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Sport Chaplains and Social Workers: A Theoretical Understanding of a Necessary Component of an Interprofessional Collaborative Practice in Sport in the United States

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Holistic care, and more recently, Interprofessional Collaborative Practice (IPCP) in the service of athletes is a growing area of research and practice (e.g., Barkley et al., 2018; Waller et al., 2016b). Yet, there is still much to consider as attention to this matter continues to expand. Specifically, research continues to look at the different professions and professional collaborations in this model. For example, Waller and colleagues (2016b) identify thirteen unique professions that must work together to care for the athlete from a holistic perspective, including athletic trainers, sport psychology consultants, coaches, and counselors. Both sports chaplains (Waller et al., 2008) and social workers (Waller et al., 2017) are vital members of athlete care teams. Spiritual care of athletes is an essential element of their health (Waller et al., 2016b). Sport chaplains and social workers are trained to incorporate the spiritual dimension into care. Thus, these two professions offer a unique partnership and position within the holistic care model. Even so, little has been written about this unique professional collaboration in sport.

We argue that special attention to this collaboration is essential for three primary reasons. First, both are relatively new professions in the athletic context. Sports chaplaincy, while having a more extended history in sport dating back to the 1950s (Weir, 2016), does not appear extensively in the sport-oriented academic literature until the early 2000s (Connor, 2003). Similarly, much scholarly attention to social work in sport only began in the last fifteen years (Gill, 2008). Therefore, academic literature on both professions can further the ethical holistic care of athletes. Secondly, outside of sport, chaplains and social workers have a long history of interprofessional collaborations (e.g., Harr et al., 2009). Yet, to date, no locatable studies are illustrating how these two professions can work together in sport. Indeed, research has considered the collaborations of social workers and sport psychology consultants (McHenry et al., 2021; Newman et al., 2019) and sports chaplains and sport psychology consultants (Gamble et al., 2013) in athlete care. Finally, as mentioned previously, both professions are trained to consider a person as a whole (i.e., mind, body, and spirit working together) as is evident in their similar theoretical underpinnings. Thus, there seems to be a promising union between sports chaplains and social workers.

Therefore, the purpose of this paper is to outline the interprofessional collaboration between sports chaplains and social workers in serving athletes. The intent of this paper is to conceptually outline what interprofessional collaboration looks like, in this case between sport chaplains and social workers. Specifically, as the theoretical understanding between professions is essential for effective interprofessional teams—what Pecukinus and colleagues (2009) term interprofessional cultural competence—we seek to clarify the theoretical foundations of each domain, and how then these professions can work together most effectively. The paper will conclude with suggestions and ethical considerations for best practices in the execution of this collaboration.

Biblical Context for Collaborative Practice

The Christian Bible provides several examples of the value and importance of collaborative practice. The Book of Nehemiah (*The Message*, 2018, Nehemiah 4:12-18) illustrates how collaboration combines numerous talents to accomplish a divinely ordained goal. The collaboration among the Jewish people was central to the rebuilding of the walls of Jerusalem during the Babylonian exile. The dispatching of the 12 disciples and the 72 elders by Jesus in the Gospel of Mark (*The Message*, 2018, Mark 6:6-13) conveys how collaboration combines the resources of individuals into a group. The outcomes include a greater capacity to assist others, the provision of meaningful assistance to the broken and downtrodden and provide opportunities for salvation through the Gospel of Jesus Christ. Finally, *The Message* (2018) demonstrates how working collaboratively can multiply the resources needed to serve others (Acts 6:1-6). As the

Apostles labored to better serve the widows who were being neglected in the daily distribution of food, subsequently Stephen (a man full of faith and the Holy Spirit), Philip, Procorus, Nicanor, Timon, Parmenas, and Nicolas of Antioch were commissioned to for this task (*The Message*, 2018, Acts 6:4-6). These Biblical references provide a foundation for the collaborative practice undertaken by sport chaplains and social workers in their service to people in sport.

