

**Clinical/Counseling Sport Psychology Association (CCSPA)
Ad-hoc Committee for Position Description White Papers**

Tom Golightly, PhD (Research and Information Chair)
Brigham Young University

Joanna Foss, PhD, CMPC
Auburn University

Kristin Hoff, PsyD, CMPC
University of North Dakota

Aaron Goodson, PhD, CMPC
Duke University

Tess Palmateer, PhD, CMPC
Florida Atlantic University

Brett Haskell, PhD
University of Nebraska - Lincoln

Jeni Shannon, PhD, CMPC
University of North Carolina - Chapel Hill

Erin Haugen, PhD, CMPC
University of North Dakota

Shawn Zeplin, PhD, CMPC
Duke University

Valued Colleagues:

It is an exciting time to be a part of the profession of clinical sport psychology service delivery. Never has there been more attention given to the importance of competent mental health care for student-athletes. We've seen unprecedented growth and the demand has never been greater for experienced, sport psychology-trained, Licensed Mental Health Professionals (LMHPs) with clinical and performance enhancement backgrounds. As the NCAA continues to highlight the importance of supporting student-athletes' mental health and well being, we are seeing a rise in the number of positions being posted at colleges and universities across the country. These LMHP positions may have descriptions that include responsibilities and tasks which may overload the clinical capacity of an individual provider and potentially frustrate LMHPs involved with service delivery and the people to whom they are accountable. Many clinicians who currently fill these positions have reported high levels of overwhelm and frequently thinking about leaving their positions (CCSPA, 2021).

To help mitigate the potential frustrations and problems associated with job searches, hiring processes, and clinician burnout, LMHPs from the Clinical/Counseling Sport Psychology Association (CCSPA) have created the current small series of white papers. Our hope for this paper is to assist LMHPs feel prepared to apply, interview, and hopefully enter/integrate into these positions. A full list of potential questions to ask is located in the Appendix. In this paper, we will discuss the following:

- I. [Considerations for the interview and negotiation process](#)
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It is the desire of the writers of this document that LMHPs control the factors they can in order to set up a successful work environment for our colleagues occupying these important positions. As a whole, our profession is providing invaluable, life-saving healthcare service delivery to literally thousands of student-athletes every week. We hope the information included here can help make as many of these positions as successful as possible in seeking to meet the mental health needs of student-athletes. We acknowledge that it is not always under our control to manage the aforementioned factors. We also acknowledge that this is not an exhaustive list of considerations for LMHPs applying for positions serving college student-athletes. We hope that this written discussion has spurred thought and generated more questions about entering a new work environment. Practitioners are encouraged to seek consultation with colleagues and utilize resources made available to them through sport psychology specific organizations (e.g., CCSPA). This is a document meant to be revised periodically. Please feel free to contribute any suggestions to include in future iterations. For any questions about this document and the creation of these recommendations, please contact Dr. Tom Golightly, CCSPA Research and Information Chair, at tom_golightly@byu.edu.

Best,
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Considerations for the Interview and Negotiation Process

One of the biggest key factors to employee satisfaction, productivity, and prevention of professional burnout is finding the right organization which best aligns with your work life values. The following section addresses critical considerations for licensed mental health providers (LMHPs) as they prepare to enter into the interview process. We will also include strategies to assist with contract negotiations following a job offer.

Clarifying Goals

Before stepping into a new role/position working with college student-athletes, LMHPs are encouraged to consider a number of job factors (e.g., job responsibilities, case load, job setting), and also to be playful about how to communicate effectively with administration during the hiring process. LMHP's have broad generalist training equipping them to perform a variety of professional tasks. Likewise, some athletic administrators are more and some less familiar with this skill set or potential ways roles of this nature can rapidly expand. This is especially true for LMHPs with dual training in performance based psychology.

Early in the job application and interview process it is imperative that LMHPs obtain clarity from hiring officials regarding administrative reporting lines - the person to whom the LMHP will be accountable. Sometimes on-campus clinicians are asked to report to Athletic Department Administration, other times, the Director of the Campus Counseling Center. Some positions have multiple reporting lines to Athletics and Student Life Administrators. Knowing who will be the direct report will help the LMHP to collaborate and construct the position effectively. It may also be important to know the shareholders involved in the hiring of this position. At the initial stages, it is important to know how the shareholders got to this point in their process - how has this position been presented to, and conceptualized by, these shareholders? Is everyone on the same page about what the first line, second line, and third line responsibilities of this position are and are not? Seeking clarification about these things can be a valuable part of setting the stage for success.

