

## Comprehensive Sports Psychological Services for the Junior “A” Hockey Leagues in Canada

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### ABSTRACT

The Canadian Junior “A” Hockey League includes ten leagues that span across Canada. Junior hockey players face challenges during the developmental years that can have far-reaching implications. Most of these teams do not have access to sport psychologists, or high school, college or university counselors. There is a need for junior “A” hockey players to have access to positive and informed psychological services to enhance performance and their overall well-being. Currently there is no comprehensive sport psychology program in place for developing young athletes in hockey or any other sport that we know of. In this article, a brief literature review is provided with regard to sport psychology and sport counselling. Recommendations for increasing sport psychological services—for enhancing performance as well as overall well-being for individual athletes, teams, and the league—within junior “A” hockey, and the evaluation of services are also discussed.

Hockey is seen as a major part of the definition of “Canada” at home and abroad. Canadians are proud of our national sport and this pride was seen at the 2002 Winter Olympics at Salt Lake City, with the gold medals being brought home by the men’s and women’s hockey teams. While National Hockey League teams struggle financially to survive in Canada, junior “A” leagues are plentiful and still produce some of our best

hockey players. This article briefly describes the junior “A” population. A brief literature review is provided with regard to sport psychology and counselling available for this population as well as the need to have access to psychological services during a critical period. Recommendations for increasing sport psychological services within junior “A” hockey, cost issues, and the evaluation of services are also discussed. Finally, the

need for further research is presented to increase the effectiveness of sport psychology service delivery.

### **Canadian Junior “A” Hockey League**

Whereas research has shown that elite hockey players (National Hockey League, Western Hockey League, and Canadian Interuniversity Sport) have benefited from the services of sport psychology consultants (Botterill, 1990; Halliwell, 1990; Drinnan, 2002; Dunn & Holt, 2003), psychological services available to junior hockey players are notable absent. The Alberta Junior Hockey League (“AJHL”) is a junior “A” league that is a member of the Canadian Junior A Hockey League, which had 10 member leagues encompassing 137 teams in 2003-04 (CJAHL, 2003). The AJHL consisted of 15 teams for the 2002-2003 season and 16 teams for the 2003-2004 season located in communities throughout the province of Alberta. The players ranged from 14 to 21 years of age, with the majority being from 17 to 20 years old.

### **Players' challenges at a critical developmental age**

Many challenges and potential problems faced by athletes have been described by researchers as well as the media. The potential issues that junior hockey players may face include leaving the family, hometown, and friends at school during their developmental years (Clark, 1980; Oliver, 1990); facing athletic injuries and its psychological consequences (Amato, 1995; Elkin, 1981; Pollock, 1956; Danish, 1986; Larson, Starkey, & Zaichkowsky, 1996; Rotella, 1984; Lewis-Griffith, 1982; Pelham & Holt, 1999; Rotella, 1984; Taylor & Ogilvie, 1998; Williams, Rotella, & Heyman, 1998); abusing alcohol (Desjardins, 1991; Leichliter, Meilman, Presley, & Cashin, 1998; Samples, 1989); coping with the death

of a teammate, friend, or family member (Heil, 1993; Henschen & Heil, 1992; Karofsky, 1990; Vernaccia, Reardon, & Templin, 1997); not realizing the dream of making the National Hockey League (Desjardins, 1991; Martens & Cox, 2000); being in the public spotlight (Benedict & Klein, 1997); experiencing violent and aggressive behaviour off the ice (Bloom & Smith, 1996; Peters, 1999; Robinson, 1998; Tyler & Duthie, 1980; Seagrave, Moreau, & Hastad, 1985); and having suicidal thoughts (Owens, 2002).

In his study, Robinson (2003) looked at the Alberta Junior Hockey League head coaches' (n = 13) perceptions of the current referral and collaboration system with sports psychologists as well as ways of improving and thus increasing the referral and collaboration between these two fields. Robinson's study focused on the developmental ages of junior “A” hockey players and found that playing junior hockey adds new stress to the psyche (e.g., being cut from the team, reaching the final year of eligibility or retirement, having addictions, facing performance pressure, etc.) during a critical developmental process (Cockerill, 1995; Pearson & Petitpas, 1990; Remer, Tongate, & Watson, 1978). Hockey players heading towards the junior “A” level are likely dominant players at the minor hockey level, which reinforces them to apply themselves to hockey skills and tasks which go beyond those required to play the game for fun or enjoyment (Erikson, 1963). This additional motivation may also cause players to be extremely vulnerable, sometimes tolerating very negative situations (e.g. Sheldon Kennedy' sexual abuse).