Sport Chaplaincy

Providing an in-depth survey of the origin of chaplaincy is outside the scope of the paper. However, it is essential to consider some key turning points in the history of sports chaplaincy to provide the foundations of the profession. According to Weir (2016), Waller (2016), and Waller and colleagues (2016a), chaplaincy in sport has grown on a global basis over the last fifty years. The acknowledged pioneer of sports chaplaincy within professional sport was Ira 'Doc' Eshleman, who in 1950 found a place within the NFL to provide organized spiritual services (Weir, 2016). It was not long before chaplaincy was appearing in other professional and mega-sport arenas such as the Professional Golf Association (PGA) Tour, Olympics, National Association for Stock Car Auto Racing (NASCAR), and World Athletics Championships (Weir, 2016). Then, in youth and collegiate athletics, the Fellowship of Christian Athletes (FCA) was founded in 1954 with Athletes in Action (AIA) following suit in 1966. Both organizations share similar missions in that their goals are to extend opportunities for spiritual growth and development (Athletes in Action, 2020; Fellowship of Christian Athletes, 2020). Additionally, FCA is a significant provider of sports chaplains with a training program located at Auburn University. Now, many colleges and universities utilize the services of a sports chaplain who is responsible for the team's spiritual care (Waller et al., 2016a).

Holism

Determining a grand theory, framework, or model by which sports chaplains abide is not a simple undertaking. According to Weir (2016), sports chaplaincy is more of a "generic heading" (p. 9) in that the job responsibilities of a sports chaplain vary widely. Many of the practices and models are derived from chaplaincy, which has a foundation in holism (Waller et al., 2016b). The philosopher Smuts (1962) first coined the term holism, however, the concept of holism dates back to Aristotle, who discussed substantial holism (Scaltsas, 2001). Scaltsas (2001) interpreted this as "the unity of a substance is not achieved by relating its components to one another; rather, unity is achieved by dissolving the distinctness of each of the substance's components" (p. 107). In other words, the whole has primacy over each individual component within that whole. Many different theorists across disciplines have interpreted holism. For example, Durkheim discussed holism in the context of sociological theory (Allwood, 1973). Ralston (2015) interpreted this type of holism as social holism—"this form of holism is antireductionist, holding that facts concerning the social world (or social facts) do not decompose into facts concerning individual objects, events, and organisms" (Ralston, 2015, p. 2). Aristotle focused on the individual, whereas Durkheim focused on society. In the context of chaplaincy, holism from the perspective of Aristotle is a better conceptualization.

There remains a place within the helping professions to utilize holism as a foundation for others' service. Much of the work and strategic positioning of chaplains in healthcare and related fields are based on holism. Lawrence and Weisz (1998) advocated for holism being applied to healthcare settings. As such, holism combines all aspects of caring for a person, including body, mind, spirit, and emotion concerning others and the environment. In this way, holism contrasts to the traditional biomedical model of health. According to the World Health Organization (WHO; 2003), the biomedical model of health and illness assumes that patients are passive followers of

doctor's orders who diagnose and prescribe therapy. Furthermore, optimal health is achieved through the treatment and cure of a pathology. This biomedical model of health is reductionist in that "all disease can be reduced to biological causes in the body; typically, treatments of those diseases are also biological in character" (Ghaemi, 2016). The result is that healthcare professionals view patients as diseases instead of human beings (Lawrence & Weisz, 1998).

As a reaction, holism emerged in modern-day healthcare and has led to a positive redefinition of health in terms of well-being (Lawrence & Weisz, 1998). It is important to note that the WHO (1948) defines health from a holistic perspective in stating, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (para. 1). Modern-day healthcare has used holism as the foundation of interdisciplinary teams to work with, and treat, the whole person (i.e., mind, body, and spirit). This concept is also known as holistic care.