Another initial step is to discover what the key performance indicators (KPIs) will be for the position. KPIs are the measures by which the LMHP (and the clinical system in general) will be evaluated. If the position is a mental health focused position how will psychological performance needs be addressed by the department, what standards will the position be evaluated by (i.e. utilization rates, reduction in crisis contacts, treatment outcome measures, workshops provided)? Likewise, providers need to be equipped to set realistic expectations as the mental health expert for ongoing service delivery from a therapeutic quality standpoint in the event the KPIs are met, the position is successful and utilization rates increase. Current rates of mental health help-seeking in departments staffed with multiple LMHP's range from 30-50% of the total SA population, how will the administration address growing demands and expectations in the event utilization rates and departmental interest grows exponentially across the first 1-2 years of creating/hiring the position. A longer discussion of potential KPI's is given a subsequent section of this paper, but it sufficeth for now to state that KPIs should be a part of the interview process from the outset to determine how the setting is thinking about this position and if the applicant is a good fit.

Clarifying Structure

A crucial consideration before taking on a new position is the type of setting in which you will work. According to a recent CCSA survey, a vast majority of LMHP positions working with student-athletes are housed in athletic departments and campus counseling centers. Another significant portion of positions are private practitioners who contract for a certain number of hours with athletic departments in their community. This paper will discuss pros and cons of working in each of these settings. This will not

be an exhaustive list, but will be a good way to encourage more questions relevant to the position you would want to accept. Further, some LMHP positions may be housed in academic departments or medical schools. If the LMHP is seeking a position in one of these settings it is strongly recommended to seek out someone in those settings and acquire information about working in those environments.

Athletic Department Providers

To begin, a benefit of being housed in athletics is increased accessibility to student-athletes and staff. Becoming “a familiar face” can increase student-athletes’ comfort with and likelihood of seeking help. Having collegial relationships with athletic department personnel also provides high levels of integration, helping the LMHP create strong referral networks. Additionally, being within Athletics assists with interdisciplinary collaboration and perhaps the establishment of an interdisciplinary wellness team - especially helpful in treating complex clinical presentations involving multiple modes of treatment (e.g., eating disorders, psychiatry). Finally, student-athletes often appreciate the convenience of mental health providers’ offices being located within/near athletic facilities for ease of access.

There are also a number of considerations to weigh before accepting a position in an athletic department, including a possible lack of understanding from athletic administrators about how, where, and what to give in order to support the LMHP. To implement NCAA Best Practices, support from many parties within the department is necessary. It takes energy, money, and sustained focus, which is sometimes not prioritized by athletics in general. Further, for those starting in newly created positions, there are a number of things that will be required to “start” seeing clients that athletic department administration might not be aware of including physical space that is accessible but still provides some measure of confidentiality. Budgeting considerations need to be made for technology, electronic medical record (EMR) software, sound machines, and continuing education. Another common difficulty is the broad understanding about the direct reporting lines for the LMHP. At times department personnel might not fully understand the structure of the position which creates confusion for the LMHP and others. Practitioners should be clear on potential reporting lines and organizational hierarchy (i.e., who are they reporting to and the supervisor’s understanding of the clinician’s roles and responsibilities). An emergency action plan (EAPs) may already exist but policies and procedures likely need to be re-evaluated, or possibly created). A final challenge for LMHPs in athletic department positions to consider, student-athletes may develop a personal relationship and prefer to work with the sport psychology professional(s) and thus make referrals to other mental health providers (e.g., counseling center staff) challenging, despite possibly being a better fit clinically.

Lastly, and maybe most importantly, it is important to gauge the working culture of the department. Many athletic department employees, regardless of their title or position, work above and beyond a 40-hour work week. It is often expected that the LMHP will adapt to that style as well. The LMHP might be expected to be available as needed. Often communication about needs and demands occurs outside of what many consider to be the work day (between 8 am and 5 pm). Many in these positions are not only asked, but expected to manage a workload that often involves a week that is greater than 40 hours. Another work culture piece could lie in telehealth service delivery. Athletic departments may have strong preferences about in person vs telehealth sessions. As a result of the pandemic, telehealth was more recognized as an acceptable modality of services in the field of counseling, athletic departments in general were more insistent about returning to in-person and may resist virtual service delivery.

Counseling Center Positions

There is some variation in campus counseling center-based positions. Some positions will be physically housed within the center and have either the entirety, or a portion, of their clinical load dedicated to student-athletes. Another type of position is an embedded counselor within athletics. These positions involve physical space within athletics but functioning independent of the main counseling center clinic on campus. These positions still report administratively through Counseling Center or Student Life lines.

