further my research. It is important to consider the other policies guiding my profession and employment whether they be additional associations I belong to or the standards expected of me by an institution or employer. I also should consider state or professional codes that might pertain to my situation. Technology and sociocultural aspects must also be assessed.

The third step is to figure out “the nature and dimensions of the dilemma” (Foster-Miller & Davis, 2016). This is the time to refer to the foundational principles and their relevance to my situation: autonomy, nonmaleficence, beneficence, justice, and fidelity. Autonomy means that individuals have the right to live their life the way they see fit without the interference of others. I cannot overstep boundaries made by my client and impinge on their freedom and choices. I can, of course, detail my advice and suggestions to my client. This is a way to encourage clients to be independent while considering the rights of others and understanding how society will interpret actions and values of my client, should they be equipped. Does my ethical dilemma interfere with the autonomy of my client?

Nonmaleficence is considered by many to be the most important moral principle. Translated from latin it means to first, do no harm (Welfel, 2016). If the only solution to my ethical issue would do harm, I would rather choose to do nothing. I must weigh all risks and assess the possible harm to those involved including myself. Beneficence might be considered the opposite of nonmaleficence. We must not only do no harm, but we are also obligated to do good--the best good in the best way we can. Every aspect of good must be explored as well as possible harm. When someone enlists my services, I must follow through with those services to the best of my ability.

Justice is the obligation to act fairly. If I advertise services, I must make them accessible to the public and not deny service, even if the client cannot fully afford treatment. I must also accommodate for disabilities, working to treat my clients equally regardless of differences. Fidelity is keeping promises made and commitment to the truth. It is synonymous with loyalty-- to clients, to the profession, to the ethical code, to colleagues, to commitments and promises. This aligns with the virtue of trustworthiness because the working alliance between client and counselor depends upon trust. I understand this as being honest within the appropriate and relevant doses.

Continuing on with the third step, I would also do research on literature. Reading colleague’s professional writings that could substantiate or refute my findings and beliefs about my ethical situation and the previous research I’ve acquired. This is also a good time to reach out to colleagues who may have gone through similar situations and can provide sensitive insight to their issue and possible solution. When in doubt, also reach out to ethicists or associations to seek further advice. The goal of this step is to gather information that will facilitate a solution. I have many tools available to me and should not hesitate to take advantage of them. This will not only serve me in this specific ethical dilemma, but will also educate me in any future ethical issues.

The fourth step is to brainstorm possible solutions (Forester-Miller & Davis, 2016). I will use freethinking to gather as many possible resolutions without censorship or subjectivity. By freeing myself from my own ethical limitations while employing the information I gathered in step one and two, I can assemble a thorough list. The more options I have, the better chance I have at solving the issue ethically. If I get stuck, I can consult a fellow ACA colleague. It’s important to note that just because I am using the ACA’s ethical decision-making model I am not limited to referring to only the ACA *Code of Ethics* and the colleagues I have who follow it.

The fifth step is weighing the pros and cons of each of my potential courses of action. I must now consider the consequences of each action and be observant of stakeholders and their potential harm. I start by getting rid of the most ill-fitted courses of action and narrowing it down to the least harmful and most beneficial for all involved. Once I have chosen one course of action, I must assess it thoroughly. Stadler (1986 as cited in Forester-Miller, 2016) applies three lenses to the chosen solution: Justice, publicity, and universality. Does this course of action involve treatment that I would be okay with receiving myself? Would I be okay with this decision documented in the media? Can this course of action be taken in similar situations of colleagues? If my answers to these questions develop new ethical questions, I should return to step one and confer about what steps I’ve taken thus far. If I passed Stadler’s test with yeses to all three questions, I can move on to step seven.

