SEXUAL AND NONSEXUAL BOUNDARY VIOLATIONS BETWEEN SPORT PSYCHOLOGY PROFESSIONALS AND THEIR CLIENT-ATHLETES

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Sexual attraction (SA), as well as sexual (SBVs) and nonsexual boundary violations (NSBVs), have been identified as matters of ethical concern, being viewed as harmful within mental health or counseling relationships. Much of the literature in the area of SA and SBVs has focused on the counselor-client relationship, but it has been investigated only minimally in the field of sport psychology and specifically with regard to sport psychology professionals (SPPs). Because SA, SBVs, and NSBVs between SPPs and their client-athletes seem to be potentially problematic concerns in need of empirical investigation and practical scrutiny, the aim of this study was to examine: (a) the incidence of SBV and NSBV beliefs and behaviors among SPPs; (b) SPPs' feelings regarding SA for and from client-athletes; and (c) SPPs' willingness to seek supervision to manage their SA beliefs and behaviors towards client-athletes. SPPs (n = 365) completed the Survey of Applied Sport Psychologists (SASP) via e-mail or regular mail. As expected, SPPs experienced SA (40.6%) and generally did not experience strong feelings as a result of the SA. However, of the SPPs experiencing SA, 13.5% of males and 13.8% of females engaged in a SBV with a client-athlete. NSBV behaviors and beliefs are also reported. Chi-squared analyses revealed male SPPs engaged in nonsexual touching with their client-athletes more frequently than female SPPs. T-tests suggested ethically trained SPPs were more likely to seek supervision as a result of SA and view certain NSBVs as good professional behavior in comparison to non-ethically trained SPPs. Appropriate supervision and ethical training for SPPs experiencing SA could be helpful in the management of potential future SBV or NSBV.
behaviors. Implications for SPPs working with athletes, limitations of the present study, and recommendations for future research are discussed.
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CHAPTER 1
INTRODUCTION

Sexual attractions (SAs), as well as sexual (SBVs) and nonsexual boundary violations (NSBVs), have been identified as areas of ethical concern, being viewed as harmful within mental health or counseling relationships. In a mental health professional-client relationship, Pope (1988) stated that any SBVs “are inherently unethical, unprofessional, and severely damaging.” Clients that are sexually exploited can experience betrayal, abuse, depression, and suicidal ideation (Andersen, 2005). Due to the harmful nature of SBVs between professional and client, they are not permissible according to professional ethical standards. The American Psychological Association (APA) Ethics Code states “psychologists do not engage in sexual intimacies with current therapy/clients” (2010). Further, psychologists are expected to “not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances” (APA, 2010).

Much of the literature in the area of SA and SBVs has focused on the counselor-client relationship, but SA and SBVs has been investigated only minimally in the field of sport psychology and specifically with regard to sport psychology professionals (SPPs). Even though sexual relationships are also explicitly forbidden between SPPs and their students, supervisees, and clients (see Association of Applied Sport Psychology [AASP] Ethical Code, 2013), we unfortunately know virtually nothing about SPPs’ SA incidence rates, ethically inappropriate SBVs, and potentially unethical NSBVs with their client-athletes. Stevens and Andersen (2007a) reported “discussion in sport psychology literature has been atheoretical, superficial, or has not addressed the erotic feelings sport psychologists have towards athletes.” Considering the potentially serious and dangerous nature of SA, SBVs, and NSBVs in the counselor-client relationship, and further considering the scant literature that exists about those issues in the SPP-
client relationship, matters of SA, SBVs, and NSBV behaviors between SPPs and their client-athletes seem to be potentially problematic concerns in need of empirical investigation and practical scrutiny. In this proposed study, those matters will be examined for their frequency and perceived impact on the SPP-client interaction.

Definition of Terms and Review of Literature

In this section, I: (a) provide definition of the key terms under consideration; (b) review literature about SA, SBVs, and NSBVs within the psychological field; (c) consider the role of supervision and ethics training in managing SA/boundary issues; and (d) offer rationale for this proposed investigation.

Definition of Terms

For purposes of this study, SA is defined as: attraction based on sexual desire for another individual. SBVs is defined as: behaviors between SPP and client-athlete that are sexual in nature and are considered unethical in nature. Discussing personal or sexual matters not related to work, caressing or touching a client-athlete in an inappropriate way, and kissing, dating, or engaging in sexual intercourse with a client-athlete are all considered SBVs. NSBVs are defined as: behaviors between SPP and client-athlete that are non-sexual in nature, but still may be considered unethical.

Sport psychology is an interdisciplinary field of study encompassing psychology and kinesiology. Additionally, SPPs receive their education under several different training models. Individuals obtaining a terminal master’s or doctoral level degree from a psychology or sport/exercise science program, completing required interdisciplinary coursework from psychology and kinesiology, and consulting enough with client-athletes and coaches under direction of an appropriately credentialed supervisor for enough hours, may obtain an
Internationally recognized sport psychology certification from the Association of Applied Sport Psychology (AASP, 2013). Obtaining certification as an AASP Certified Consultant (AASP CC) allows one to consult independently with client-athletes. Becoming a professional member of Division 47 (Exercise and Sport Psychology) of the American Psychological Association (APA Div. 47), is also another way to consult independently with client-athletes.

Sexual Attraction – Incidence

SAs in the mental health or counseling field occur with a high degree of frequency. Being sexually attracted to at least one client has been reported to be as high as 80% (Blanchard & Lichtenberg, 1998) to 88% for psychologists (Rodolfa et al., 1994). Petitpas, Brewer, Rivera, and Van Raalte (1994) reported 53.3% of AASP members experienced SA to their client-athletes. Studies have also suggested male mental health professionals experience SA to their clients more often than women (Rodolfa et al., 1994). Even among students, males (73%) have been found to experience SA more frequently than females (38%) (Housman & Stake, 1999). Within the field of sport psychology, Etzel, Watson, and Zizzi (2004) found males reported being sexually attracted to clients more often than women. Counselor SA can potentially lead to and make increasingly likely SBVs occur with clients (Stevens and Andersen, 2007a).

Sexual Attraction – Behaviors

Most research suggests that health professionals’ sexual behavior with clients includes dating or being sexually involved with a current or former client. Psychiatric residents have been found to be sexually active with their patients at a rate of 0.9% (Gartrell, Herman, Olarte, Localio, & Feldstein, 1988). Gartrell, Milliken, Goodson, Thiemann, and Lo (1992) discovered 9% of physicians have had sexual contact with their patients. Wilbers, Veenstra, Van de Wiel, and Weijmar Schultz (1992) found 4% of physicians have had sexual contact with their patients.
Ang, Cooper, and Jenkins (2010) reported physiotherapists have dated current (4%) and former (17%) clients. Lamb et al. (1994) reported a 6.5% sexual relationship incidence rate between psychologists and clients. Rodolfa et al. (1994) found a 4% SBV incidence between APA psychologists and their clients. Lamb and Cantanzaro (1998) reported 6% of psychologists engage in sexual relationships with (mostly former) clients. Later, Lamb, Cantanzaro, and Moorman (2003) reported 2% or professional psychologists had a SBV with a client. Overall, it seems between approximately 2-6% of professional psychologists engage in SBVs with clients. It should be noted that most SBVs between psychologists and clients occurs after the termination of the professional relationship (Etzel et al., 2004; Lamb et al., 1994; Lamb & Cantanzaro, 1998; Lamb et al., 2003; Petitpas et al., 1994; Thoreson, Shaughnessy, Heppner, & Cook 1993).

**Sport Psychology**

Within the field of sport psychology, approximately 4% of sport psychologists (Petrie & Buntrock, 1995), 1.8% of AASP members (Petitpas et al., 1994), and 1.3% of AASP Certified Consultants (Etzel, et al., 2004) reported engaging in sexual intimacies with a former client after the conclusion of the professional relationship. Petitpas et al. (1994) reported 34.5% of AASP members believed becoming sexually involved with a client was “unquestionably not” ethical behavior. Although 65.5% of these AASP members reported they believed becoming sexually involved with a client after the professional relationship was at least somewhat ethical, only a small percentage (1.8%) of those AASP members actually reported becoming sexually involved with a client. The discrepancy between SBV beliefs and behaviors for AASP members raises the possibility that there may have been an underreporting of sexual involvement with clients.