The embedded clinician may be asked to function as a type of assistant or associate director of a mini-clinic with accommodations and differences from counseling center policies and procedures (e.g., eliminating session limits, differing referral and scheduling procedures). Job duties may still need to follow counseling center structures as coordinated with counseling center administration (e.g., crisis/after-hours responsibilities, outreach requirements, training responsibilities).

For positions within college counseling centers, newly hired staff will have collegial support from fellow mental health providers in the center, which can be critical for challenging cases, crises, and ethical dilemmas. Such collegial support and relationships can increase ease of referrals and needs for client-therapist congruence. There is a possibility that policies and EAPs may need to be modified to fit the nuances of sport psychology professionals and services. These modifications will likely ease the transition into the role and reduce the time between hire and working with clients. Another benefit of having an office within the college counseling center is an additional layer of privacy for student athletes. For those clients who are hesitant to seek treatment due to stigma within their team/athletic department, there might be an increased level of comfort when entering a space that is separate from the athletic department altogether. Resources (e.g., EMR software) are already in place, which also eases transition and decreases time in being ready to see clients. LMHPs should inquire about codes on such software to accurately reflect service delivery (e.g., attending practices, consultations).

Some potential drawbacks of being a sport psychology professional within a counseling center is having dual reporting lines. LMHPs should be clear about which department (Athletics vs. counseling center) has “the final say” on decisions if there is disagreement. From the athletic department side, some counseling center LMHPs still feel like an outsider - wondering about what kind of accessibility and visibility they have within athletics. Consideration should be given about how best to be available and visible to teams within the department. Another difficulty can be not knowing the inner workings of the department and being considered an outside consultant in some way. From the counseling center side, clinicians should be clear about the percentage of time spent in Athletics and servicing the broader college community. LMHPs are encouraged to ask about crisis responsibilities (e.g., on-call shifts) and to advocate to only serve crises for student-athletes if desired. It can be helpful to understand existing relationships between athletics and the counseling center and between both of their administrative staff. Finally, consider who is responsible for funding the salary, professional development, and other budget needs (e.g., phone/cell phone plan, outreach materials, office supplies).

As mentioned above, athletic department employees often work outside of what is considered to be the normal workday or work week. Some of the potential strain as a counseling center professional as administrators and co-workers will not understand, agree with, or potentially fail to support activities which go beyond that typical expectation. Athletic department personnel might become frustrated if the LMHP tries to hold boundaries around standard workweek expectations. As mentioned above, policies around telehealth that are acceptable for counseling centers may not be as acceptable in athletic departments. Travel with teams and telehealth with traveling student-athletes outside of state lines may also be difficult to explain or not understood by counseling center staff/supervisors. Discussion with counseling center and athletic department administrators about these issues is warranted.

Contracted Providers

Another way LMHPs may be hired is as a contracted provider. The LMHPs may have more flexibility with how they spend their time in the department and potentially reduce the amount of drain on time created by administrative meetings and responsibilities that on-campus positions sometimes experience. It may be helpful to explore if the university has an existing model (e.g., for contracted physicians) that could be replicated. The LMHP may have an established referral system (if within a hospital, private practice with multiple clinicians, etc.) which could make for an easy transition for the clinician. Administrators may be able to take advantage of existing support systems provided to the LMHP from

their place of employment. Often, these positions come at a decreased cost for the institution (e.g., institution does not pay for benefits for a contracted employee).

Some potential obstacles to overcome include, sorting out potentially complicated logistics. Physical location and potential travel times from campus can be an issue for clientele. Decisions will need to be made about which EMR software will be used, how it aligns with other department or contracted LMHPs, and how communication will take place with staff and student-athletes (e.g., referrals, scheduling). Consider how and if releases of information will be necessary for communication between full-time and contracted LMHPs, and what level of involvement you will have as a provider in crisis situations (particularly during “off” hours). Another consideration is the time spent working which may not result in compensation - attending practices, as well as informal conversations and contacts with sports medicine professionals and coaches occur outside of regular office hours and are not billable. Another potential consideration lies with telehealth service delivery. Athletic departments may have strong preferences about in person vs telehealth sessions. As a result of the pandemic, telehealth was more recognized as an acceptable modality of services in the field of counseling, though athletic departments in general were more insistent about returning to in-person and may resist virtual service delivery.

