Case Study #1

Kelly is a 16 year-old tennis player whose father first contacted you expressing concern that she was “not herself lately”. He also said that he had a feeling that she was considering giving up tennis altogether, but that he may be wrong. He stated that all he wanted was for Kelly to be happy, but wasn’t sure if her coach would support the idea of her quitting. During your first session with Kelly, she tells you that she is not having much fun anymore playing tennis. She says that she is losing to people she should be able to beat and not making the improvements she should. “It is a chore to get to training”, and once she gets there, she “just wants it over with”. After asking him about his training schedule, you discover that he has physical and psychological symptoms suggesting that he might be at the beginnings of overtraining syndrome.

1. Describe the people in this case.

2. In order of priority, describe the principal issues to consider.

3. As a psychologist, generate a proposed intervention.

4. How feasible is each intervention?

5. What are the ramifications for each intervention?

Case Study #2
Tony is a 23 year-old elite-level cyclist who was informed earlier in the week that he was not selected for the British squad going to the world championships. These championships were going to be his final opportunity to qualify for the Commonwealth Games, and he has made an appointment to see you to discuss his non-selection. At the start of your meeting he tells you that he “does not think it is fair that some people just suddenly decided that he could no longer do what we have trained so long and hard for”. He later expresses concerns about what he is going to do next, and says that his “coach has always said that he shouldn’t concentrate on anything other than cycling if he wanted to retain his place on the squad.”

1. Describe the people in this case.

2. In order of priority, describe the principal issues to consider.

3. As a psychologist, generate a proposed intervention.

4. How feasible is each intervention?

5. What are the ramifications for each intervention?

Case Study #3
Wendy is 17 and has recently taken her GCSE examinations, producing results that exceeded her expectations. As an international swimmer, she has been training for about 20 hours per week, getting up at 5:30am on four mornings a week and training after school on each of the five weekdays. This year has been especially arduous as additional training was required in order to gain selection for a major championship. Wendy was selected and performed creditably.

During your work with her, it becomes clear from an early stage that she is very mature for her age and this was reinforced by her mother, who accompanied her to each of your six one-hour sessions with her. What is also apparent is Wendy’s desire to do everything perfectly and her acute frustration when she does not meet the standards that she has set for herself. On the other hand, she sometimes disagrees with what she considers to be the unrealistic training load that the coach imposes upon her, tending to disregard other demands upon Wendy’s time. It is clear that she is talented both academically and athletically, with the capacity for hard work and a strong desire to be organised. She says she is especially “stressed out” when hard physical demands are placed upon her in training, especially when the training hurts. She also has a tendency to be sick just before a race and has described the cause as more in anticipation of the forthcoming physical pain than a fear of failure. Wendy’s parents are very supportive and do not pressure her, although Wendy sometimes perceives pressure to do well from both parents and her coach.

1. Describe the key players in Wendy’s life at present.

2. Describe a principal theme, or issue, that you have observed within this case.

3. What form of intervention would you prescribe, and why.

4. What are the possible outcomes?

5. Are there any suggestions that you would make to the key players in this case?

Case Study #4
Brain is 21 and has been a professional footballer for three years. He obtained solid GCSE results, but chose not to stay on at school in order to pursue a career in football. He has been with the same Second Division club for five years. Brian has always been free from injury, other than the occasional knock, and has never been out of action for more than a week. He is an only child and lives at home with his parents, neither of whom has a sporting background. They supported Brian’s decision to become a professional player and advise him where possible, but they have been unable to provide guidance on specific aspects of training and preparation.

Brian has been playing regularly in the reserve squad and last season he had two starts and seven appearances on the bench for the first team. In April he was involved in a collision with an opposing player, which resulted in a ruptured patella tendon from Brian. At first he responded positively to the injury, believing that he would be able to return to training within a few weeks and be ready for the new season. He received good support from the club physiotherapist, who referred him to a specialist sports-injuries unit, as well as treating Brian himself on a regular basis. Despite the rehabilitation, Brian has not recovered fully from the injury. He is able to run steadily, but finds twisting and turning painful, while kicking a ball is still some way off.