Several sport psychology consultants have even revealed their tales of sexual boundary crossing with client-athletes. One sport psychologist was reported to have repressed, denied, and
suppressed SA feelings which resulted in a sexual relationship with a client-athlete, and another sport psychology consultant was reported to have been overwhelmed with sexual intimacy feelings and acted those feelings out (Stevens & Andersen, 2007b). Extrapolating from Lamb and Cantanzaro (1998), there are numerous sexual behaviors in which SPPs can engage with their client-athletes. These sexual behaviors include discussing sexual matters unrelated to consultation work, caressing or touching, kissing, dating, and engaging in sexual intercourse with a client-athlete. Similar to psychologists and their clients, SBVs between SPPs and their clients do indeed appear to occur and would seem equally problematic for if not destructive to the involved parties.

**Gender**

Within psychologists, most SBVs are conducted by male psychologists in comparison to female psychologists (Lamb & Cantanzaro, 1998; Lamb et al., 2003; Pope, 1988; Pope, Keith-Spiegel, & Tabachnick, 2006; Thoreson et al., 1993). Recently, Pope et al. (2006) discovered 9.4% of males and 2.5% of female psychologists engaged in sexual relationships with clients. Given there is a large discrepancy between male and female psychologist SBVs, it may also be the case that a similar discrepancy exists between male and female SPP with regard to SBVs.

**Sexual Attraction – Feelings and Supervision**

Health professionals often have negative attitudes or feelings associated with their sexual attraction to their clients. For example, Wilbers et al. (1992) reported 91% of physicians had a negative attitude toward their feelings regarding SA to clients, whereas Rodolfa et al. (1994) found 55% of psychologists felt guilty about their SA to their clients. Supervision has been identified as a valuable means by which negative feelings and guilt about sexual issues in treatment can be meaningfully addressed and managed (Andersen, 2005). Unfortunately,
psychologists do not always seek supervision or are not always ethically trained on how to handle sexual ethics issues. Rodolfa et al. (1994) discovered 27% of psychologists did not seek supervision for such matters. Blanchard and Lichtenberg (1998) found only about a third of their sample of psychologists sought supervision for SA feelings.

Nonsexual Boundary Violation Behaviors

In addition to SAs and SBVs, NSBVs can also occur between and possibly prove troubling for SPPs and their client-athletes. Lamb and Cantanzaro (1998) identified many potential NSBVs that have seeming relevance for SPPs and client-athletes; these include becoming a social friend with a former client-athlete, attending a small social gathering knowing a client-athlete would be there, developing a business relationship with a former client-athlete, and traveling with a client athlete. In the one sport study that has been done on this issue, Etzel et al.’s (2004) findings provide some confirmation about the occurrence of NSBVs in the SPP/client-athlete relationship. In this study, it was discovered men viewed certain NSBV behaviors as more ethical than women, including socializing with client-athletes, having a client-athlete stay at their house during consultation, and providing consultation via the internet.

A Unique Context

Sport psychology consultation provides for a unique environmental context when SPPs work with their clients. Consultation may take place on the field or in a locker room, coach’s office, hotel, or team bus. Considering SA and SBVs occur with patients or clients in mental health professions such as physicians, psychologists, and physiotherapists, makes it likely SA and SBVs occur with SPPs and their client-athletes. Additionally, SPP SA and SBVs could be even more prevalent than in most mental health professional fields due to the unique consultation context.
There are several reasons SA and SBVs may occur more frequently than in the typical health professional field: (a) client-athletes are often viewed in tight and revealing clothing or uniforms which may lead to a higher likelihood of SPP SA feelings; (b) many SPPs are not adequately trained in sexual ethics and may view SA and SBVs more loosely (Etzel et al., 2004); (c) athletic cultural contexts are generally much looser and casual than other health profession settings, with the looser context leading to more SPP self-disclosure, informal discussions with the client, and the increased likelihood of SBVs or NSBVs; (d) there are oftentimes less controlled environmental conditions in a SPP-client-athlete relationship context, with more times and situations being available for the occurrence of SBVs or NSBVs; (e) client-athletes may find SPPs attractive because of their nonjudgmental, caring, and calm nature (Andersen, 2005); and (f) there is generally a higher number of male SPPs in comparison to female SPPs working with client-athletes. Since males typically have more sexual boundary violations with their clients in other settings, it may well be the case that this trend would continue in a sport psychology context; that at least seems to be a reasonable hypothesis to examine.

Purpose

SA is rarely discussed within the field of sport psychology and members within the field seemingly often turn a blind eye to its occurrence, even more so than in the larger counseling or clinical psychological field. Feelings associated with SA to client-athletes may be shocking, awkward, shameful, guilt-ridden, and not understood, making SPPs unwilling to discuss them with their supervisors. Further, there may be a bias or suspicion towards SPPs who voice concerns regarding SA, possibly resulting in guilt by association. SA issues may also have never been normalized to SPPs (Andersen, 2005). Further, Petitpas et al. (1994) found that 30.9% of AASP members believed their SA feelings were unquestionably not ethical. There seem to be a
number of negative feelings, biases, factors, and beliefs associated with SA that may make SPPs reticent to seek supervision. Although SA is very uncomfortable for most SPPs to discuss, if the sport psychology field wants to promote professionalism, help graduate students develop, and provide optimal services to client-athletes, it should be able to openly discuss SA issues (Strean & Strean, 2005). Ethical training and supervision that is adequate may be essential to how SA feelings are handled by SPPs.

Due to the lack of empirical data on the incidence of, engagement in, and beliefs towards SA, SBVs and NSBVs in the field of applied sport psychology, the primary purpose of this study was to gather such information by means of surveying SPPs. Knowing the prevalence of SA and incidence rates of SBVs and NSBVs between SPPs and client-athletes will: (a) help increase awareness of potentially harmful sexual and non-sexual behaviors occurring between SPPs and their client-athletes; and (b) potentially provide directions for consideration with regard to intervention or remedy. This study extends the findings of Petitpas et al. (1994), Petrie & Buntrock (1995), and Lamb, Catanzaro, & Moorman (2003) by providing a more recent data collection, a broader sample of SPPs trained from multiple academic domains, and information on the incidence and beliefs of SBVs and NSBVs between SPPs and their client-athletes.

Study Aims and Questions

In this exploratory study, I examined: (a) the incidence of SBV and NSBV beliefs and behaviors among SPPs; (b) SPPs' feelings regarding SA for and from client-athletes; and (c) SPPs' willingness to seek supervision to manage their SA beliefs and behaviors towards client-athletes. In all areas, the relationship between SPPs’ demographic variables (e.g., gender, age) and their sexual beliefs, behaviors, feelings, and willingness to seek supervision was examined. More specifically, the following questions were explored:
1. What is the prevalence of SPP attraction, SBVs, and NSBVs?

2. What is the difference in male and female SPPs’ SBV and NSBV behaviors and beliefs with their client-athletes?

3. What is the difference in ethically trained and non-ethically trained SPPs’ SBV and NSBV behaviors and beliefs with their client-athletes?

4. What are the SPPs beliefs and attitudes towards seeking supervision regarding SA?
CHAPTER 2

METHOD

Participants

Overall, 224 male (61.4%) and 139 (38.1%) female SPPs (2 unspecified) from either the AASP or the APA Division 47 participated in filling out the SASP. The participants’ mean age was 48.4 years (SD = 13.1). As their terminal degree, 338 (92.6%) participants had earned a doctorate (PhD, EdD, PsyD, or MD), 18 (4.9%) had earned a master’s degree (MS, MA), and 3 (0.8%) had earned a bachelor’s degree (BS, BA); 1.6% did not indicate their highest degree obtained. Regarding their degree area, 75.3% (n = 275) were in exercise/sport science, 15.3% (n = 56) in psychology, and 6.0% (n = 22) in a related field, such as sport psychology or a combined psychology and exercise science degree; 12 did not respond to this question.