Clarifying Roles

Narrowing the scope of one’s professional responsibilities at the outset of a new role or position is essential to ensuring both the provider and the organization are positioned for a positive experience. For LMHPs working with college student-athletes, there are often a number of job responsibilities beyond that of providing individual mental health and mental performance services. As such, LMHPs are encouraged to ask questions and advocate for clarity in order to ensure clarity of job responsibilities and expectations. Knowledge of [NCAA Mental Health Best Practices](#) can be helpful in guiding the LMHP in formulating the types of questions warranting further discussion. From a clinical vein, consider the number of direct service hours provided (individual, group, team), case management, supervisory/training roles, prevention work (e.g., mental health screening), and expectations for travel with teams.

One way to assess if the roles of the LMHP position and the athletic department environment in general is one in which you feel you could be successful, is to seek to understand the broader athletic department’s commitment to mental health and student-athletes’ well-being. It will be critical to outline some of their expectations of interfacing with coaches, sports medicine staff, administrators, etc., as it pertains to system delivery and coordination of care. Discussion about potential differences in ethics codes and privacy expectations by areas of service/expertise is needed. Organizational structure and attitudes of coaches and other mental-health friendly staff should also be considered during early phases of interviewing.

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Post Acceptance Strategies for Success

There is always a bit of excitement, and maybe a few nerves, when starting a new professional gig. Most clinicians start with the attitude of wanting to succeed, and help as many as possible with their valuable clinical skills. The new LMHP may commit to do whatever is asked of them in order to be a team player. Heading too far down that road can overwhelm the new professional and set them on a course for burnout or experience other negative impacts to their job performance. The following sections will provide LMHP with a variety of strategies to implement following accepting a sport psychology position in order to mitigate these potential pitfalls.

Establishing Procedures and Expectations for Mental Healthcare Provision

Policy and Procedures

As the first/only mental health provider, policy creation, writing, and/or updating will become one of many responsibilities. Consider university and department policies as it relates to mental health and if there is an existing mental health EAP in place. For LMHPs stepping into a newly created position as a solo provider, advocate for time to accomplish foundational tasks such as a [formal needs assessment](#) - a formal process which will guide first and subsequent steps in formulating policies, changes to system structure, and ultimately impact the environmental attitudes regarding mental health and help-seeking within the department (the provided link is to a rubric provided by the NCAA of how this needs assessment might be conducted). Establishing policies and procedures prior to establishing a caseload is necessary. The clinician will not be able to anticipate all scenarios, but having an idea about how to set up a system to provide consistent, high-level, clinical work driven by professional standards is a must. One topic that is important to intentionally outline is how the LMHP will work with student-athletes traveling across state lines. Travel with teams and/or providing telehealth services is sometimes warranted but may present ethical challenges to be solved. Sometimes the nuances are difficult to explain to shareholders or administrators outside of athletic departments. Having established policies about service delivery to student-athletes that are traveling should be discussed and agreed upon as the position is established.

The LMHP should look to create policies which are not meant to bind or restrict, but to protect clinician decision-making as services are delivered. Policies should be created and reviewed with some regularity. Policy should also be informed by the KPIs decided upon in the negotiation process. The period of time requested for these activities will vary based on departmental, individual, and situational factors. Further, new hires are encouraged to negotiate and protect time in their schedules in an ongoing manner to attend to visibility - building relationships and being in athletic spaces (e.g., athletic training room, practices, weight room), which is essential to creating and maintaining alliances throughout the department.

Build Connection with Mental-Health Allies

Another valuable activity at the outset is to build relationships with staff, coaches, and student-athletes. Become familiar with who might know the climate of the department and be an ally as you look to create more awareness and help-seeking behaviors from student-athletes. Also become familiar with department staff that might provide opposition or other roadblocks to help-seeking and wellness initiatives. Get to know department personnel who will be good referral sources and help them improve their skill in discussing these issues with student-athletes. Agreed upon KPIs might also be used to determine how much time to spend in these activities. Interpersonal relationships will help inform you about appropriate outreach and prevention activities moving forward.

Compliance

Throughout the years, LMHPs working in positions with student-athletes have reported wide differences in how NCAA compliance expectations/allowances of mental health and mental performance service

provision are interpreted and executed across institutions. Some of this is due to the relative infancy of these positions in athletics. LMHPs are encouraged to inquire about compliance rules and regulations as it relates to activities that are conducted within and away from the sport context. Questions about attendance/participation in athletic spaces (e.g., practice, competition) should be made to appropriate compliance personnel within the department. A potential question for the hiring committee or university compliance officers is under which area of service the LMHP would be considered to fall (e.g., medical). Another recent development is the proliferation of requests for official documentation from LMHPs to support petitions from student-athletes for eligibility exceptions and medical retirements due to mental health reasons. Establishing a working relationship with compliance personnel within the athletic department will be an asset to the LMHP filling these requests.