Now, in step seven, I must employ the chosen course of action. Implementation will take more resolve because acting out an action is much more complex than planning the action. I will make sure all involved are informed (Welfel, 2016). Though it may be difficult, I should rely on the support I received throughout the decision-making process to ensure that I complete the task. The completion of this last step, though the culmination of one situation, should also be reflected upon because it can likely be used in future situations. Documentation throughout the process lets me keep track of my reasoning, rationale, and supported theories. I will also remain in contact with any professionals I connected with throughout the process for possible future reference.

**Code Application**

The Association for Applied Sport Psychology has a code of ethics that contains general principles A-F and 26 general ethical standards. Of these, Elliott has violated a number of them.

Principle E of the AASP *Ethics Code* (AASP, 2011) states that AASP members should have a concern for the welfare of others. This includes harm and mistrust. AASP members should be aware of differences in power so as to not mislead other people during or after professional relationships.

As a counselor, Elliott has a duty to avoid harm. As a consultant, he has the same duty because AASP codes of ethics apply to the professional as a whole, not simply as a role. In the case of the medical staff giving information to Elliott regarding their physical health records, Elliott has not shared with his clients that he knows this information. He is making suggestions and treatment plans for his clients based on information that should not be in his files, like the drug test results and STI screening results, undermining this principle of concern for others’ welfare. Elliott himself states that he knows it may be a compromise to the trustworthiness that his clients have come to feel about him but yet he still relies on these confidential physical health reports to guide the counseling approach he takes for each client. Though Elliott does feel that this information helps his work as a therapist, it is still harmful to both the client and the trust in the relationship between the client and Elliott.

The American Counseling Association (ACA) has a similar ethical code pertaining to the welfare of others. Code A.1 covers the welfare of others to the extent of trust, confidentiality, and avoiding harm (ACA, 2014). Elliot’s case crosses this line based on the description above but the ACA code adds onto the AASP code in that he is risking harm to his clients by both withholding information about confidential medical diagnoses along with misleading his clients in his role as consultant/counselor. I can also add code C.2.a in regards to the boundaries of competence, which states that a counselor must know the limits of his or her own competencies to serve their clients using only “their education, training, supervised experience, state and national professional credentials, and appropriate professional experience” (ACA, 2014). By consulting his clients using confidential medical diagnoses, of which he does not have the education and training to fully inform the individuals he works with, he is violating this code. He must remain a counselor/consultant, and not a medical doctor who reveals STI/drug test results.

Standard 1 of the AASP *Ethics Code* states that AASP members should have clearly defined roles and provide service only to the extent of their professional roles.

Elliott’s issue of having multiple roles is due to his lack of clarification. While the meeting is set up by the Provost, the counseling center director, and the athletic director, the roles should be clarified as to what services he can and should provide to the student-athletes but based on Elliott’s concerns, it sounds like the athletic department’s power is asking for more services geared towards the performance of the athletes, possibly ignoring their individual rights as a client. Elliott struggles to meet this AASP standard not in the eyes of his supervisors/employers, but in the eyes of his student-athlete clients who are most at risk of harm.

The ACA does not have a defined code for multiple roles but has one for multiple clients. Since sport psychology deals with this issue much more often, the AASP must include this in their code of ethics. The code that may apply here is the ACA A.8 which states that treating multiple clients who know each other may present ethical dilemmas. While Elliott has clients from the same university, it is also likely that he simultaneously treats teammates of the same sport. Under the ACA code, this constitutes as multiple clients and therefore extra caution must be taken to keep information confidential. Elliott must “clarify, adjust, or withdraw” if there are apparent conflicts (ACA, 2014).

Standard 6 (AASP, 2011) emphasizes the ACA foundational principle of nonmaleficence (Forester-Miller & Davis, 2016) in that members should avoid harm and make it their priority to do so. They must take reasonable steps to refrain from harming clients and others involved in their ethical situations.