Instruments

Survey of Applied Sport Psychologists

The Survey of Applied Sport Psychologists (SASP) was developed specifically for this study (see Appendix A) and was modeled after research conducted by Petrie and Buntrock (1995) and Lamb, Catanzaro, and Moorman (2003) on SBV and NSBV beliefs and behaviors of sport consultants and mental health professionals. The SASP questionnaire was organized into the following areas:

Demographic Information

SPPs provided their gender, age, highest degree obtained, and the area in which their highest degree was awarded. The SPPs indicated whether they had received training (Yes or No) regarding ethical and boundary issues related to SA with clients during their graduate work and
whether they had received training (Yes or No) regarding SA towards their clients after completing their highest degree, such as through continuing education.

**Sexual Attraction – Incidence**

SPPs indicated whether they had ever worked with an athlete or sport team as an applied sport psychology consultant (Yes or No). If “Yes,” SPPs indicated how many client-athletes to whom they felt sexually attracted (zero or none, one or two, three to five, six to ten, or 11 or more) and the sex of those client-athletes (male, female, or male and female). SPPs then provided salient qualities and characteristics of the client-athletes to whom they were attracted. If the SPPs had not worked as an applied consultant, they skipped these questions and all subsequent questions included in the sexual attraction-behaviors, sexual attraction-feelings, sexual attraction-perceptions, non-sexual boundary violations, supervision-past sexual attraction, and supervision-future sexual attraction sections. If the SPPs had worked as an applied consultant, but had not experienced SA to a client-athlete, they only skipped the sexual attraction-behaviors, sexual attraction-feelings, and supervision-past sexual attraction sections.

**Sexual Attraction – Behaviors**

SPPs indicated whether they had (Yes or No) engaged in each of the following behaviors with their client-athletes: (a) discussed personal or sexual matters unrelated to their work, (b) caressed or touched in an intimate way, (c) kissed, (d) dated, or (e) engaged in sexual intercourse. For each behavior in which they engaged they reported whether it occurred during or after the termination of the professional consulting relationship. If SPPs indicated becoming sexually involved with a client-athlete, they then explained the factors that influenced their decision to do so.
**Sexual Attraction – Feelings**

Using a 5-point scale that ranged from 1 (*not at all aware*) to 5 (*extremely aware*), SPPs indicated how aware they thought the client-athletes were of their SA towards them. Next, the SPPs reported how they felt as a result of the attraction, using a 5-point scale that ranged from 1 (*not at all*) to 5 (*extremely*) for each of six emotions (guilty, anxious, confused, depressed, powerful, and happy). Finally, the SPPs indicated, using a 5-point scale that ranged from 1 (*extremely harmful*) to 5 (*extremely beneficial*), the extent they believed their feelings of SA were beneficial to their client-athletes.

**Sexual Attraction – Perceptions**

First, SPPs indicated the percentage of their client-athletes who had been sexually attracted to them (None, 1-25%, 26-50%, 51-75%, or 76-100%). If the SPPs reported that at least one of their client-athletes had been sexually attracted to them, they described how they knew the client-athlete was attracted. Then, on separate 5-point scales ranging from 1 (*not at all*) to 5 (*extremely*), the SPPs indicated how guilty, anxious, confused, depressed, powerful, and happy they felt when a client-athlete was attracted to them.

**Non-Sexual Boundary Violations**

All the SPPs, regardless of whether they had worked with a client-athlete, indicated whether or not (Yes or No) they had engaged in any of 18 NSBVs with a client-athlete, such as becoming social friends with a former client-athlete, having a client-athlete stay at their house, attending small social gatherings, such as parties, dinners, or bars, when they knew their client-athlete would be there, initiating nonsexual touching with a client-athlete, disclosing details of a current personal stressor to a client-athlete, attending a client-athlete’s sporting event, crying in front of the client-athlete, lending a client-athlete $50.00 or less, developing a business
relationship with a former client-athlete, or exchanging or receiving gift, such as clothing or athletic apparel, with their client-athletes. In addition, for each nonsexual boundary violation, SPPs evaluated how professional they believed each behavior to be on a 5-point scale that ranged from 1 \( (poor) \) to 5 \( (good) \).

**Supervision – Current Sexual Attraction**

The SPPs reported from whom they sought supervision for their feelings of SA (i.e., colleague, supervisor, administrator, family, friend, or other), and, on a 5-point scale that ranged from 1 \( (never) \) to 5 \( (always) \), how often they sought supervision regarding their attraction. The SPPs then described the factors influencing their decision to seek or not seek consultation or supervision and, if they had discussed their SA with someone, what that experience was like for them.

**Supervision – Future Sexual Attraction**

On a 5-point scale from 1 \( (not at all) \) to 5 \( (extremely) \), SPPs indicated how necessary it would be for them to seek consultation or supervision if they became sexually attracted to client-athletes in the future. SPPs also reported with whom they would seek those consultation or supervision experiences.

**Procedures**

Professional members of the AASP and APA Div. 47 were solicited via e-mail or regular mail to complete the SASP. SPPs were sent two follow-up reminders to complete the survey.

**Data Analysis**

SPSS Version 20.0 was utilized to conduct the data analyses for this study. SPP demographic information, including age, area of degree, and received ethical training is provided. Frequencies, chi-squared analyses, \( t \)-tests, and one repeated measures mixed design
ANOVA were used to examine SPPs’ SA incidence, behaviors, feelings, and perceptions, NSBVs, and willingness to seek supervision (current and future). Additionally, as relevant, SPPs qualitative comments are reported.
Prior to completing analyses, missing data were evaluated on the SASP because SPPs often did not respond to all questionnaire items. Expectation-maximization was not utilized because the missing data were unable to be estimated, particularly because many SASP items could not be answered by participants who had not worked with a client-athlete. Therefore, the number of participants associated with each analysis may not always equal to 365. Measures of normality were measured numerically utilizing the Shapiro-Wilk test. Subsequent data analysis relied on the normality of the data and a Bonferroni corrected pairwise comparison and Mann-Whitney U-test were utilized with any non-normally distributed data.

Professional Training

Most SPPs (73.8%, \( n = 268 \)) received ethical training regarding the ethical and boundary issues related to SA in graduate school. After degree completion, 43.0% \( (n = 157) \) of SPPs received training, such as continuing education workshops, regarding SA toward their client-athletes. Of those receiving any ethical training, 42.1% \( (n = 126) \) received training both before and after graduation. In total, 82.1% \( (n = 299) \) of reporting SPPs received ethical training regarding SA, whereas 17.9% \( (n = 65) \) did not receive any ethical training.

Sexual Attraction – Incidence

The first primary question explored in this study involved the prevalence of SPP attraction. Out of the 365 participants, 276 (76.2%) reported working with an athlete or sport team as a SPP. Of those 276, 112 (40.6%) reported being sexually attracted to at least 1 client-athlete; the remaining 164 (59.4%) reported never experiencing SA to a client-athlete. Of the 112 SPPs reporting SA, 63 (22.8%) were attracted to 1 or 2 client-athletes, 32 (11.6%) were
attracted to 3 to 5 client-athletes, 10 (3.6%) were attracted to 6 to 10 client-athletes, and 7 (2.5%) were attracted to 11 or more client-athletes.

Additionally, 67.9% (n = 76) of SPPs attracted to 1 or more client-athletes were men; the remainder (32.1%; n = 36) were women. SPPs were most frequently attracted to female client-athletes (69.4%, n = 77); the remainder were attracted to male (29.7%; n = 33) and male and female (0.9%; n = 1) client-athletes. Reasons SPPs indicated for being sexually attracted to a client-athlete included the client-athlete having good interpersonal skills, being physically attractive or fit, being psychologically attractive, wearing tight clothing, and having clear goals for the future.