Within health care and related fields, holistic care is as a philosophy of care derived from holism (Waller et al., 2016b), meaning "all, whole, entire, total" (Papathanasiou et al., 2013, p. 1). Typical definitions of holistic care thus include taking into consideration an individual's physical, psychological, and spiritual health. Jasemi and colleagues (2017) state that Florence Nightingale and the nursing profession were some of the first to utilize holistic care in their work with patients. They claim, however, that holistic care can be contentious in the medical field in that there has not been a clear, operationalized definition. After reviewing the literature, Jasemi and colleagues (2017) developed a working definition:

Holistic care is a philosophy that guides the care that patients receive which emerged from the concepts of humanism and holism. It refers to providing care to patients based on a mutual understanding of their physical, psychological, emotional, and spiritual dimensions. Also, holistic care emphasizes the partnership between nurse and patient and the negotiation of healthcare needs that lead to recovery. Therefore, it draws from the biological, psychological, sociological, and spiritual dimensions of health, among others, to achieve a sense of harmony that transcends physical wellness (para. 26).

In holistic care, then, chaplains are an essential member of the holistic care team.

The following section describes how holistic care is contextualized in sport based on the understandings of its inner workings within the healthcare profession.

Holistic Care, or Interprofessional Collaborative Practice, in Sport

Holistic care is commonly practiced in hospital settings. However, starting in the 1980s, researchers have been advocating for applying the holistic care model to sport and sport-related fields (e.g., Dawson et al., 2014; McKnight & Juillerat, 2011). The holistic care model is now more commonly known as Interprofessional Collaborative Practice (IPCP). The IPCP model provides a structure that facilitates a variety of professionals working together to support the well-being of the person in sport, and how different professionals within sport can work together as a unified interprofessional care team (Meyer et al., 2014).

An important concept to also consider within the broader use of IPCP is care or ethic of care. Defined initially by Gilligan (1982), the ethic of care refers to the "clear theoretical and independent alternative to utilitarianism or Kantian moral theory" (Fisher et al., 2017, p. 471). According to the Higher Education Institute at the University of California, Los Angeles, an ethic of care "reflects our sense of caring and concern about the welfare of others and the world around us. These feelings are expressed in wanting to help those who are troubled and to alleviate suffering" (UCLA, n.d., para.1). Essentially an ethic of care embodies a care moral orientation with a focus on seeing, listening, respecting, and responding to another person's needs (Gilligan,

1982). Furthermore, Wei and colleagues (2020) assert that a facilitator of IPCP is a culture of caring, which may improve interprofessional collaboration.

IPCP is becoming more integrated into the standards of professional practice for sport-related health professions (e.g., Commission on Accreditation of Athletic Training Education, 2020) given its use within healthcare (e.g., World Health Organization, 2010). According to Waller and colleagues (2016b), “this model of care for athletes requires a major paradigm shift in the way athletes receive care” (p. 229). As opposed to the type of care that focuses only on the physical to get the player back on the field of play faster and stronger. IPCP is person-centered and interdisciplinary as an athlete's well-being is complex. Waller and colleagues (2016b) call for a “collaborative approach between services, professionals, and community groups” (p. 229). In this model, Waller and colleagues (2016b) highlight thirteen key professionals to form an IPCP to serve the needs of an athlete. As such, incorporating a chaplain into this IPCP is key to addressing the spiritual needs of an athlete, while giving credence to the IPCP and not giving precedence to any one profession or aspect of a person. The following section will now examine the theoretical and professional underpinnings of social work in sport and discuss their position within IPCP.

Social Work in Sport

The National Association of Social Workers (NASW) defines the mission of the social work profession as to, “enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (NASW, 2017, para. 3). Specifically, the NASW (2017) Code of Ethics articulates six ethical principles that guide the social work profession: (a) service; (b) social justice; (c) dignity and worth of the person; (d) importance of human relationships; (e) integrity; and (f) competence. The specific focus of the social work profession on not only clinical therapy, but also case management and social justice advocacy separates the profession from other mental health professions (McHenry et al., 2021).