Case Management

All providers will need time to conduct activities that must be attended to outside of direct services. Adequate time (and perhaps funding) will be needed for note keeping, letter writing, continuing education, and supervising trainees. As LMHPs step into positions with administrative oversight and responsibilities, it is critical to advocate for an adjusted caseload to appropriately execute additional responsibilities such as policy creation and revision, personnel management and committee assignments. When navigating conversations surrounding caseloads (as well as preferred number providers needed for the clinic), administration should be informed about what constitutes an ethical caseload. Athletic administrators should be informed about how frequency of services received can impact rates of symptom improvement. Research has demonstrated that speed of recovery is significantly faster when clients are seen weekly compared to those who are seen less frequently (Erekson et al., 2015; Erekson et al., 2022). LMHPs should engage in ongoing review and re-evaluation of service provision and care management following hiring.

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Conclusion and Invitation

It is the desire of the writers of this document that LMHPs control the factors they can in order to set up a successful work environment for our colleagues occupying these important positions. As a whole, our profession is providing invaluable, life-saving healthcare service delivery to literally thousands of student-athletes every week. We hope the information included here can help make as many of these positions as successful as possible in seeking to meet the mental health needs of student-athletes. We acknowledge that it is not always under our control to manage the aforementioned factors. We also acknowledge that this is not an exhaustive list of considerations for LMHPs applying for positions serving college student-athletes. We hope that this written discussion has spurred thought and generated more questions about entering a new work environment. Practitioners are encouraged to seek consultation with colleagues and utilize resources made available to them through sport psychology specific organizations (e.g., CCSPA). This is a document meant to be revised periodically. Please feel free to contribute any suggestions to include in future iterations. For any questions about this document and the creation of these recommendations, please contact Dr. Tom Golightly, CCSPA Research and Information Chair, at tom_golightly@byu.edu.

Appendix – Shareholder Considerations

Questions for Shareholder Consideration before Writing Job Description

Components of a Successful Program

1. Direct Service Provision (with student-athletes and other staff)
 - a. Provision of therapy services
 - b. Prevention: large and small-scale programs
 - c. Early detection of mental health concerns and referral
 - d. Crisis Intervention
 - e. Consultation with Sports Medicine
 - f. Consultation with Department staff, including coaches and administrators
 - g. Serving on Department or University committees
 - h. Assessment
 - i. Case management and transitional care
2. Indirect Services
 - a. Professional Development
 - b. Supervision (receiving or providing)
 - c. Treatment Planning (especially to support transfer of care and case management)

Education, Training, and Experience of the LMHP

1. What training and expertise does the LMHP have? Are they a licensed (or license eligible) mental health professional?
2. In what specialty services do they have training? Specialty services may include ADHD assessment, personality assessment, treating eating disorders, treating substance use concerns, etc.
 - a. If you want the LMHP to provide specific services, is it viable to provide those services on campus?
 - b. You may want to consult with legal counsel or other mental health providers on campus (such as the counseling center) to see what is possible.
3. Does the LMHP have the Certified Mental Performance Consultant® (CMPC) credential?
4. Does the LMHP have any training, education, and certification in sport performance/mental performance skills?
5. If the LMHP does not have training, education, or certification in this area, are there opportunities to obtain this training and consultation? This may require additional finances and administrative time.

Mental Health Best Practices

1. Managing Crises
 - a. What is your institution's Mental Health Plan, including Mental Health Emergency Action Plan (MHEAP)?
 - b. How are mental health crises currently handled? Is the LMHP the best option for managing crises?
 - i. Typically, if the LMHP is the only provider for athletics or if they are contracted, they are not the best person to manage crises due to lack of accessibility. Therefore, coordination with the institution's university counseling center may be necessary.
2. Referral Procedures
 - a. How are non-crisis (routine) referrals to mental health currently handled?
 - b. How are referrals to off-campus professionals handled?

- c. When you provide mental health training, what is your plan to respond effectively to increased referrals (due to increased awareness)?
 - d. When you complete pre-performance mental health screenings, what is your plan to respond to the number of referrals resulting from these screenings?
- 3. Pre-Performance Examination (PPE): Mental Health Screens
 - a. What is your current policy and procedure for pre-performance mental health screening?
 - b. What is the plan for early identification for those who may benefit from services?
- 4. Education and Training
 - a. What trainings are student-athletes and personnel already getting? What additional topics should be discussed?
 - b. Are there mental health awareness trainings that can be provided to non-LMHPs (e.g. QPR, Mental Health First Aid)? Who is trained on your campus to provide that? Can you contract with someone outside your institution to provide these trainings?
 - c. What policies are in place (institutionally & within the Athletic Department) regarding required education? Where do you align and do things differently? If things are done differently than the institution as a whole, what is the rationale?
 - d. Establishing Wellness Promoting Environments (to include training)
 - e. Is there a peer educator or mentorship program to provide mental health information to incoming & established student-athletes?
 - f. How are wellness promoting environments considered in your mission statement? How are these variables considered during recruitment, promotion, advertising, etc.?
 - g. What other entities within or outside of the institution could assist the LMHP with promoting wellness within the Athletic Department?
 - h. What policies are in place regarding reporting guidelines for concerns regarding wellness promoting environments? How are these communicated to student-athletes and personnel?