Sexual Attraction – Behaviors

The first two primary questions explored in this study involved the prevalence of and difference between male and female SPPs’ SBV behaviors with their client-athletes. Of the 112 SPPs who worked with and experienced SA to client-athletes, only 88 indicated whether or not they had engaged in sexual attraction behavior. The 24 non-respondents is a potential limitation in this data section, particularly if the non-respondents had SBVs with one or more client-athletes. Six males (10.2%) and 4 females (13.8%) acknowledged discussing personal or sexual matters unrelated to the work they were doing; five SPPs did so during the professional relationship and five SPPs after the professional relationship ended. One reason for discussing sexual matters after the end of the professional relationship was “our paths crossed several times.” Two (3.3%) male SPPs acknowledged caressing or intimately touching a client-athlete. One SPP stated that this behavior occurred during the professional relationship and one SPP did not respond. None of the SPPs who said they were attracted to their client athletes acknowledged kissing, dating, and/or having sexual intercourse with them.
Of the SPPs who engaged in one of these sexual behaviors, 10 (83.3%) had doctorates and 2 (16.7%) had master’s degrees. Nine (75%) had been trained in exercise/sport science, two (16.7%) in psychology, and one (8.3%) in “other.” Eleven (91.7%) had been ethically trained, with nine (75%) receiving training in graduate school and eight (66.7%) receiving training post-degree. Four (33.3%) were attracted to one or two client-athletes, 6 (50%) were attracted to three to five client-athletes, 1 (8.3%) was attracted to six to ten client-athletes, and 1 (8.3%) was attracted to 11 or more client-athletes. The SPPs were mostly attracted to females (66.7%, n = 8); the rest were attracted to male (25.0%, n = 3) and male and female (8.3%, n = 1) client-athletes. Male SPPs were sexually attracted to female (100.0%, n = 8) client-athletes and female SPPs were sexually attracted to male (75.0%, n = 3) and male and female (25.0%, n = 1) client-athletes.

Sexual Attraction – Feelings

SPPs’ feelings experienced as a result of their SA towards client-athletes are presented in Table 1. Overall, with regard to their client-athlete SA, SPPs reported not feeling particularly confused (M = 1.50, SD = .85), depressed (M = 1.21, SD = 0.56), powerful (M = 1.55, SD = 0.84), guilty (M = 1.94, SD = 1.10), anxious (M = 2.07, SD = 1.07), or happy (M = 2.44, SD = 0.92). There were no significant SA differences between any male and female SPPs, nor between those SPPs who had received ethical training vs. those who had not. Overall, SPPs generally felt client-athletes were not aware of the SA (M = 1.31, SD = .60) and viewed their SA as neither harmful nor beneficial (M = 3.03, SD = .53).

When asked to describe any client-athlete harm associated with their SA, SPPs stated the SA had changed the way they worked by increasing their interest in helping or making them spend more time thinking through their work approach. Some SPPs normalized the experience of
SA to client-athletes by claiming the feelings of attraction to be normal, whereas other SPPs also reported SA feelings were best handled by discussing them with a supervisor. Conversely, still other SPPs were dismissive of SA feelings, explaining that there was no harm or benefit involved, that their SA did not affect the client-athlete relationship, and that they never processed or felt the need to process the client-athlete SA.

**Sexual Attraction – Perceptions**

SPPs’ feelings about perceiving client-athlete SA toward them are presented in Table 2. When the SPPs perceived such SA, they reported feeling not particularly guilty ($M = 1.79, SD = 0.96$), confused ($M = 1.59, SD = 0.77$), depressed ($M = 1.34, SD = 0.68$), powerful ($M = 2.01, SD = 1.01$), happy ($M = 2.24, SD = 0.92$), or anxious ($M = 2.53, SD = 1.15$). For this variable, there were no differences between any male and female SPPs, nor between those SPPs who had been ethically trained vs. those who had not.

Sixty-seven and a half percent ($n = 141$) of SPPs reported no client-athletes were ever attracted to them, whereas 31.6% ($n = 66$) reported that being so for 1-25%. 1.0% ($n = 2$) reported 26-50% of their client-athletes were attracted to them. SPPs indicated knowing a client-athlete was attracted to them by memory of such behaviors as flirting, seeking out more interpersonal contact, increasing personal disclosure, exchanging gifts with the SPP, and inviting the SPP to social events.

**Non-Sexual Boundary Violations**

**Incidence Rates**

The first primary question explored in this study involved the prevalence of SPPs NSBVs. The incidence rates of SPP NSBVs with client-athletes are provided in Table 3. The five most common NSBVs were attending a client-athlete’s sporting event (89.4%, $n = 193$),
initiating nonsexual touching with a client-athlete (58.1%, \( n = 125 \)), attending a social gathering with a client (43.5%, \( n = 94 \)), traveling with a client-athlete (34.9%, \( n = 75 \)), and remained at a party with a client-athlete (31.9%, \( n = 69 \)). The five least common NSBV’s were giving a client-athlete theater, sports, or other “event” tickets (1.4%, \( n = 3 \)), lending a client-athlete $50 or less (2.8%, \( n = 6 \)), developing a business relationship with a former client-athlete (4.2%, \( n = 9 \)), working with a client-athlete known to be romantically involved with a friend (4.2%, \( n = 9 \)), and having a client-athlete stay at their house while providing services (6.9%, \( n = 15 \)).

The second primary question explored in this study involved the difference between male and female SPPs’ NSBV behaviors with their client-athletes. To determine if the frequency of NSBVs varied by sex, male and female SPPs were compared across each individual behavior. Only one significant difference emerged across the 18 NSBVs; male SPPs engaged in nonsexual touching with their client-athletes more frequently than did the female SPPs, \( \chi^2 (1) = 6.12, p = .013 \). There were no significant differences in the frequencies of NSBVs between the SPPs who had and had not received ethical training regarding sexual attraction and related activities.

**Beliefs**

The second and third primary questions explored in this study involved the difference between male and female, as well as ethically trained and non-ethically trained SPPs’ NSBV beliefs. SPPs NSBV beliefs are presented in Table 4. The 2 (male vs. female SPP) X 2 (ethically trained vs. non-ethically trained) mixed design ANOVA did not yield a significant main effect, \( F(1, 195) = 22.19, p = .246 \), partial \( \eta^2 = .007 \), suggesting SPPs viewed NSBV behaviors similarly. After accounting for skewness and kurtosis in the distribution of the NSBV beliefs, a Bonferroni corrected pairwise comparison was utilized in the \( t \)-tests on the 17 normally distributed NSBVs to account for Type I error (\( p < .003 \)). A Mann-Whitney U-test was utilized
to examine the one non-normally distributed NSBV, attending a client’s sporting event (skewness = -1.88, kurtosis = 3.93).

The five highest rated SPP NSBVs were attending a client-athlete’s sporting event ($M = 4.62, SD = 0.67$), attending a client-athlete’s special event ($M = 3.53, SD = 1.12$), initiating nonsexual touching with a client-athlete ($M = 3.48, SD = 1.38$), traveling with a client-athlete ($M = 3.38, SD = 1.28$), and attending a social gathering with a client ($M = 3.30, SD = 1.16$). The five lowest rated SPP NSBVs were lending a client-athlete $50 or less ($M = 2.03, SD = 1.48$), having a client-athlete stay at their house while providing services ($M = 2.25, SD = 1.47$), developing a business relationship with a former client-athlete ($M = 2.35, SD = 1.39$), giving a client-athlete theater, sports, or other “event” tickets ($M = 2.45, SD = 1.34$), and having a client-athlete employed where working ($M = 2.50, SD = 1.38$).

To determine if NSBV beliefs varied by sex, male and female SPPs were compared across each individual belief. There were no significant differences between male and female beliefs about the quality of NSBV professional behavior. Also, to determine if the beliefs of NSBVs varied by training, ethically trained and non-ethically trained SPPs were compared across each individual belief. Two significant differences emerged across the 18 NSBVs; non-ethically trained SPPs believed traveling with a client-athlete, $t(205) = -3.14, p = .002, d = .71$ and having a client-athlete employed where he or she worked, $t(204) = -3.25, p = .002, d = .62$ were good professional behavior in comparison to ethically trained SPPs.