Many different organizations, such as hospitals, nonprofits, and schools employ social workers to provide services ranging from case management to clinical therapy to advocacy efforts and community organizing. More recently, social workers are providing services in sport organizations, offering these services to youth, amateur, collegiate, and professional athletes to help meet the holistic needs of athletes (Alliance of Social Workers in Sport, 2020; Newman et al., 2022). In particular, in addition to mental health diagnoses (Strohle, 2017), athletes may struggle with management issues, such as food insecurity (Mayeux et al., 2020), and social justice issues, such as racism (Sadberry & Mobley, 2013). Social workers are uniquely trained to meet these varying needs of athletes (Moore & Gummelt, 2019). For example, if a social worker is providing individual clinical therapy, they consider how social issues are contributing to an individual's mental health and thus may implement interventions on the individual, community, and policy level. As a case manager, the social worker can make appropriate service and resource referrals to intervene in challenges that may be causing the athlete stress, such as not having access to food or not having access to appropriate winter clothing. Additionally, Moore and Gummelt (2019), in their seminal textbook on social work in sport, identify social justice and policy work as one of the unique contributions social workers can make in sport-contexts. Specifically, the authors point to the role social workers can play in eliminating structural barriers that athletes face by advocating for policies related to sexual assault in sport, access to mental health services, access for athletes with disabilities, player safety, and gender and racial equity.

In these ways, considering the shift away from the biomedical model of care to the holistic model care of athletes—attending to their physical, spiritual, and emotional needs (Waller et al.,

2016b)—the social work profession, which is anchored in ecological systems theory, offers a pivotal contribution to the holistic care of athletes.

Bronfenbrenner's Ecological Systems Theory

The social work profession has its theoretical foundation in ecological systems theory. Urie Bronfenbrenner (1974) first wrote about ecological systems in 1974, based on his work as a child psychologist. He observed that traditional psychological clinical interventions were often unsuccessful with his young clients, as other systems were impacting their situation, such as their parents' work, lack of childcare, and school policy. He thus theorized and conceptualized ecological systems theory, which identifies five distinct systems that influence human behavior: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Bronfenbrenner, 1974). The microsystem is the individual's immediate environment, where they interact with different systems (i.e., people and physical spaces) on an everyday basis. This system also includes the individual's psychological attributes, such as physiology and personality. The mesosystem consists of systems and interactions of the microsystems that may not directly impact the individual, such as the parents' work, or the child's parent speaking with the child's teacher. The exosystem is environments, systems, or larger institutions whose interactions impact the individual, but may not directly interact with the individual, such as the school board or Department of Education. The macrosystem includes patterns of culture and belief systems that create the society within which the individual lives—for example, societal laws and systemic racism. Finally, the chronosystem includes changes in time and eras that an individual is living in that impacts their personal experience (Bronfenbrenner, 1974).

Ecological Systems Theory in Sport

The application of ecological systems theory is relatively new to sports studies literature. As the approach was applied initially by Bronfenbrenner (1974) in a clinical context, some of the first discussions of ecological systems in sport came out of sport psychology literature. These theories focused on work with the athletes (e.g., Bader & Martin, 2019; Barkley et al., 2018), coaching practices (e.g., Woodcock et al., 2011), or best practices for youth sport (e.g., Duerden & Witt, 2010). Overall, the application of ecological systems in sport psychology literature has offered a different perspective on how to serve youth, amateur, and professional athletes better.

For example, looking at youth programming, Duerden and Witt (2010) offer suggestions for youth sports programs: be aware of the unique characteristics of your target populations (micro); establish collaborative relationships with other youth contexts (meso); work to develop positive relationships with your youths' parents and families (exo); and be an advocate for youth (macro; p. 116). Specifically, Barkley and colleagues (2018) suggest a model of student-athlete care based on ecological systems theory, emphasizing the need to care for student-athletes across micro, meso, exo, and macro systems. Traditional individual psychological interventions might miss essential factors that impact the well-being of the athlete. In considering best practices in coaching, Gilbert and colleagues (2006), in their application of the ecological systems theory to qualitative interviews with coaches on their coaching development and coaching practice, concluded that when implementing coaching development interventions, there needs to be attention placed on the specific coaching contexts (meso and macro systems).