At this age, junior hockey players are going through a developmental stage of identity versus role confusion, in which individuals are preoccupied with how others perceive them as compared with how they feel about

themselves. For instance, many hockey players identify themselves as “John the hockey player” versus “John who plays hockey”; this narrowed identity can have devastating consequences when the player has to deal with injuries, team cuts, or transition out of the sport. Unfortunately, many athletes resist making the distinction because they feel that identifying themselves with their sport is required to keep motivations high, and that using fear of failure is needed to train rigorously and achieve success.

Robinson (2003) found that coaches are in favor of increasing the involvement of psychologists for the support of these players. Indeed, all coaches indicated they felt that a player's performance was significantly affected by his psychological health and that healthy individuals improve team chemistry. Moreover, 85% of the coaches agreed that psychologists are needed to address serious psychological issues and reported wanting to see more collaboration with sport psychologists. The coaches also felt a need for increased education with respect to sport psychology in junior “A” hockey to address the negative stigma attached to psychology and to encourage the acceptance of admitting problems in the world of hockey. This is consistent with previous research on college student athletes (Broughton, 2001; Chartrand & Lent, 1987; Dwyer & Cummings, 2001; Ferrante & Etzel, 1991; Hinkle, 1990, 1994; Martens & Cox, 2000; Miller & Wooten, 1995; Petitpas, Bundtrock, Van Raalte, & Brewer, 1995). Junior “A” hockey players would therefore benefit from learning healthy coping strategies for dealing with the added pressure of playing junior hockey, going to school, leaving home, and going through developmental changes at this critical age. Counseling can 1) help players learn skills during their hockey career and transfer them to all

areas of their lives (Desjardins, 1991; Robinson, 2003), and 2) assist with the emergence of females into junior hockey by dealing with gender issues, communication styles, or sexual issues.

### **Sport psychology and clinical counselling**

We would like to discuss some distinctions between sport psychology and clinical counselling. North American sport psychologists typically have physical education or human kinetics training, with graduate degrees in area of sport psychology and performance enhancement. Some may not be qualified or prepared to work with an individual's psycho-emotional difficulties, personality problems, or traumatic experiences (Woodman & Hardy, 2001). In contrast, the majority of European sport psychologists have advanced training in clinical psychology or psychiatry and have little or no training in the psychology of personal excellence. Sweden stands as an exception to this and has a very active and applied performance and enjoyment based model of mental training. In North America, sport psychology has been developed within physical education, kinesiology, and leisure studies departments. Botterill, a sport psychologist who worked with professional hockey players, described the features and characteristics of consulting a professional hockey team: “... the role of the sportpsych consultant was that of a ‘stretch coach’—to help identify, develop, and apply mental skills that might enhance performance and help people come closer to their potential” (1990, p. 359). Botterill stated that it is critical to refer the hockey player to a clinical/counselling psychologist whenever the player's needs begin to exceed the consultant's qualifications. This is also echoed by Halliwell (1990) who views the sport psychologist's role as a mental skills coaches who focuses mainly on enhancing

performance and enjoyment, as opposed to focusing on off-ice problems.

Counselling or clinical psychology coursework and training has been increasingly encouraged for students interested in sport psychology (Petrie & Watkins, 1994). Danish, Petitpas, and Hale (1992) suggested that “Training in counselling strategies could enable a coach, counsellor, teacher, or sport psychologist to better understand the specific life event experienced by the athlete and implement an appropriate strategy or make an appropriate referral” (p. 407). The optimal situation for a counselling psychologist is to also have basic knowledge of the sport sciences, the psychology of excellence, as well as experience in sport and working with athletes in a sporting environment (Hinkle, 1994; Miller & Wooten, 1995; Nejedlo, Arrendondo, & Benjamin, 1985; Petrie et al.; Poczwardowski, Sherman, & Henschen, 1998).

Research has been conducted in universities with regard to counselling athletes. There is a need for counselling professionals who can address the psycho-emotional needs of student-athletes by understanding and being sensitive to the problems of this population, as well as for interventions that are appropriate for student-athletes (Balague, 1999; Chartrand & Lent, 1987; Danish & Hale, 1981; Hinkle, 1994; Ward, 1998). Indeed, Botterill (1990) reinforces the fact that “... what is happening away from the rink can be every bit as important as what is happening in training, preparation, and competition” (p. 359).