Other non-ethically trained SPPs were more likely to view the following NSBVs as significantly better professional behavior in comparison to ethically trained SPPs, when not accounting for a Bonferroni correction: becoming social friends with client-athlete, $t(209) = -2.79, p = .006, d = .60$, being in a business relationship with a client-athlete, $t(207) = -2.10, p$
Supervision – Current Sexual Attraction

SPPs (n = 88) rarely sought supervision for their SA to client-athletes (M = 2.11, SD = 1.33). There were no significant differences between male (M = 2.27, SD = 1.41) and female (M = 1.79, SD = 1.10) SPPs on seeking supervision, t(86) = 1.74, p = .087, d = .38; equal variances not assumed. Ethically trained SPPs (n = 80, M = 2.19, SD = 1.36) were significantly more likely to seek supervision in comparison to not-ethically trained SPPs (n = 8, M = 1.38, SD = 0.74), t(86) = 2.67, p = .020, d = -.74. Of those SPPs who did seek supervision or consultation for their sexual attraction feelings, 38 consulted with a colleague (25 males, 13 females), 23 with a supervisor (16 males, 7 females), 9 with a friend (5 males, 4 females), 3 with another source (3 males), and 1 with a family member (1 female).

The fourth primary question explored in this study involved SPP attitudes towards seeking supervision regarding SA. Factors influencing SPPs to seek supervision or consultation included noting their own attraction and professional ethical duties to seek supervision regarding SA, feeling it would be helpful to admit their SA feelings to a safe person, and trying to manage potentially damaging therapeutic effects such as transference and countertransference. Reasons SPPs provided for why they did not seek supervision for their SA feelings included: avoiding the stigma related to sexual attraction, feeling embarrassed or unwilling to discuss their SA with a supervisor, and believing they could manage their emotions and control their behaviors regarding the SA. SPPs described the experience of discussing their SA with someone as slightly uncomfortable and embarrassing but also enlightening, helpful, reassuring, easy, supportive, engaging, helpful, therapeutic, empowering, and normalizing.
Supervision – Future Sexual Attraction

The fourth primary question explored in this study also involved SPP beliefs towards seeking supervision regarding SA. There was no difference between male ($n = 133, M = 3.52; SD = 1.45$) and female ($n = 81, M = 3.81; SD = 1.32$) beliefs concerning how necessary it would be to seek supervision if sexually attracted to a client-athlete in the future, $t(212) = 2.46, p = .136, d = -.21$), nor between ethically trained ($n = 186, M = 3.69, SD = 1.37$) and not ethically trained ($n = 29, M = 3.28, SD = 1.60$) SPPs, $t(213) = 2.06, p = .137, d = .28$ SPPs. SPPs reported if they became sexually attracted to a client-athlete, they would seek consultation from a colleague (50.4%, $n = 139$), supervisor (38.0%, $n = 105$), friend (12.7%, $n = 35$), administrator (4.3%, $n = 12$), someone else (4.0%, $n = 11$), including a therapist, social worker, or professional officer of a state organization or family member (3.3%, $n = 9$). SPPs would seek consultation from a colleague (males = 84, females = 55), supervisor (males = 62, females = 43), friend (males = 19, females = 16), administrator (males = 5, females = 7), someone else (males = 8, females = 3), including a therapist, social worker, or professional officer of a state organization or family member (males = 4, females = 5).
CHAPTER 4
DISCUSSION

The primary objective of this study was to explore SPP incidence, behaviors, feelings, beliefs, and willingness to seek supervision related to SA with client-athletes. Also, SPP sex (male vs. female) and ethical training (ethically trained vs. non-ethically trained) groups were compared to determine if any differences existed in their SA-related incidence, behaviors, feelings, beliefs, and willingness to seek supervision. This study extends the findings of previous sport psychology research on SA in sport psychology (Petitpas et al., 1994; Petrie & Buntrock, 1995; Lamb, Catanzaro, & Moorman, 2003) and provides a more recent pool of SA related data from 2004.

Sexual Attraction

Similar to a past finding (Petitpas et al., 1994), in this study a relatively lower percentage of SPPs (40.6%) reported SA to their clients when compared with psychologists (e.g., Blanchard & Lichtenberg, 1998; Rodolfa et al., 1994). Additionally similar to previous research (e.g., Houseman & Stake, 1999; Etzel et al., 2004), a higher percentage of males (67.9%) reported experiencing SA in comparison to females (32.1%). SPPs were also more likely to be attracted to women client-athletes (69.4%) than male client-athletes (29.7%). Just like other health profession providers, SPPs seem to experience SA to their clientele, with males experiencing SA more often than females. The SPPs SA in this study appeared mainly contingent upon the client-athlete being psychologically and/or physically attractive. The client-athletes who SPPs work with may be in good physical condition and may have a goal-directed, healthy psychological mindset which can make them attractive. Given the overall degree of physical and psychological
attractiveness of client-athletes SPPs work with, it is somewhat surprising the SA incidence rate is moderately lower for SPPs in comparison to other mental health professionals.

A SPP may not always be immune to SA feelings, or the SBVs those SA feelings can influence (Andersen, 2005). Additionally, since SA seems to occur universally among health professions, acknowledging it as a normative and natural feeling to have with a client-athlete could be helpful for SPPs. SA tends not to be thought of as ethically or morally wrong, even though SPPs think having SA feelings is unethical (Etzel et al., 2004). Thinking SA is ethically wrong and maintaining experiential avoidance of SA feelings could not only be damaging to SPPs, but potentially harmful to client-athletes, particularly because SA can make SBVs more likely to occur (Stevens & Andersen, 2007a).

There was an overall incidence rate of 13.6% \((n = 12)\) for SBVs between reporting SPPs and client-athletes. 10.2% of male SPPs and 13.4% of female SPPs acknowledged having discussed sexual matters with a client-athlete and an additional 3.3% of male SPPs caressed or touched a client-athlete. This SBV incidence finding was higher when compared to a study conducted within the field of sport psychology that discovered 4% of sport psychologists completed SBVs (Petrie & Buntrock, 1995) and falls above the consistently found overall 2-6% professional psychologist incidence rate (e.g., Lamb & Cantanzaro, 1993; Rodolfa et al., 1994; Lamb et al., 2003). These findings should be interpreted with caution because most of the previous literature only reports percentages of sexual intimacies between professional and client. Within this study, 0% of SPPs were found to engage in direct dating, kissing, or sexual intercourse intimacies with their client-athletes. Additionally, contrary to previous literature regarding psychologists (e.g., Lamb & Cantanzaro, 1998; Lamb et al., 2003; Pope, 1988; Pope, Keith-Spiegel, & Tabachnick, 2006; Thoreson et al., 1993), there was no significant discrepancy
between male and female SBV incidence rates, even though males did complete twice as many (8 to 4) SBVs. Regardless of the nature of SBVs between SPP and client-athlete, ethical guidelines have affirmed engaging in sexual intimacies with clients is forbidden (APA, 2010; AASP, 2013), but some degree of SBVs still seem to be occurring in the sport psychological field.

Most (83.3%) SPPs who had a SBV with a client-athlete received their doctorate and had been ethically trained (91.7%). This finding indicates that even if a SPP obtained the highest terminal degree within their academic field and received ethical training regarding SA issues, he or she may still be vulnerable to engaging in SBVs. Although the management of SA and SBVs has not been explicitly addressed, better ethical training, transparency, and effective supervision or consultation within the field of sport psychology may help to decrease the incidence of unethical SPP SBVs.

Although it appears health professionals often experience negative attitudes or feelings after experiencing SA to their clients (Wilbers et al., 1992; Rodolfa et al., 1994), the SPPs in this study did not report experiencing strong emotions as a result of their SA to client-athletes. There was also no difference between sex or ethical training and feelings as a result of SA. SPPs viewed SA as neither harmful nor beneficial for their client-athletes, suggesting that they may be underestimating the potential harm that can result from SBVs as a result of SA. Additionally, even though SPPs did not view their SA as potentially harmful or beneficial to their client-athletes, many of them reported their SA made them change the way they worked with a client-athlete, including increasing the amount of time spent thinking about the client-athlete. Some SPPs were even dismissive of their SA feelings and did not take time to think about or process them. If a SPP is changing his or her behavior as a result of experiencing SA to a client-athlete
or is too dismissive of the SA feelings, he or she may be at risk for engaging in unprofessional
and unethical behavior, including SBVs. This SA and the potential negative feelings and
damaging action that SPPs might experience as a result could be managed through supervision
(Andersen, 2005).