Elliott does not hold this standard to its highest degree if he has already harmed one of his student-athlete clients when his administrative assistant divulged information about a student’s counseling appointments to her athletic coach, which compromised sensitive information not meant for those ears. While this deals more with confidentiality, Elliott should have communicated to his staff of administrative assistant and two student workers that the ethics of his profession extend to them in that they are not to cause harm. The administrative assistant is not responsible for the doings of Elliott, but by proxy, Elliott should take the necessary precautions to prevent harm to his clients, like the female whose information was leaked without her consent. In this case, it was foreseeable as the athletic department has half the funding of his services covered along with the counseling center. Does this mean his services should be split in half to serve both counseling and consulting roles equally?

The ACA principle of nonmaleficence is one of five principles that are “​​the foundation for ethical behavior and decision making” (ACA, 2014). To avoid harm is a fundamental principle that all ethical behavior and decision making should rely on, at the basic level. This means if you do not follow the principle of nonmaleficence, you cannot be ethical. Elliott cannot be ethical if he continues to let confidential information slip into the hands of those who do not have consent to have it. He should have advised his student workers and administrative assistant of their adherence to HIPAA.

Standard 9 in the AASP code of ethics refers to multiple relationships (AASP, 2011). This includes pre-existing relationships whether they be personal, familial, or professional according to Standard 9(b). The AASP member should avoid overlapping these roles if there is possible risk of harming those involved, especially the client.

The term dual agency refers to the conflict between two professional roles (Hines, Ader, Chang, and Rundell, 1998 as cited in Aoyagi & Shapiro, 2011). Elliott’s commitment to serve his counseling students may be compromised by his role as consultant to those same students if the athletic department succeeds in having Elliott teach all student-athletes regardless of the existing counseling relationships. There is already concern among his clients about the overlapping of his counseling role and his consulting role. One vocal and passionate student whom Elliott works with in the counseling center is concerned that those on the field will hear about his childhood traumas and other sensitive, private, confidential information that was divulged to Elliott during those private counseling sessions. The overlapping of consultant on the field and clinical counselor off the field surfaces real issues of confidentiality and client dignity by allowing possible information from both roles to seep into the other’s realm--or field in this case.

This AASP standard deals mostly with the pure sports psychology circumstances. Not having weekly meetings in a private room like a traditional counselor means that confidential information is more likely to be compromised. The student-athletes that are clients of Elliott are concerned about their teammates learning about their issues which directly relates to the previously stated ACA A.8 regarding multiple clients. If there is already concern from the clients, then Elliott must address the situation before it reaches a full ethical dilemma and harm is caused.

AASP Standard 12 is concerned with third-party requests for service. If a third party requests services that are outside of the previously clarified role and services of the AASP member, that role must be properly defined.

Elliott is being pressured to provide different services via different roles for various third parties including the university administration or Provost, the athletic department, the counseling center. He also must be privy to the guidelines of the NCAA as a division 1 university to better serve his athlete clients. This pull to serve so many third parties interferes with his ability to stay ethical. By this I mean that the athletic department and their members want Elliott to enhance the performance of their athletes for the gains of the team, department, and/or university. The counseling center, and Elliott I’d like to presume, concern themselves with serving their clients and prioritizing their health and wellness. If a coach makes a request for Elliott to perform a technique that would increase the athlete’s performance, yet impair their mental wellness, Elliott has a duty to deny that request. This is not because Elliott has no regard for the concerns of the athletic department, who employs and partially funds his services, but because as an ACA and AASP member he must rise to the ethical standards that he has agreed to follow. The student-athletes have already voiced their concern to Elliott about the confidentiality and trust that could be compromised by his dual roles and various commitments to third parties.

The ACA code A.2 of informed consent is at stake here because Elliott’s clients are not informed of the rights and responsibilities of them and himself. If his responsibilities are ever-changing due to the various demands of various departments, it is Elliott’s duty to inform the client of this change. For example, if the athletic director has asked Elliott to train an athlete to do something that interferes with the demands of the counseling center, it means that the client must know of these requests. If not, it could cause harm to the client as Elliott will be exploiting the client for the good of others, like the athletic team in which the client takes part. This falls under the ACA code A.2.b.