It is now nine months since the accident and Brian is having doubt about his future as a player. He tends to protect his leg and is inclined to walk with slight limp, which may or may not be an affectation. Some other players have expressed concern that he has not made a full recovery and one has actually doubted Brian’s adherence to his rehabilitation programme. Brian also feels that the club physiotherapist and the manager may have reservations about his commitment. While he has been informed that there is no medical reason why the player should not make a full recovery, frustration at the slow progress is clearly evident. It is noticeable that this previous outgoing and conscientious player has now become somewhat introspective and uncooperative.

1. Identify the key people who might be instrumental in Brian’s recovery.

2. In order of priority, describe the principal issues to address during your intervention.

3. How would you implement the proposed intervention.

4. What are the possible outcomes?

5. How would you develop your work with the player?

Case Study #5
Ruth is a 16 year-old middle distance athlete with whom you have been working for several months. She has recently obtained National Lottery support and is on the verge of attaining international status.

You have known her coach, a 40 year old married man, for several years, and indeed he was the person who originally asked you to work with Ruth. At the initial meeting with Ruth he was present throughout, although not at your request. It was clear that Ruth is quite reserved and whenever you asked her a question, she either looked towards her coach for support or he answered the question spontaneously on her behalf.

After the initial meeting you arrange to see Ruth alone and during these meetings it becomes obvious that she holds her coach in very high regard but by observing them together, you also suspect that their relationship may be more than simply professional. Indeed this suspicion is supported by rumours circulating in local athletics circles.

You are worried about the unhealthy level of dependency which she displays from a sport psychology perspective, and equally you are concerned that the coach may be abusing his position of responsibility.

1. What ethical issues does this case present?

2. What courses of action are available to you?

3. What advantages and disadvantages are associated with each?

4. Do any legal issues come to mind?

Case Study #6
Diane is a 17 year-old gymnast with whom you have been working for several months. She has already achieved considerable success at national level and is looking to build on this success towards the international stage. You were initially contacted by her father who is also her coach. He is known to be a very good but demanding coach and he has nurtured her gymnastic career since she began competing at the age of 8.

While you do not know a great deal about the family background, you are aware that her father is very domineering, to the extent that Diane’s older sister left home at the age of 17 and her mother rarely appears outside the house. Diane appears to be highly motivated to succeed in her chosen sport and is known to be a very conscientious trainer, never missing a training session and often to be found around the gym whenever she is allowed. Two months ago she sustained a serious injury which curtailed her training completely but she should now be returning to the gym.

Over these two months you have become increasingly concerned about her appearance as she seems to be losing weight and yet she does not recognise this as a problem. Her performance has not been good since her return to the gym but again she does associate this with her weight loss. While she is willing to use various types of sport science support she has always been very coy about seeing a dietician and is resistant to this suggestion now.

1. What ethical issues does this case present?

2. What courses of action are available to you?

3. What advantages and disadvantages are associated with each?

4. Do any legal issues come to mind?

Case Study #7
Tom is a 20 year-old cyclist who has built a good national reputation as an amateur time trialist. He is seen as having the potential to turn professional in the near future should he choose. He is completely dedicated to his sport; Tom left school at 16 with no qualifications and since that time he has not worked, choosing instead to train and compete on a full-time basis.

As regards to sport psychology, you have always found him very receptive to your advice and you have helped him with a number of areas including profiling, stress management, imagery and concentration. Over the last two years you have seen him on a regular basis usually once a month (although because of his financial circumstances you don’t charge for all the sessions).

Recently you have become concerned because you have noticed a change in his behaviour. His performance on the track had plateaued and he had become more anxious about his prospects of turning professional. He appeared to be more agitated in your presence and was unwilling to engage in eye contact, whereas previously he had been very open and honest. While you are not sure why this is happening you are becoming concerned that he may have turned to performance enhancing drugs and certainly this is a topic of conversation which he is most reluctant to engage with.

1. What ethical issues does this case present?

2. What courses of action are available to you?

3. What advantages and disadvantages are associated with each?

4. Do any legal issues come to mind?