If a “sport psychologist” or a professional service provider is expected to help with enhancing the performance of individual athletes, coaches and the team, and to intervene with troubled athletes, he or she needs appropriate knowledge, training and experi-

ence in performance enhancement, sport and sport sciences, as well as appropriate clinical and/or counselling training. Another obvious option is for qualified professionals in each of these areas to be ready and available to provide quality services to athletes and coaches in the area of their primary training. The overall service objectives incorporate holistic qualities that may fall under categories such as enhancing performance, teamwork and personal joy, as well as attending to personal needs or problems that are affecting people and performance. This approach may allow a professional to assist athletes through a better understanding of their personality, their motivational and philosophical foundations, as well as their psychological skills and adversity coping strategies (Hardy, Jones, & Gould, 1996).

### **Recommendations for Increasing Sport Psychological Services Within Junior “A” Hockey**

In Calgary, Alberta, the National Sport Academy focuses on elite hockey players specifically to, “Inspire passion for the game of hockey while developing character for the game of life” (National Sport Academy, 2003). The program provides a unique learning environment for students in grades 7 to 12 in which academics, hockey skills, life skills, and hockey specific high performance training are focused on and encouraged. However, 14 teams in the AJHL are located outside of Calgary, many of which are in rural communities. There are also many players who do not have access to high school counselors or teachers who are knowledgeable in sport psychology. The holistic development of the individual athlete during these developmental years is a real concern for the coach, athletic support staff, and family.

The AJHL coaches have provided valuable suggestions regarding the current level of referral and collaboration with psychologists and how this process could be improved (Robinson, 2003). The results suggest that there is a significant need for meaningful psychological services to players. Providing these services would be consistent with the AJHL's statement,

The Alberta Junior Hockey League is dedicated to furnishing its athletes with the best available opportunities for future development and growth. Our League supports its players through assistance in their academic, athletic and personal lives throughout their pursuit of individual goals. (AJHL, 2003)

The AJHL and the game of hockey are changing. Sport psychology is becoming a normal and expected aspect of elite levels of sport, as shown by the Kamloops Blazers (Western Hockey League) having hired a full-time sport psychologist to work with the players (Drinnan, 2002). Players and parents will soon expect that there will be opportunities in the AJHL for mental training with increased attention on the holistic development of the player.

### **A comprehensive program**

Hiebert, Collins, and Robinson (2001) described how the comprehensive guidance and counselling ("CGC") movement began as a way of addressing the whole-person needs of students in the school population. This model rides the cutting edge in school programming with the emphasis on defining health and well-being positively and holistically. Collins and Hiebert (1999) suggested how academic success is affected by emotional, physical, and social well-being and proposed that more needs to be done to address the student's academic and personal needs from a proactive, comprehensive, systemic perspective. Hiebert (2002) further

described how schools can assist students to deal with change, focus on the journey of career development, find meaning and passion in their pursuits, effectively manage educational opportunities, learn networking skills, and learn how to manage their self-talk so that they can be more self-supporting and positive to themselves.

A comprehensive model can apply to junior "A" players where performance is inevitably affected by many factors. Additionally, the AJHL population includes many players who are still attending high school and fall into the developmental population included in the comprehensive guidance and counselling movement. A comprehensive program for the AJHL would mean that the program would be an integral part of the league's total commitment to players' academic, athletic, and personal lives. The proactive and preventative services that could be offered to teams or with individual players include mental training that enhances performance (e.g., distraction control, confidence building, etc.), psycho-education that involves learning skills for academic success and career development (e.g., time management, study skills, etc.), career counselling/life planning and transitional adjustment for players leaving junior hockey (e.g., transferring strengths learned in hockey to other occupations, etc.), dealing with emotional, social, and personal issues (e.g., alcohol and drug abuse, performance anxiety, etc.), as well as counselling to deal with crisis situations that do arise (e.g., deaths, suicidal thoughts, bus accidents, etc.). Other services that can be offered to coaches include: team building activities (Salminen, & Luhtanen, 1998), communication skills, getting the best from players, goal setting, learning from setbacks, understanding the developmental ages of these players, as well as many other issues.

The Developmental-Educational Intervention model of sport psychology is similarly based on a framework that can be used to enhance athletes' performance both inside and outside sports (Danish, Petitpas, & Hale, 1992). The Life Development Intervention ("LDI") emphasizes continuous growth and change, across biological, social, and psychological domains and requires a multidisciplinary study of behaviour, development, and change. Danish, Petitpas, and Hale described how change results from life situations or a *critical life event* that athletes may experience such as adjusting to higher levels of competition, injuries, being traded, retirement, etc.: "The intervention agent, or the provider of LDI services, is called a life development intervention specialist. The training necessary to become an LDI specialist is multidisciplinary, with roots in counselling, psychology, and the sport sciences" (p. 407). Similar to the CGC model that has been shown to work in Alberta schools, the LDI specialist "...teaches others, individually or in groups, to set goals, identify and overcome roadblocks, and reach for their goals by developing new skills, acquiring new knowledge, learning to take risks, and developing effective social supports" (p. 409). Several individuals trained in the different disciplines may work together to provide a comprehensive program across junior "A" hockey leagues.