Standards 18(a), (b), and (c) of the AASP *Ethical Code* is about confidentiality. Standard 18(a) states that confidentiality should be the primary obligation of the AASP member. Standard 18(b) designates there are relevant limitations to the confidentiality of clients when talking to “persons or organizations with whom they work”. Standard 18(c) requires that clients be knowledgeable of any potential sharing of confidential information and give consent in writing to the transfer of sensitive information between parties.

Elliott must take care in the conversations he has about his student-athlete clients because the information he has acquired from the client must stay between the client and himself unless written consent from the client was given to state otherwise. This is similar to the idea that even though a fellow colleague may adhere to the same set of ethical standards and principles, there must be consent from a client to reveal identifying details about them. Otherwise, if no legal authority is granted, identifiable information must remain confidential but details of the case can still be discussed. Elliott must be careful to keep sensitive information safe from third parties involved such as the athletic department, or university administration.

The medical staff should not give permission to Elliott to break the news of health diagnoses because he is not licensed and is not competent in that area. For Elliott to adhere to Standard 18, he must not allow coaches to know about an athlete’s status as a counseling client as well as not delving into the physical health of a client since the client is both unaware of this prior to and has not given consent.

The ACA code B.1.c notes that the counselor must practice respect for confidentiality (ACA, 2014). Keeping a client’s sensitive information private from those who do not need to know and whose benefit does not benefit the client, is mandatory in keeping the trust and counseling relationship sound and intact. The code says: “Counselors disclose information only with appropriate consent or with sound legal or ethical justification.” If Elliott does not have a beneficial reason to release information to third parties, then he must keep his clients’ information private regardless if the Provost or athletic director requests it. This also means that if the information should be released, the client must be informed of who, how, and why the information will be shared and how it benefits the client and/or the counseling process.

**Suggested Resolutions**

There is no question that Elliott has caused harm and violated the underlying principles for which the ACA ethical decision making model and the codes of ethics for both ACA and AASP rely their codes upon. But I must also take into account the nuances of ethical decision-making given the often ambiguous paths required of sport and performance consultants because of their nontraditional settings, immersion into the sport/team, and multiple relationships involved in an athlete’s care.

Nonmaleficence, the avoidance of harm, was not adhered to to the fullest extent in the violations that Elliott made: withholding information about confidential medical diagnoses along with misleading his clients in his role as consultant/counselor, the issue of multiple roles due to lack of clarification of said roles, compromising the confidentiality of sensitive information about a student-athlete, dual-agency stretching the counselor thin and blurring the lines between counselor and consultant, catering to too many third-party requests via the Provost, athletic department, the counseling department, and the NCAA.

His situation as a consultant and a counselor for overlapping student-athletes, teams, and teammates while reporting to more than three stake-holding entities, requires very careful decision-making. The first step in the ACA ethical decision-making model is to identify the problem. Given that Elliott as the counselor/consultant is the only one in this situation with the ethical understanding and therefore duty to adhere to these standards, he must self-regulate since he “may be the only person in a performance environment who is aware of what constitutes ethical practice” so it is his responsibility to maintain an ethical standing regarding his multiple roles, multiple clients, and dual agency (Aoyagi & Shapiro, 2011).

Step two of the ACA Ethical Decision-Making Model is to refer to the ACA code of ethics to see if any were violated. I have also referenced the AASP code of ethics. Step three is to determine the nature and dimensions of the dilemma (Forester-Miller & Davis, 2016). As stated in the previous two sections, there were multiple potential violations and they were noted.

The fourth and fifth steps are to generate possible courses of action and consider potential consequences of all options and determine a course of action (Forester-Miller & Davis, 2016).