As several SPPs in this study suggested, seeking supervision for SA and their
accompanying feelings could likely be a positive, normalizing, and helpful experience for SPPs.
Therefore, acknowledging and working with SA issues through supervision or consultation could
likely lead to a more beneficial outcome for both SPP and client-athlete. Pursuing continued
ethical training regarding SA issues during and after graduate school could also help SPPs
become more aware of and less avoidant of SA issues. Increasing awareness of SA issues
among all SPPs in the field may well lead to decreased experiential avoidance of these issues, an
increased willingness to seek supervision when these SA issues arise, and higher quality
supervisor/supervisee experiences on handling these issues.

In addition to managing their own SA for their client-athletes, SPPs also may have to
manage SA from their client-athletes. Approximately 32.5% of SPPs reported that at least one of
their client-athletes was sexually attracted to them, which they perceived primarily by their
client’s nonverbal and verbal behaviors. Although nearly a third of SPPs were aware of this SA,
it is curious how they managed that attraction, whether it is through discussions with the client-
athlete or supervision.

Non-Sexual Boundary Violations

Overall, SPPs acknowledged engaging in far more NSBVs than SBVs, which is similar to
what has been reported in the general psychological literature (Lamb & Cantanzaro, 1998). It
was common for SPPs to travel, socialize, and attend their client-athletes sporting events; all
activities that are more commonplace and likely acceptable within a sport psychology domain. Additionally, although there were no differences between ethically and non-ethically trained SPPs, male SPPs were more likely to initiate nonsexual touching with their client-athletes than female SPPs. Of the top five most frequently engaged in NSBVs, four were also considered as top five best professional NSBV behaviors. Additionally, of the five least frequently engaged in NSBVs, four were also considered as top five poorest professional NSBV behaviors. This correlation between NSBV frequency and NSBV beliefs suggests SPPs are engaging in NSBVs they also view as good professional behavior and not engaging in NSBVs they view as poor professional behavior.

Although there were no differences in NSBV beliefs by sex, there were a few differences in NSBV beliefs by ethical training. Specifically, traveling with a client-athlete and having a client-athlete employed where the SPP worked were viewed as significantly better behavior by non-ethically trained SPPs in comparison to ethically trained SPPs. Additionally, all but three of the 18 NSBVs were viewed as better professional behavior by non-ethically trained SPPs, suggesting there may be some difference in how NSBVs are viewed and how likely a SPP is to engage in that behavior. It is important to note there may be negative consequences due to these differing views on NSBV ethical behavior. Non-ethically trained SPPs may be more likely to engage in potentially unethical NSBV behavior if they view it as more acceptable professional behavior in comparison to ethically trained SPPs. Therefore, ethical training could be beneficial in understanding and navigating NSBV beliefs and behaviors.

Supervision

Even though SPPs in general were unlikely to seek supervision, ethically trained SPPs were significantly more likely than non-ethically trained SPPs to seek supervision regarding their
feelings of SA to client-athletes. This finding may further implicate ethical training as an important factor in allowing SPPs to more effectively manage SA issues. As mentioned previously, there were several SPPs who experienced supervision and found the process positive, helpful, and normalizing in the management of SA. However, many SPPs reported several reasons they avoided seeking supervision for SA, including stigma, feeling embarrassed, or feeling they could control the emotions. There were no differences in sex or ethical training with regard to beliefs concerning how necessary it would be to seek supervision if sexually attracted to a client-athlete in the future. Unfortunately, seeking supervision does not guarantee a SPP will receive effective guidance from another SPP who has adequate training in supervision. According to Watson, Zizzi, Etzel, and Lubker (2004), 75.9% of AASP SPPs had little or no training in supervision. Therefore, there may be an underwhelming number of SPPs trained adequately in supervision and available to provide those services for other SPPs, which may make the process of locating and receiving adequate supervision difficult for SPPs experiencing SA.

Limitations

This study had several limitations that should be considered. First, the data were collected solely through a self-report measure and thus the SA, SBV, NSBV, and supervision frequency data may be misrepresentative. Even though the SPPs were assured of anonymity on the SASP, the sensitive nature of the questions being asked, coupled with the potentially harsh negative ramifications for being identified as someone completing an unethical SBV with a client-athlete, may have made many SPPs reticent to report truthfully. There may not be an easy solution for how to handle the potential misreporting of data. Second, this study sample is not representative of all practicing SPPs. However, a broader representative sample of SPPs from
AASP and APA Div. 47 in the study was an improvement over other ethical issues studies that only included AASP members (Petitpas et al., 1994; Petrie & Buntrock, 1995; Etzel et al., 2004). Third, though the SASP was fairly robust and broad, it still did not assess the number of client-athletes the SPPs actually worked with. If a high percentage of SPPs worked with very few client-athletes, it may have made them less likely to experience SA in comparison to SPPs who had worked with many client-athletes. Number of client-athletes worked with, as opposed to age of the SPP might better account for differences with SA issues. Fourth, the analyses completed in this study are correlational in nature. Although the correlational analyses may provide useful information about SPPs feelings and beliefs, we cannot imply causation between the variables of interest. Fifth, the current study utilized archival data collected in 2004. Though these data can be helpful in providing insight into how SPPs experience SA and believe and behave with regard to SBVs and NSBVs, it is possible that SPPs experiences, beliefs, and behaviors may have changed over time due to various reasons, including changing ethical training and supervision models.

Future Directions

The results of the current study raise several questions including: How frequently do SPPs really experience SA with their client-athletes and how often do they really engage in SBVs with them? How can we make SPPs feel more comfortable to divulge self-report data regarding SA issues in future anonymous studies? How can we work to increase awareness and decrease stigma surrounding SA issues in the field of sport psychology? How can we be educated what NSBVs should be considered good professional behavior versus poor professional behavior? It is recommended the field of sport psychology attempt to answer these questions to: (a) help increase SPP awareness of SA issues; (b) continue educating SPPs with regard to the
ethical nature of SA, SBVs, and NSBVs; (c) provide quality supervision to all SPPs; and (d)
assist with decreasing the number of unethical SBVs and NSBVs between SPPs and client-
athletes.

The current study could be replicated in the future, with the number of client-athletes
SPPs work with and SPP race/ethnicity added as items on the SASP. Given when the data were
collected (2004), it would be beneficial to examine SPPs again a decade later to see if SA
incidence and feelings, SBV incidence, NSBV incidence and beliefs, and willingness to seek
supervision for SA has changed over the past decade.
Table 1

*Means and Standard Deviations for Perceptions and Feelings Associated with SA to Client-Athletes*

<table>
<thead>
<tr>
<th>Perception</th>
<th>SPP Sex</th>
<th>Ethics Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n = 73)</td>
<td>Female (n = 36)</td>
</tr>
<tr>
<td>Sexual Attraction</td>
<td>1.36 (0.63)</td>
<td>1.22 (0.54)</td>
</tr>
<tr>
<td>Harm to Client</td>
<td>3.04 (0.48)</td>
<td>3.00 (0.62)</td>
</tr>
<tr>
<td>Guilty</td>
<td>2.03 (1.14)</td>
<td>1.75 (1.00)</td>
</tr>
<tr>
<td>Anxious</td>
<td>2.14 (1.14)</td>
<td>1.92 (0.91)</td>
</tr>
<tr>
<td>Confused</td>
<td>1.51 (0.88)</td>
<td>1.47 (0.81)</td>
</tr>
<tr>
<td>Depressed</td>
<td>1.24 (0.59)</td>
<td>1.17 (0.51)</td>
</tr>
<tr>
<td>Powerful</td>
<td>1.55 (0.84)</td>
<td>1.56 (0.84)</td>
</tr>
<tr>
<td>Happy</td>
<td>2.45 (0.94)</td>
<td>2.42 (0.91)</td>
</tr>
</tbody>
</table>