Potential Questions to Consider Regarding KPI's

Recommended Comprehensive Assessment of Services

- 1. Assessing Direct Services
 - a. Number of individual and group therapy sessions and number of students served
 - b. Types of programming offered
 - i. Success of programming (evaluation data)
 - c. Types of services offered, including crisis intervention, case management, mental health screenings, consultations, etc.
 - i. Consider also gathering data related to number of students, hours of service, etc.
 - d. Number of students served through support of case management and transitional care and the effectiveness of getting them connected (e.g., wait times, duration of services)
- 2. Assessing Indirect Services
 - a. Hours and types of professional development and how the information was utilized in progressing the knowledge/experiences of the LMHP
 - b. Hours of receiving and/or providing supervision or consultation with other professionals
 - c. Could include data on how this impacts the success of the position (i.e. the importance and function)
 - d. Hours of treatment planning (including coordinating services, helping to identify service providers to transition care, and coordinating with off-campus providers)
- 3. Process of formative and summative assessment of position

- a. What assessments are in place to assess direct and indirect services?
- b. Who reviews this assessment data?
- c. When is the assessment data reviewed?
- d. Who is responsible for making potential changes based on what the data reveals?
- e. How can the various roles of an LMHP be prioritized and expanded to include more than just direct provision of services?

Shareholder Questions for Where a Position Might be Administratively and/or Physically Located

If in the LMHP is in the Athletic Department

1. Where will the LMHP office be located?
2. Is there a private area to wait for a meeting?
3. What is pedestrian traffic like near that office? Noise level? Can someone hear the conversation if standing outside the door?
4. Is it within an athletic building? Easy to access from athletic buildings/fields?

If the LMHP is Within the UCC

1. Is the UCC near athletic facilities on campus?
2. Is there a separate waiting room for athletes, as they may be easily recognized in campus waiting rooms and risk their confidentiality being compromised?
 - a. If not, how will student-athlete privacy be maintained?
3. Do student-athletes complete the same paperwork as non-athletes? (There are often several sport-specific factors that are important to consider when working with student-athletes.)
4. Does the LMHP have the ability to attend practices, be visible within the department, and complete prevention work within athletics?
5. What is the scheduling process for a student-athlete?
6. Do the policies and procedures for athletics align with the UCC policies and procedures? Where are the inconsistencies and how does this impact student-athlete care?

If the LMHP is Off-Campus

1. Is there adequate and affordable transportation to get to appointments?
2. Does the provider offer telehealth services? If so, is there a private space/office on campus that can be reserved for students who do not have their own private space for telehealth meetings?
3. If the LMHP is not on campus full-time, what are the ideal days/hours to be on campus? For example, Friday is often a travel day for sports, whereas many teams are often on campus on Tuesdays.
4. How can student-athletes schedule with this professional? Is there an administrative person that can answer phones throughout the day? Is there an opportunity for HIPAA-secure online scheduling?
5. What is the intake process/paperwork for student-athletes?
6. Other than providing services, how can the LMHP be accessible? Consider factors such as attending practices, coordinating prevention work with teams, etc. Is the LMHP compensated for this time within the contract?

Shareholder Considerations for Creating Environments that Promote Wellness

Collaborating with Sports Medicine

1. What is the current role of athletic trainers as it relates to student-athlete mental health?
2. How will your LMHP coordinate care with team physicians? Are there logistics to consider if your team physicians are employed by outside entities (i.e., contracting with the Athletic Department)?

3. What current policies/procedures are in place to support mental health?
 - a. Who develops and revises the department's mental health plan?
 - b. Does the emergency action plan (EAP) include mental health? Eating disorders? Alcohol and other drugs? Pre-participation evaluations/mental health screening? ADHD identification and referral?
4. Has your athletic training staff completed evidence-based training on how to identify, discuss, and respond to student-athlete mental health concerns and/or crises?
5. How are mental health concerns discussed with coaches, and what are the policies and guidelines related to this flow of information?