In the violation of confidentiality, standards 18(a), (b), and (c) of the AASP (2011) ethical code is about confidentiality as well as the ACA (2014) code B.1.c. These violations have heavy implications because they compromise the trust of the client, which is the foundation of the working alliance (Welfel, 2016). More so than the current clients, violations of confidentiality put the public’s trust in the profession in jeopardy along with any future clients Elliott has the opportunity to work with. The issue here is not clean cut because even though Elliott does his best to keep a client’s information private, allowing his assistant to leak information about a counseling appointment to a client’s athletic coach was a violation on his part. He should have informed his assistant and student-workers that they, too, must adhere to the same ethical codes as per AASP (2011) standard 13 which reads: “AASP members provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically”. It was a lapse in Elliott's judgment that allowed this to happen and there is no current failsafe that will prevent this issue in the future, possibly in a larger context. It would be wise for Elliott not to take on assistants or student-workers as the workload seems to be too much for just one person.

In the case of multiple roles, Elliott violates standard 9 in the AASP (2011) code of ethics which says to avoid overlapping roles. The overlapping of counseling clients to also be treated by him as a sports consultant puts these student-athletes at risk of confusion as to what roles that Elliott is serving and will serve to them. Some athletes already noted that they did not want their teammates to know they were also being treated for clinical application of counseling. The stigma against mental health is stronger than the stigma against performance or sport consulting because counseling implies that a formal diagnosis of mental illness is being treated, making the student-athlete wary of their reputation as a good player. Elliott made it clear that he would only engage in mental performance consulting with students who are not counseling clients so athletes

had clarity about his professional roles and even fundraised to allow for outside counselors to take over that role, but his job was threatened as a result and he wasn’t able to fulfill this goal. While the ultimatum was not ethically sound, his priority as a consultant and counselor is to put the client first, even if it means possible termination.

In the same light, ACA code A.8 states that in the case of multiple roles like the situation above, extra caution must be taken to keep information confidential. Elliott must “clarify, adjust, or withdraw” if there are apparent conflicts. Either he can clarify these roles to each of his current counseling clients in order to make himself available as a consultant to all student-athletes of the institution as is asked of him by the counseling department, athletic department, and school administration, or he can withdraw from the counseling position and only vow to fulfill the role of consultant regardless of the institution’s demands.

Standard 1 of the AASP (2011) code of ethics states that roles must be clearly defined and services should only be applied that are within the competence of the professional. Because Elliott has taken it upon himself to reveal medical diagnoses for which he is not competent to advise upon, there is a clear violation of this standard. Regardless of whether the medical staff on campus gives him confidential medical information, he is not competent to discuss this with his clients. Private medical information such as STDs should only be divulged from the clients themselves in order to maintain the integrity of the therapeutic relationship. His eagerness to learn about these diagnoses from the medical staff shows he is not respecting the limitations of his training. This also violates ACA (2014) code A.2 of informed consent because his clients are not given the chance to consent to this information being shared with Elliott. He has not made it clear to the clients and the medical staff has not provided that consent either, unless otherwise noted outside of the case study. This service that Elliott has chosen to provide outside of his competence and consent of the client must be terminated and the clients must be informed of this confidentiality breach.

Because Elliott is being pulled in many directions due to various third-parties (school administration, athletic department, the Provost, the NCAA, and the counseling department), he must narrow down who he reports to, who his client is, and who he must obey. The AASP (2011) standard 12 states: “...the AASP member clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with the Ethics Code”. Elliott has failed to keep his roles separated and his role requirements at a doable workload. He takes self-referred clients, clients referred by coaches, trainers, medical providers, professors, and administrators, mandated clients who have been disciplined for academic or behavioral concerns, those with substance abuse disorders, mental performance consulting clients. He is clearly spread too thin.