*Note.* N = 109. Mean scores range from 1, *Not at All*, to 5, *Extremely*; higher scores indicating greater perception or feeling. Standard deviations are reported parenthetically. There were no significant differences (male vs. female; ethically trained vs. non-ethically trained) found.
Table 2

Means and Standard Deviations for Feelings Associated with Perceived Client-Athlete SA

<table>
<thead>
<tr>
<th>Perception</th>
<th>SPP Sex</th>
<th>Ethics Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n = 41)</td>
<td>Female (n = 29)</td>
</tr>
<tr>
<td>Guilty</td>
<td>1.78 (1.01)</td>
<td>1.79 (0.92)</td>
</tr>
<tr>
<td>Anxious</td>
<td>2.32 (1.04)</td>
<td>2.83 (1.26)</td>
</tr>
<tr>
<td>Confused</td>
<td>1.56 (0.71)</td>
<td>1.62 (0.86)</td>
</tr>
<tr>
<td>Depressed</td>
<td>1.32 (0.61)</td>
<td>1.38 (0.78)</td>
</tr>
<tr>
<td>Powerful</td>
<td>1.98 (0.99)</td>
<td>2.07 (1.07)</td>
</tr>
<tr>
<td>Happy</td>
<td>2.27 (0.87)</td>
<td>2.21 (1.01)</td>
</tr>
</tbody>
</table>

Note. N = 70. Mean scores range from 1, Not at All, to 5, Extremely; higher scores indicating greater feeling. Standard deviations are reported parenthetically. There were no significant differences (male vs. female; ethically trained vs. non-ethically trained) found.
### Table 3

**Frequency and Number of Instances of NSBVs**

<table>
<thead>
<tr>
<th>NSBV</th>
<th>Total (n = 216)</th>
<th>SPP Sex</th>
<th>Ethics Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n = 134)</td>
<td>Female (n = 81)</td>
<td>Trained (n = 187)</td>
</tr>
<tr>
<td>Attend client’s sporting event</td>
<td>89.4 (193)</td>
<td>90.1 (73)</td>
<td>88.2 (165)</td>
</tr>
<tr>
<td>Nonsexual touching</td>
<td>58.1 (125)</td>
<td>68.8* (55)</td>
<td>60.2 (112)</td>
</tr>
<tr>
<td>Attended social gathering</td>
<td>43.5 (94)</td>
<td>46.9 (38)</td>
<td>44.4 (83)</td>
</tr>
<tr>
<td>Traveled with client</td>
<td>34.9 (75)</td>
<td>38.3 (31)</td>
<td>32.8 (61)</td>
</tr>
<tr>
<td>Remained at party with client</td>
<td>31.9 (69)</td>
<td>33.3 (27)</td>
<td>32.6 (61)</td>
</tr>
<tr>
<td>Attend client’s special event</td>
<td>27.3 (59)</td>
<td>32.1 (26)</td>
<td>27.3 (51)</td>
</tr>
<tr>
<td>Disclosed personal stressor</td>
<td>25.9 (56)</td>
<td>30.9 (25)</td>
<td>26.7 (50)</td>
</tr>
<tr>
<td>Became social friends</td>
<td>25.0 (54)</td>
<td>23.5 (19)</td>
<td>23.5 (44)</td>
</tr>
<tr>
<td>Exchanged/received gifts</td>
<td>22.4 (48)</td>
<td>23.8 (19)</td>
<td>23.2 (43)</td>
</tr>
<tr>
<td>Provided services to relative, friend, or lover of client</td>
<td>19.9 (43)</td>
<td>23.5 (19)</td>
<td>19.8 (37)</td>
</tr>
<tr>
<td>Sent holiday greeting</td>
<td>16.2 (35)</td>
<td>22.2 (18)</td>
<td>16.0 (30)</td>
</tr>
<tr>
<td>Had client employed where work</td>
<td>8.4 (18)</td>
<td>11.3 (9)</td>
<td>7.5 (14)</td>
</tr>
<tr>
<td>Cried in front of client</td>
<td>8.3 (18)</td>
<td>11.1 (9)</td>
<td>8.0 (15)</td>
</tr>
<tr>
<td>Client stayed at house</td>
<td>6.9 (15)</td>
<td>6.2 (5)</td>
<td>7.0 (13)</td>
</tr>
<tr>
<td>Work with client romantically involved with friend</td>
<td>4.2 (9)</td>
<td>7.4 (6)</td>
<td>3.7 (7)</td>
</tr>
<tr>
<td>Formed business relationship</td>
<td>4.2 (9)</td>
<td>1.2 (1)</td>
<td>4.3 (8)</td>
</tr>
<tr>
<td>Lent $50 or less</td>
<td>2.8 (6)</td>
<td>2.5 (2)</td>
<td>3.2 (6)</td>
</tr>
<tr>
<td>Gave tickets</td>
<td>1.4 (3)</td>
<td>1.2 (1)</td>
<td>1.6 (3)</td>
</tr>
</tbody>
</table>

**Note.** N = 214-216. Numbers of NSBVs are reported parenthetically. There were no significant differences between ethically trained vs. non-ethically trained SPPs.

* Frequencies with asterisk’s are significantly different at $p \leq .05$. 

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Table 4

Means and Standard Deviations for Beliefs Regarding the Quality of Professional Behavior for NSBVs

<table>
<thead>
<tr>
<th>NSBV</th>
<th>Total</th>
<th>SPP Sex</th>
<th>Ethics Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 214)</td>
<td>Male (n = 132)</td>
<td>Female (n = 81)</td>
</tr>
<tr>
<td>Attend client’s sporting event</td>
<td>4.62(0.67)</td>
<td>4.62(0.68)</td>
<td>4.60(0.67)</td>
</tr>
<tr>
<td>Nonsexual touching</td>
<td>3.48(1.38)</td>
<td>3.44(1.49)</td>
<td>3.52(1.18)</td>
</tr>
<tr>
<td>Attended social gathering</td>
<td>3.30(1.16)</td>
<td>3.36(1.24)</td>
<td>3.18(0.99)</td>
</tr>
<tr>
<td>Traveled with client</td>
<td>3.38(1.28)</td>
<td>3.41(1.34)</td>
<td>3.32(1.18)</td>
</tr>
<tr>
<td>Remained at party with client</td>
<td>3.21(1.16)</td>
<td>3.22(1.27)</td>
<td>3.16(0.97)</td>
</tr>
<tr>
<td>Attend client’s special event</td>
<td>3.53(1.12)</td>
<td>3.54(1.17)</td>
<td>3.51(1.02)</td>
</tr>
<tr>
<td>Disclosed personal stressor</td>
<td>2.56(1.47)</td>
<td>2.61(1.51)</td>
<td>2.46(1.39)</td>
</tr>
<tr>
<td>Became social friends</td>
<td>2.91(1.38)</td>
<td>3.02(1.44)</td>
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<td>Exchanged/received gifts</td>
<td>2.67(1.34)</td>
<td>2.73(1.39)</td>
<td>2.54(1.22)</td>
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<td>Provided services to relative, friend, or lover of client</td>
<td>2.96(1.42)</td>
<td>3.03(1.52)</td>
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<td>Sent holiday greeting</td>
<td>3.22(1.24)</td>
<td>3.26(1.27)</td>
<td>3.13(1.19)</td>
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<td>Had client employed where work</td>
<td>2.50(1.38)</td>
<td>2.51(1.42)</td>
<td>2.46(1.29)</td>
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<td>Cried in front of client</td>
<td>2.96(1.20)</td>
<td>2.94(1.23)</td>
<td>2.98(1.15)</td>
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<tr>
<td>Client stayed at house</td>
<td>2.25(1.47)</td>
<td>2.34(1.55)</td>
<td>2.09(1.30)</td>
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<td>Work with client romantically involved with friend</td>
<td>2.67(1.35)</td>
<td>2.73(1.39)</td>
<td>2.55(1.27)</td>
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<tr>
<td>Formed business relationship</td>
<td>2.35(1.39)</td>
<td>2.37(1.47)</td>
<td>2.28(1.23)</td>
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<td>Lent $50 or less</td>
<td>2.03(1.48)</td>
<td>2.13(1.57)</td>
<td>1.85(1.27)</td>
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<td>Gave tickets</td>
<td>2.45(1.34)</td>
<td>2.44(1.41)</td>
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Note. N = 205-214. Mean scores range from 1, Poor, to 5, Good; higher scores indicating greater feeling. Numbers of NSBVs are reported parenthetically. There were no significant differences between male vs. female SPPs.