Outside of sport psychology literature, scholars have used ecological systems theory to analyze specific social issues in sport. For example, LaVoi and Dutove (2012) call for interventions aimed at increasing the number of female coaches need to go beyond individual-based interventions and consider interventions on the meso (organizational policy) and macro (deconstructing cultural values that privilege sport as a male space) levels. Additionally, in looking

at the experiences of Black athletes through the lens of ecological systems theory, both Copper and colleagues (2016) and Harris and colleagues (2014) suggest that viewing these athletes' experiences across systems can lead to a deeper understanding of what is positively and negatively impacting these athletes. For example, the macro-level systemic racism, the exo-level division type (i.e., I, II, or III), the meso-level team makeup, and the micro-level individual personality all impact Black athletes (Cooper et al., 2017). Taken together, when examining marginalized experience in sport, utilizing ecological system theory as an analytical frame provides opportunities to identify how different systems impact the individuals and further to identify other intervention points, such as specific cultural competence training for practitioners working with Black athletes (Harris et al., 2014).

Even though ecological systems theory is the theoretical basis of the social work profession, there is even less literature calling for social workers in sport. None of those mentioned earlier articles pointed to social workers as a profession that could work with athletes. To date, few scholarly papers have been published in social work journals about the opportunities of social work in sport (e.g., Beasley et al., 2022; Newman et al., 2022; Magier et al., 2022; Newman et al., 2021; Gill, 2008). To our knowledge, only three articles have been published in a sport-specific journals that directly looks at the professional fit (Beasley et al., 2021; Cox et al., 2021; Newman et al., 2019). Therefore, it seems there is a lost opportunity to explore further how social workers can serve athletes, especially as the theoretical base of the social work profession, ecological systems theory, has been recognized in sports literature as a productive theoretical framework for the analysis of social issues in sport. Specifically, one area that social workers are trained to incorporate into care across systems is spirituality.

Theory to Practice: Incorporating Spirituality into Care

We have presented the theoretical backgrounds of both sports chaplains and social workers and demonstrated a need for that knowledge base in a sport-context. Now, a clear understanding of how theory informs practice is essential to effective practice and interdisciplinary care, specifically how “professional cultures define health, illness, the etiology of important health concerns, the role of biology, psychology, and social factors influencing these beliefs” and their impact on clinical practice (Pecukinus et al., p. 423). Therefore, we now examine how theory informs practice and the inclusion of spirituality into care.

Sport Chaplains

With a practice based in holism, spirituality is an essential part of the interdisciplinary treatment of an athlete's well-being (Gamble et al., 2013; Watson & Czech, 2005). Waller and colleagues (2016b) conceptualize spirituality as "seeking a meaningful connection with something bigger than one's self, which can result in positive emotions such as peace, awe, contentment, gratitude, and acceptance" (p. 229). Kurian (2005) noted that spirituality is also operationalized as “a subjective experience of the Divine experienced in prayer, meditation, contemplation, and mysticism” (p. 644). The call here, then, is to incorporate spiritual care more systematically and ethically. According to Huffman (2014), mental health professionals or sport psychology consultants (SPC) can offer spiritual health advice but may not feel comfortable doing so without spiritual training. As such, this is where "integrating a specialized professional—the sports chaplain—is in the best interest of the athletes and the holistic care team from a spiritual care perspective" (Waller et al., 2016b, p. 233). Within the athletic context, the term sports chaplain is more commonly used. Waller and colleagues (2016a) define a sports chaplain as a "lay or ordained member of the clergy that provides spiritual care for athletes" (p. 148).