Elliott should first address this main issue with all stakeholders and those whom he reports to. Recognition of the power the athletic department has over his position is the first start but now he must adhere as best he can to the ethical requirements of both the AASP (2011) and the ACA (2014). He should reiterate this to the athletic department and remind them that the priority must first be the mental wellness of the client/student-athlete and not participate in the exploitation of said clients for the gain of the athletic department via winning. Winning should not be the priority, but the consequence of prime student-athlete health and wellness.

**Summary**

Sport and performance psychology brings new ethical dilemmas to the field of traditional psychology or counseling. There are no more private rooms, set appointments, and routine treatment. The sport consultant must adhere to the client’s schedule meaning a consulting session on the field or on an airplane, embedding oneself into the social community, adhering to many conflicting demands from various organizations/members of a multidisciplinary team. As I said before, the burden is on the sport consultant/counselor to not only follow their associations’ codes of ethics but to make aware of the ethical codes to all involved. Brown and Crogan (2006) state “it is important to realize that nontraditional situations are likely to arise that call for nontraditional means of remaining ethical”.

Elliott is a well-trained, educated consultant and counselor. He has many certifications, degrees, and experience hours that allow him to fulfill many different roles. But what happens when those roles become conflicting, overlapping, unethical? Elliott has been pulled in many different directions at the cost of his clients’ well-being and safety. This is unacceptable. He also threatens to discredit the profession as a whole of both counseling and sport consulting if he does not clarify his roles and duties to all involved. In this case a resignation is more ethical than allowing further harm.

The ACA ethical decision-making model is a very applicable model to use for ethical dilemmas because it does not require that I refer purely to the ACA code of ethics. It makes clear that I should always look into each association or professional organization/institution to which I subscribe when researching whether an ethical dilemma exists. I have many resources at my fingertips along with support from fellow colleagues with whom I will always reach out to if I have any questions regarding ethics. As a Certified Mental Performance Consultant (CMPC) I will adhere to the AASP code of ethics and allow positive virtues to guide me in doing the greatest good (Aoyagi & Shapiro, 2011).

Beyond ethical dilemmas, I must also be aware of cultural differences and thus will employ tenets of cultural sport psychology to my practice: people have multiple and intersecting cultural identities, recognizing power and privilege, and cultural praxis (Cremades & Tashman, 2014). Focusing on culture will allow me to understand marginalized voices and cultural identities. As a practitioner I must recognize the privilege, power, and beliefs I have as a cis white female and as a future CMPC. Self-regulation is key in maintaining an ethical stance, especially through the lens of cultural competency (Cremades & Tashman, 2014).

**References**

American Counseling Association. (2014). *2014 ACA code of ethics.* <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>

Aoyagi, M. W., & Shapiro, J. L. (2011). Ethical practice in sport and performance psychology.

*Psychotherapy Bulletin, 46*(2), 37-41.

Association of Applied Sport Psychology. (2011). *Ethics code: AASP ethical principles and standards.* <https://appliedsportpsych.org/about-the-association-for-applied-sport-psychology/ethics/ethics-code/>

Brown, J. L., & Cogan, K. D. (2006). Ethical Clinical Practice and Sport Psychology: When Two Worlds Collide. *Ethics & Behavior, 16*(1), 15–23. <https://doi-org.uws.idm.oclc.org/10.1207/s15327019eb1601_3>

Cremades, J. G., & Tashman, L. S.. (2014). *Becoming a Sport, Exercise, and Performance Psychology Professional : A Global Perspective.* Psychology Press.

Forester-Miller, H., & Davis, T. E. (2016). *Practitioner’s guide to ethical decision making* (Rev.

ed.). Retrieved from [http://www.counseling.org/docs/default-source/ethics/practioner’s-guide-toethical-decision-making.pdf](http://www.counseling.org/docs/default-source/ethics/practioner%E2%80%99s-guide-toethical-decision-making.pdf)

Welfel, E. R. (2016). *Ethics in counseling and psychotherapy standards, research, and emerging   
 issues*. Cengage Learning