* Frequencies with asterisk’s are significantly different at $p \leq .05$ based on Bonferroni corrected pairwise comparisons.
APPENDIX

INSTRUMENT
SURVEY OF APPLIED SPORT PSYCHOLOGISTS

Considering your various roles as a sport psychologist, please complete this questionnaire as honestly as possible. All information provided will be completely anonymous.

I. Demographic Information

1. Gender: _____ Male  _____ Female

2. Age: _______

3. Highest degree:  
   _____ B.S./B.A.  
   _____ M.S./M.A.  
   _____ Ph.D./Ed.D./Psy.D./M.D.  
   _____ Other (______)

4. Area of your degree:  
   _____ Psychology  
   _____ Exercise/Sport Science  
   _____ Other (______)

5. During your graduate studies, did you receive training regarding the ethical and boundary issues related to sexual attraction toward individuals with whom you work?  _____ Yes  _____ No  
   If Yes, please indicate in what areas you received training (e.g., coursework, supervision):

6. After completing your highest degree, did you receive training (e.g., CE workshops) regarding sexual attraction toward individuals with whom you work?  _____ Yes  _____ No  
   If yes, please indicate in what areas you received training (e.g., workshop, supervision):

II. Applied Work With Athletes

1. Have you ever worked with an athlete/sport team as an applied sport psychology consultant (e.g., performance enhancement, clinical)?  _____ Yes  _____ No  (If NO, then go directly to Section III)

2. Of the client-athletes you identified working with in Question 1 of this section, to how many have you ever felt sexually attracted?  
   _____ Zero/None  
   _____ 1 or 2  
   _____ 3 to 5  
   _____ 6 to 10  
   _____ 11 or more  
   (If ZERO/NONE, then go directly to Question #13 in this Section)

3. Was/Were the client-athletes to whom you were attracted:  
   _____ Male  
   _____ Female  
   _____ Male and Female

4. Describe the client-athletes to whom you have been sexually attracted (include salient qualities or characteristics but do not include any identifying information).

5. How aware were these client-athletes of your sexual attraction towards them?  
   Not at all aware 1 2 3 4 5 Extremely aware

6. The sexual attractions you have had with your client-athletes have made you feel:  
   a. Not at all guilty 1 2 3 4 5 Extremely guilty
   b. Not at all anxious 1 2 3 4 5 Extremely anxious
   c. Not at all confused 1 2 3 4 5 Extremely confused
   d. Not at all depressed 1 2 3 4 5 Extremely depressed
   e. Not at all powerful 1 2 3 4 5 Extremely powerful
   f. Not at all happy 1 2 3 4 5 Extremely happy

Please continue on back of page
7. Please rate the extent to which your feelings of sexual attraction have been harmful or beneficial to your client-athletes.

Extremely harmful  1  2  3  4  5 Extremely beneficial

Briefly describe the harm or benefits associated with your feelings.

8. After becoming aware of your sexual attraction, how often did you seek consultation or supervision?

Never 1 2 3 4 5 Always

8a. If you sought supervision, with whom did you talk? (Please check all that apply):

_____ Colleague  _____ Supervisor  _____ Administrator (e.g., Dept. Chair)

_____ Family  _____ Friend  _____ Other (please list _________________________)

9. Briefly describe the factors that influenced your decision to seek and/or not seek consultation or supervision?

10. If you discussed your sexual attraction with someone, briefly describe what that experience was like?

11. Considering the client-athletes with whom you have worked, have you ever:

a. Discussed personal or sexual matters unrelated to the work you were doing?

_____ Yes _____ No (If yes, did this behavior occur _____ during or _____ after the professional relationship?)

b. Caressed or touched him/her in an intimate way?

_____ Yes _____ No (If yes, did this behavior occur _____ during or _____ after the professional relationship?)

c. Kissed him/her?

_____ Yes _____ No (If yes, did this behavior occur _____ during or _____ after the professional relationship?)

d. Dated him/her?

_____ Yes _____ No (If yes, did this behavior occur _____ during or _____ after the professional relationship?)

e. Engaged in sexual intercourse with him/her?

_____ Yes _____ No (If yes, did this behavior occur _____ during or _____ after the professional relationship?)
12. If you responded **YES** to any of questions 11a-e, please indicate what factors influenced your decision to become sexually involved?
13. For each of the following items, please indicate whether you (a) have ever engaged in that behavior with your client-athletes, and (b) believe the behavior constituted poor or good professional behavior (regardless of whether you engaged in that behavior).

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<td>a. Become social friends with a former client-athlete.</td>
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<td>b. Continued to work with a client-athlete who you knew was romantically involved with a friend.</td>
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<td>c. Had a client-athlete stay at your house.</td>
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<td>d. Attended small social gatherings (e.g., parties, dinners, a bar) when you knew your client-athlete would be there.</td>
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<td>e. Initiated nonsexual touching (e.g., hand on shoulder) with a client-athlete.</td>
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<td>f. Remained at a party after accidentally encountering and interacting with a client-athlete at the party.</td>
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<td>g. Provided sport psychology services to a relative, friend, or lover of a current client-athlete.</td>
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<td>h. Disclosed details of a current personal stressor to a client-athlete.</td>
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<td>i. Had a current client-athlete employed where you work.</td>
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<td>j. Attended a client-athlete’s special event (e.g., wedding, funeral of a family member, art show).</td>
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<td>k. Attended a client-athlete’s sporting event.</td>
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<td>l. Cried in front of a client-athlete.</td>
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<td>m. Sent holiday greetings to your client-athlete(s).</td>
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<td>n. Lent a client-athlete $50.00 or less.</td>
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<td>o. Developed a business relationship with a former client-athlete.</td>
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<th>No</th>
<th>Poor Professional Behavior</th>
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<td>p. Given client-athletes theater, sports or other “event” tickets that you could not use.</td>
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<td>q. Traveled with a client-athlete.</td>
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<td>r. Exchanged or received gifts (e.g., clothing/athletic apparel, sport equipment) from a client-athlete.</td>
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14. If you became sexually attracted to a client-athlete, would it be necessary to seek consultation or supervision?
   | Not at all necessary | 1 | 2 | 3 | 4 | 5 | Extremely necessary |

14a. If you thought it necessary to seek supervision, with whom would you talk? (Please check all that apply):
   | Colleague | Supervisor | Administrator (e.g., Dept. Chair) | Family | Friend | Other (please list) |

15. Of the client-athletes with whom you have worked, how many have been sexually attracted to you?
   | None | 1-25% | 26-50% | 51-75% | 76-100% |

(If None, then go directly to Section III)

16. How did you know the client-athletes were attracted to you?

17. When a client-athlete has been sexually attracted to you, the attraction has made you feel:
   a. Not at all guilty | 1 | 2 | 3 | 4 | 5 | Extremely guilty |
   b. Not at all anxious | 1 | 2 | 3 | 4 | 5 | Extremely anxious |
   c. Not at all confused | 1 | 2 | 3 | 4 | 5 | Extremely confused |
   d. Not at all depressed | 1 | 2 | 3 | 4 | 5 | Extremely depressed |
   e. Not at all powerful | 1 | 2 | 3 | 4 | 5 | Extremely powerful |
   f. Not at all happy | 1 | 2 | 3 | 4 | 5 | Extremely happy |

Thank you for your cooperation!
REFERENCES