In terms of this integration, “sports chaplains must be committed to being visible, which means being a consistent presence at workouts, practices, competitions, and the times in-between” (Waller et al., 2016b, p. 234). Thus, the sports chaplain is available to provide the following services to address the spiritual needs of athletes: (a) praying with athletes, coaches, and support staff, (b) emphasizing how spiritual development and sport are interrelated, (c) encouraging community service, and (d) prioritizing playing over winning (Gamble et al., 2013; Waller et al., 2008). Furthermore, to facilitate successful collaborative care within IPCP, Waller and colleagues (2016b) offer the following principles:

- Individualized care plans with all caregivers involved.
- Ensure athletes are all accounted for, and referrals are made in necessary circumstances.
- The individual caregivers are accountable for providing quality care.
- Treatment is measurement-based and evidence-based.

Yet, the challenge is to bolster the field of sports chaplaincy in terms of training, certification, and best practices to provide the best holistic care for student-athletes.

Implications for Ethical Practice

Unlike social workers, the journey toward the promulgation of specific ethical standards, models, and frameworks that govern practice has been different for sports chaplains. First, one primary concern regarding ethical practice for sports chaplains is how their professional identity is formed and positioned. Waller (2016) poses the question of whether sports chaplains see themselves as a professional chaplain or as a chaplain that ministers in a specific strand of chaplaincy like sports but sees themselves as separate from the broader community of chaplains. The response to these questions drives the choices that are made about how one will affiliate with the 10,000-member Association of Professional Chaplains (APC). APC is the governing body for professional chaplains in the United States, and whether the entity that encourages its members to pursue professional certification and commit to practice by the APC Code of Ethics. In the US, the vast majority of sports chaplains are not APC members (Waller, 2016).

In this era, some denominationally-based collegiate institutions, para-church organizations (e.g., FCA, AIA), and other faith-based organizations offer sports chaplaincy training programs. These same organizations have established training protocols, Codes of Ethics, and standards for ethical conduct for sports chaplains that align with them (Waller et al., 2008). In the US, there is no governing body other than Soccer Chaplains United that provides direct oversight to training, testing, individual certification, and accreditation for entities that provide chaplaincy services in a sports context. This is in contrast to other global sports chaplaincy entities. For example, Sports Chaplaincy Australia, Sports Chaplaincy Hong Kong, Sports Chaplaincy New Zealand, Sports Chaplaincy South Africa, and Sports Chaplaincy United Kingdom all provide oversight, training, testing, and accreditation (approval to practice) for their membership. A great point of promise for sports chaplaincy in the US is the CEDE Sports Network. This nonprofit (501-c-3) entity provides a registry for sports chaplains, information on continuing education opportunities, mentoring, a professional registry, and an information portal for sports chaplaincy practitioners. In these ways, CEDE represents a giant step forward. However, it does not offer a nationally recognized chaplaincy certification. Thus, it cannot serve as a gateway to professional chaplaincy because a professional chaplain must be certified “by a nationally recognized chaplaincy certifying board”, such as APC’s affiliate The Board of Chaplaincy Certification (APC, 2021, para 4.).

As sports chaplaincy continues to be a topic of discussion in the academy and among the community of board-certified chaplains in the US, several focal points emerge. First, is the

challenge to locate sports chaplains within the collective of chaplains properly. Perhaps, the APC should continue to catalyze the conversation relative to the creation of a sports chaplaincy section within APC. Second, the matter of credentialing (training, testing, sanctioning practice, ethical practice, and accountability) must be given precedence (e.g., Waller et al., 2016a; 2016b). Waller and colleagues (2016a), assert that credentialing would provide standardization of training, aid in identity formation, create parameters for practice, inform professional development needs, and create ethical boundaries. Finally, there is a profound need for the development of an entity that will provide governance and policy frameworks that will guide the applied, collaborative work of the sports chaplain. This statement does not call for governmental regulation, but governance by those that support the interdisciplinary foundation and ministry of sports chaplaincy.