The implementation of a program for the league requires a comprehensive needs assessment early in the program development that results in forming the basis of program planning. Robinson's (2003) study sought out to identify high-priority needs, available resources, what is working and what is not in the current referral and collaboration process, and what needs to be improved. The dynamic process of designing a com-

prehensive sport psychology program that can apply to the AJHL involves assessing needs, determining resources, defining expectations, stating expected player competencies, defining strategies to address needs, preparing a Sport Psychology Program Plan ("SPPP"), communicating the SPPP to all members of the junior community, assessing the SPPP, and establishing a collaborative committee (e.g., involving representatives from the league, counselling professionals, etc.) (Alberta Education, 1995).

The findings of Robinson's (2003) study contribute to understanding the importance of providing services that can be tailored to each individual team. The service provider must be familiar with junior "A" hockey as well as meet the team's needs. This may require a collaborative agreement that may include having the sport psychologist involved on retainer for the team, continual involvement, weekly involvement, or monthly involvement. Partnerships may be developed by sports psychologists providing information and marketing the availability to work with athletes, providing information to the league and sport bodies such as Hockey Alberta, and solving the time and cost problem.

### **Cost Issues**

A comprehensive program is needed to inform coaches about psychologists with a sport background that are available in their area, as well as what financial coverage players are eligible for through the league, team, or their parents. This information should be gathered at training camps at the beginning of the year. A comprehensive program will attend to the needs that are identified within each individual team; however, cost effectiveness is a concern that must be addressed. A collaborative agreement between the AJHL and service providers can be reached in regards to financial

compensation for sport psychological services. Indirect payment situations are where parents may have plans that include psychological/counselling services that cover their children up to 21 years of age (A. Freeson, Alberta Blue Cross, personal communication, August 12, 2002).

Direct payment is an option where organizations such as the Alberta Blue Cross can provide supplementary health coverage for services not covered by the Alberta Health Care Insurance Plan. Alberta Blue Cross could potentially cover AJHL players with psychological services that are marketed in conjunction with a standard health plan costing around \$2.00/month per player (A. Freeson, Alberta Blue Cross, personal communication, August 12, 2002). Thus, the league could possibly provide coverage for the players. This may be more proactive and cheaper than paying for crisis situations after they have already occurred. Having a proactive psycho-educational approach may even prevent these problems from happening.

Neff (1990) discussed a model of providing a specialized employee assistance program and offered three areas of service (the athlete's sport performance, personal counselling, and psychological services to address the organization) to a professional sport organization. Neff found that personal counselling was the most used service and the most effective. Psychological services were also beneficial for team meetings and group work by enhancing cohesion and communication between players, coaches and players, and by keeping the team focused on team goals. Neff also suggested that drug and alcohol education must be ongoing to prevent this problem.

### **Evaluation**

A comprehensive sports psychology program requires having a staff of professionals

who are trained to meet the needs of this specific population. The comprehensive services would demand there be particular psychologists who have specialized training such as the LDI specialists described by Danish, Petitpas, and Hale, (1992). For example, the service may have different psychologists to provide crisis, educational, mental training, and personal counselling. The services could be evaluated through an input-process-outcome framework (Ernst & Hiebert, 1998; Ernst & Hiebert, 2002; Gabor & Grinnel, 1994; Hiebert, 1994). This business paradigm is suited to human services and thus defines these services as products. The components of system requirements, inputs, processes, and outcomes can apply to the junior "A" population.

System requirements refer to things such as: office ambiance, service boundaries, service modality, complexity and intensity of service, innovation of service delivery, program structure, and staffing models (Ernst & Hiebert, 2002). A program that meets the needs of the AJHL requires information on the availability of psychologists with a sport background who are willing and able to provide services to coaches and players. Where there is a lack of available sport psychologists, such as in rural communities, telephone consultations or Internet communication may assist coaches/players and psychologists to discuss concerns and set up meetings. This information may be provided for each team at the beginning of the year. The answers of who, what, where, when, and how these services are used may need to be tailored based on the individual needs of each team.