Collaborating with Mental Performance Consultants

1. If your institution utilizes mental performance consultants (e.g., Certified Mental Performance Consultants ®; CMPCs) and the LMHP in question is also trained to provide sport psychology (aka, mental performance) services, how do mental performance consultants and LMHPs collaborate?
 - a. Consider mental performance consultants employed by the athletic department and/or contracted to work with specific athletes and/or teams.
1. How are these roles differentiated (e.g., who takes what referrals, who works with what teams)? How are the defined roles communicated to student-athletes?
2. How is confidentiality handled in each role?
3. How are mental performance consultants trained to identify and refer student-athletes experiencing mental health concerns? How are athletes referred to qualified mental health professionals?

Collaboration with Other On-Campus Mental Health Resources

1. What offices on campus serve student mental health (UCC, graduate school training center, etc.)?
 - a. Do they serve graduate students?
 - b. Is there a fee?
 - c. Is there a session limit?
 - d. Do they manage crises?
 - e. What are the days/hours of operation?
 - f. Are there certain diagnoses that are best served off-campus? If so, identify resources that student-athletes can use?
2. Is your UCC accredited by IACS?
 - a. If your LMHP is housed within the UCC, how will they abide by accreditation standards?
 - b. Are there any standards that conflict with NCAA best practices or desired function within athletics, and if so, how will those conflicts be resolved?
3. If your institution has a strategic plan or systemic approach to student mental health, how will the LMHP be integrated into this plan?
 - a. What is included in the plan already?
 - b. How are student mental health concerns managed academically? In the residence halls? Office of Disability Services?
4. If there is a LMHP in or contracted with the Athletic Department, how will a collaborative relationship with on-campus UCC services be created and/or maintained?
5. How will the Athletic Department communicate that the LMHP working with Athletics is one of many mental health treatment resources available to student-athletes (i.e., student-athletes are not "required" to see this individual)?
6. How will Athletic Department staff (e.g., coaches, sports medicine, administrators) support referrals to mental health professionals (within and outside the Athletic Department)?

7. If sessions offered by the LMHP within the department are at no cost to student-athletes, and a student-athlete is referred to an outside mental health professional, several logistics must be considered and managed:
 - a. Transportation to appointments
 - b. Payment of services
 - c. Coordination of care with sports medicine
8. What are current gaps in services that are not fulfilled by on campus or off-campus resources? What are the short- and long-term plans to reduce these service gaps?
9. If policies reference on-campus mental health services, do offices involved know their role, consent to that role, and work with the Athletic Department to fulfill that role?
 - a. For example, if an alcohol-related violation is referred to the UCC, do UCC staff know their role, expectations, and how and what to communicate with the Athletic Department?
10. What does the flow of communication look like between the UCC and LMHP for Athletics? Is there any collaboration?
11. Is the UCC aware of policies related to mental health for student-athletes? Can they guide student-athletes according to those policies?
12. If the UCC manages campus-wide crises, what is the flow of communication with Athletics if a student-athlete is involved?

Collaboration with Community Resources

1. What mental health resources are available for student-athletes on- and off-campus? Are these resources accessible by walking, bus, or other affordable transportation?
2. Do any resources offer telehealth services? If so, it may be beneficial to consider resources outside of the immediate community (e.g., state-wide resources).
3. What psychiatry services are available on- and off- campus for student-athletes?
4. What resources are available for specialty services, such as eating disorder evaluation & treatment, substance use evaluation & treatment, ADHD assessments, etc.?
 - a. Given the specialty nature of these services, it may again be beneficial to consider resources outside of the immediate community (e.g., state-wide).
 - b. Does your department have a contract with a hospital or medical clinic? If so, are mental health services included in that contract?

Legal and Ethical Considerations

Professional Collaboration

1. How can the LMHP gain access to peers/colleagues within and outside of the organization/institution for support? Is there a fee for this consultation/support? If so, who pays this fee?
2. What community resources can help fill in the gaps of services not provided on campus?
3. What medical center can the department/institution partner with to ensure healthcare needs are met if they arise? This may include a conversation with General Counsel, and could include a Memorandum of Understanding (MOU) between the institution and the medical center.
4. In developing relationships with a medical center, consider how privacy, Athletic Department policy, University policy, exchange of information, points of contact, clarity of billing, and payment processes will be handled.

Electronic Medical Records

1. It is recommended that LMHPs be the only personnel to access mental health records
2. What EMR system will be used to store data? How is the data going to be secured? If the EMR is accessible for the LMHP at home, how is that data secured?