In thinking about ethical practices, "one of the most common challenges that a sports chaplain is likely to encounter is that of an athlete suffering from spiritual and emotional trauma following a major injury" or any number of significant life events (Maranise, 2016, p. 136). Athletes have the potential to have deep wounds; the only way to ethically help a person is through clinical interventions by a competent professional (NCAA Sport Sciences Institute, 2017). Ethically, a practitioner without specialized training, a relevant certification, and licensure should not be providing any type of clinical therapy. This statement should include sports chaplains, who are laypersons or members of the clergy, yet not a certified chaplain (Waller et al., 2016a). Maranise (2016) urges sports chaplains to understand their limitations. Thus, the practitioner understanding the boundaries of their training should refer the party to another competent member of the interprofessional team. It is imperative to understand the limits of one's training, and for sports chaplains, this means meeting clinical needs outside of spiritual guidance. These boundaries of competencies are why IPCP is so crucial to the wellness of an athlete. When the argument for the partnership of these professions, it is vital for social workers to understand the ethical implications of sports chaplaincy work.

Social Work

Ecological systems theory informs all social work practice from assessment to intervention (Gitterman & Germain, 2008). For example, ecological systems theory is the foundation of a standard clinical assessment, called a biopsychosocial assessment (Austrain, 2002). A biopsychosocial evaluation assesses an individual in their biological, psychological, and social needs and strengths. Using this information, a social worker can identify needs across systems and, thus, interventions that best suit the client. Social work interventions may then involve referrals to organizations across systems, such as connecting clients to local churches, food banks, support groups, etc. to address the client's needs that one-on-one therapy cannot (Gitterman & Germain, 2008). In sport, the use of a biopsychosocial assessment to assess an athlete's well-being is imperative, as athletics is just one part of the many systems, albeit maybe a large part, that impacts the individual. An individual athlete still has friends, families, a spiritual community, hobbies, experiences of oppression, and work, to name only a few outsiders of athletics, that impact who they are and their physical and mental well-being. It also, through consideration of the macro and chrono levels, emphasizes the social justice issues athletes experience that impact their mental, emotional, physical, and spiritual well-being (Barkley et al., 2018). Many professionals are plugged into athletes' care networks to meet their unique needs across systems that can act as crucial referrals for the social worker (Moore & Gummelt, 2019). For instance, if an athlete expresses in their initial biopsychosocial assessment that spirituality is an integral part of their identity, it may be best practice for the social worker to incorporate the athlete's place of worship or even a trusted chaplain into their intervention plan.

Implications for Ethical Practice

Competence is an ethical standard of social work practice (NASW, 2017). Specifically, the NASW (2017) Code of Ethics states that social workers should only work within their areas of competence, including populations, interventions, and clinical issues. Under their license, thus, social workers are legally and ethically held to this standard of competence. Therefore, considering the spiritual care of athletes, social workers need to develop religious and spiritual cultural competence to serve best clients whose faith is an integral part of their identity (Hodge, 2018; Whitley, 2012). However, Carrington (2017) warns social workers to recognize that there is a line between including spirituality in clinical practice and offering specific spiritual guidance. They state:

Although I am a social worker, my approach may be guided by a spiritual paradigm, and I may utilize spiritual theories and procedures, or even discuss spiritual or religious concepts with people. It is not within my role to give spiritual instruction...for that...there is a need for appropriate referral to a suitable spiritual practitioner (Carrington, 2017, p. 297).

This is where interprofessional relationships with sports chaplains are key. When a social worker assesses that their client may need spiritual instruction, a chaplain's referral will be required.