3. If there is an issue with the EMR, and technical support is required, who is the contact person from within the University information technology team that can provide support? Does this person sign a document ensuring confidentiality?
4. What are the state laws regarding record retention?
 - a. This is important in the event that you switch EMRs. You will need to maintain the records in the previous EMR for the length specified by state law.

Legal & Ethical Considerations Pertaining to Practice

1. Who is the client (student, institution, organization, etc.)?
2. Professional Development
 - a. Is the LMHP linked to financial resources to ensure professional training, education, and consultation related to working within sport settings?
3. Competency
 - a. What are the practice competencies of the identified LMHPs for student-athletes?
 - b. How will referrals be handled if an athlete presents with an issue outside of the LMHP's scope of competence?
 - c. LMHPs are solely responsible for discerning whether they can effectively provide competent treatment to a student-athlete regarding their needs
4. Confidentiality
 - a. Who has access to mental health information?
 - b. How is healthcare information shared within sports medicine? How is that communication documented?
 - c. How are issues of confidentiality discussed and resolved?
5. Discussions between LMHPs, Compliance staff, the LMHP's direct report, and General Counsel may be beneficial to clarify exceptions and other ways in which confidentiality is structured among any other ethical and legal issues that may arise.
 - a. Is the LMHP's office accessible and in a space that allows for private enter and exit?
 - b. Is there a waiting room to quietly wait for a scheduled meeting?
 - c. Is the LMHP's office soundproof? What measures can be taken to ensure that others in a hallway or office cannot hear the private conversations inside the office?
6. Boundaries
 - a. How can students access mental health care through the LMHP?
 - b. Although some sports medicine staff, including athletic trainers, provide cell phone numbers to student-athletes, LMHP's generally don't provide this level of accessibility in order to maintain a good standard of practice.
 - c. How and during what hours can students reach the LMHP? How is this communicated to students?
 - d. What is the policy around after-hours care and how to access a LMHP for urgent needs?
 - e. What is the flow of communication to access an LMHP after hours?
 - f. What policies has the LMHP outlined with respect to contacting them via various modalities?
 - g. This is likely covered in Informed Consent and can be reinforced throughout the department.

Financial and Insurance Considerations

Materials and Support for LMHPs

1. How will funds be obtained to pay for the LMHP's professional development, training courses, consultation/supervision, and certifications?
2. Will there be administrative support (i.e., non-student workers) for the LMHP?

- a. If there is no administrative support to manage paperwork, phone calls, scheduling, etc., how will this impact the LMHP's time and availability to provide direct services to the student-athletes and department as a whole?
3. How will funds be obtained to support getting the necessary and required equipment for the LMHP's position? Consider the following list:
 - a. Record keeping system
 - b. Private fax or HIPAA-secure online document sharing mechanism
 - c. A HIPAA-secure telehealth platform (if offering telehealth appointments)
4. Administrative support (e.g., answering phone calls, scheduling appointments)
 - d. Secure/locked file system that meets state law security requirements
 - e. Secure/quiet office space/location
 - f. Copy machine (if within Athletic Department, consider a private machine to secure health related data)
 - g. Shredder for confidential documents

Insurance and Cost of Services

1. Are student-athletes required to have health insurance? Does the required level of insurance include services for behavioral health?
2. Do student-athletes have an option to purchase a student health insurance plan?
 - a. What is the cost of that plan?
 - b. What behavioral health services are covered and at what rate (therapy, medication, hospitalization, intensive outpatient care)?
 - c. What are the gaps in service that are not covered?
3. If a student-athlete has out-of-state insurance, what services, if any, are covered in the state of the institution? How will that impact accessibility and cost?
4. How do student-athletes get reimbursed for services? Who is the contact person for these insurance claims and payments?
5. What services is the department willing/able to cover (outpatient services, partial hospitalization, hospitalization, psychiatry/medication, etc.)?
6. Who will cover the cost of insurance deductibles and/or co-pays if insurance is utilized?
 - a. This is especially important if a student-athlete is referred to off-campus services.
7. If a student requires transposition to get to appointments, how is that handled?
 - a. If they need to pay for city transportation services, who pays for that transportation?
8. If student-athletes don't have insurance, are there low or no-cost services that students can access to get their healthcare needs met (beyond the UCC)?
 - a. Possible service routes to consider: providers offering a sliding fee scale for services, graduate student training clinics, community mental health centers
9. If your department/institution has a fund to help cover healthcare expenses for student-athletes if/as needed, what are the defined criteria to access funds from this account? Does this include behavioral health care?
10. How is behavioral health medical coverage communicated to student-athletes and their families?

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