Practice Recommendations

Social workers and chaplains have been working together on interprofessional care teams in other healthcare settings for decades. Both professions offer a similar holistic approach to client care, which considers the impact of mental, physical, and spiritual health on an individual's overall well-being (Harr et al., 2009). In fact, in many ways, the two professions provide similar services. The Society for Social Work Leadership in Healthcare (SSWLH) call social workers "spiritual care generalists" who need to be able to identify the spiritual needs of their clients (SSWLH, 2018, p. 8). Similarly to social workers, chaplains need to be trained to connect their clients with needed community resources and offer socioemotional support (Fuller, 2015). Even so, the two professions must ethically practice within their professional boundaries, understand when a referral is needed, and work collaboratively to provide the best care for their clients (Harr et al., 2009; SSWLH, 2018) Thus, we offer specific practice recommendations for the interprofessional collaboration of sports chaplains and social workers in sport.

First, athletes have deficient help-seeking patterns due to mistrust of outsiders (Gulliver et al., 2012). If a trusted member of their extended network, such as athletic trainers, coaches, teachers, academic advisors, teammates, refers athletes to a helping professional or supports them in seeking help, athletes are more likely to seek help (Bissett & Tamminen, 2020; Gulliver et al., 2012). Team sports chaplains thus can become a key referral source for social workers working with athletes. The converse may also be true. If, during assessment or treatment, the social worker finds that the athlete is struggling with aspects of their faith, a referral to a chaplain could be necessary. Therefore, if you are a practicing social worker or chaplain in sport, you should connect with a trusted social work or sports chaplaincy colleague to be your referral source.

Second, if in the initial biopsychosocial assessment or religio-spiritual assessment, the athlete endorses spirituality or religiosity as a protective factor, including faith-based interventions into the care plan could be useful. This is best done in a supplemental narrative form, including biblical music, symbols, scripture, and stories as therapeutic techniques (Hines & Boyd-Franklin, 2005). If the social worker is not trained nor feels competent to provide spiritual care, the team's chaplain or a contracted sports chaplain, at the consent of the athlete, can be invited in as a member of the interprofessional team that provides care for the person in sport.

Third, sporting organizations should implement a model of IPCP, similar to the models in medical settings (Barkley et al., 2018). In this model, interprofessional care teams meet weekly, biweekly, or monthly to discuss specific cases and get specialized feedback on how to proceed with care (Waller et al., 2016b). In this setting, sport chaplains and social workers would be able to discuss their work with specific athletes and gain professional insight from one another.

Fourth, as indicated above, it is imperative for a cursory level of clinical training for sports chaplains considering the stressors in society (Maranise, 2016; NCAA Sport Sciences Institute, 2017; Waller et al., 2016a; 2016b). Most recent being the COVID-19 crisis and the implications related to athlete identity, the professional sports employment market, and additional concerns not yet fully actualized. APC is providing resources for chaplains to utilize in response to the novel COVID-19 crisis (APC, 2020).

Conclusion

This paper's purpose was to provide an overview of interprofessional collaboration between sports chaplains and social workers in the service of athletes. Throughout this paper, the theoretical underpinnings of each profession were provided with attention given to the ethical implications as well as practical recommendations for carrying out the interprofessional collaboration. Sport chaplains and social workers can work together towards a similar goal of athletes' holistic care. With the information provided in this paper, we hope to have detailed how the knowledge base of both sports chaplains and social workers offer unique, yet complementary, perspectives to the care of athletes, and provides the professions with a better understanding of each other to promote interprofessional cultural competence (Pecukonis et al., 2009). Specifically, the theoretical foundations of each discipline—holism and ecological systems theory, which guides each profession's practice—recognizes the importance of spirituality and the religious community in care. With this shared understanding, sport chaplains and social workers can make significant, and ethical, interprofessional collaborations in athletics.

Moving forward, we suggest further studies, both qualitative and quantitative, exploring the experiences of athletes utilizing the services of both sports chaplains and social workers. Additionally, one can examine the lived experiences of sports chaplains and social workers within this interdisciplinary relationship. Considering other work examining IPCP within the sport context (e.g., Gamble et al., 2013; Newman et al., 2019), incorporating sport psychology consultants into the conversation with sports chaplains and social workers about spiritual health may lend insights. Finally, we foresee the development of a heuristic model describing how sports chaplains and social workers are integral professions within the IPCP.

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