Program inputs refer to the resources, client characteristics, design features, program objectives, and client goals (Ernst & Hiebert, 2002). The program inputs would require a collaborative agreement with the

AJHL and the sports psychology program initiative that provides a guiding mission statement as well as the list of services that will be offered.

Communication and a good relationship appear to be vital in successful collaboration between professional service providers and coaches. A comprehensive service can provide coaches with information on the availability of psychologists/mental trainers/counselors in the area with an opportunity for partnerships that center on a clear understanding with each other that involves trust and respect. The ethical guidelines and procedures of signed consent and what information coaches want to receive as well as preferences of how that information is communicated can be worked out with respect to respecting individual preferences for confidentiality.

Services could include mental training, personal counselling, crisis counselling, educational and career counselling, as well as psycho-educational services that are proactive and comprehensive to meet the needs of coaches, players, and teams.

These types of services will allow players to develop healthier self-images and learn skills in identifying, using, and transferring the life skills they already possess to future endeavors (Danish, Petitpas, & Hale, 1992). There is a need for systematic evaluation of mental skills training programs and of the well-being of junior hockey players. This is another aspect of program development that can be collaboratively agreed upon with each individual team.

In order to meet most effectively the needs of individual teams in the AJHL it is recommended that sport psychologists find out what each team needs, design a product that will meet that need, address that need,

measure the degree to which needs have been met, and inform stakeholders of these results. This definition follows the program development approach of most comprehensive guidance and counselling programs (Ernst & Hiebert, 2002).

Hiebert (2002) provided an extensive list of research that shows how schools that adopt a mandate of fostering student development in a comprehensive and collaborative manner experience greater student academic achievement, reduced drop-out rates, lower absenteeism, reduced student alienation, reduced incidence of smoking and drinking, a more positive school climate and greater satisfaction with school, greater student participation in school programs, increased student participation in activities that enhance psychological and social health, increased aspirations for postsecondary education, stronger feelings of safety and belonging, perceive their peers as better behaved, report their school experiences as more relevant and useful, and indicate that the quality of their education is better.

Our personal experience in hockey leads us to believe that this type of comprehensive program, one which allows for flexibility to meet the team and individual needs, is needed. Our experience of being coached by six different coaches at the junior “A” level as well as the coaches’ responses in Robinson’s (2003) study clearly indicate that services must be comprehensive due to the variation of what the coaches feel is needed and what services will work best for their team.

The outcomes of a successful program will not only contribute to enhanced performance of players, teams, and the league, but will also lead to monetary benefits for some players and coaches, as well as preventative measures which decrease costs of reacting to

crisis situations that occur. The AJHL can also enhance its reputation by showing parents, fans, scouts, and the rest of the hockey community their true commitment to the players.

### **Need for Further Research**

The AJHL service recipients will be primarily players; however, coaches indicated that they would use consultation with sport psychologists as well (Robinson, 2003). Sport psychology programs must have the support of the coaches (Andersen, Densen, Brewer, & Van Raalte, 1994; Brewer, 2000; Van Raalte, 1998). Further research must look at the perceptions of the players and coaches and what they need from these services.

Parents, owners, and management should also be considered for further research. Hiebert et al. (2001) suggested that if an initiative such as a comprehensive guidance and counselling program is committed to a collaborative, bottom-up, comprehensive approach, all stakeholders have a part in deciding on program priorities. “Marketing within a comprehensive guidance and counselling context means involving stakeholder groups in the strategic planning processes and communicating results to all stakeholder groups” (Ernst & Hiebert, 2002, p. 80).

Further research is also needed to evaluate program effectiveness in order to identify areas for refinement, as well as new areas of service that can benefit players, coaches, and teams in junior hockey. These recommendations have focused on the AJHL; however, others leagues across Canada in other coun-

tries may also benefit from research and the implementation of programs that will benefit those playing the game of hockey during these developmental years. There are also many other sports that involve elite athletes who are developing through these years such as gymnastics, track and field, baseball which could benefit from some of these services. By gathering information from all stakeholders involved (i.e., parents, players, coaches, management, league representatives, etc.), they will likely take on a more active interest or role in the program development, program implementation and evaluation. (Hiebert et al., 2001).

### **Conclusion**

There is a need for junior “A” hockey players to have access to positive and informed psychological services to enhance performance and their overall well-being. Unfortunately, there is no comprehensive program in place at the present time for an entire league of developing hockey players or league of developing athletes in any other sport, that we are aware of. A comprehensive sport psychology program would provide the league, coaches, players, and parents with a valuable much-needed service. This broad service would provide sport psychology information and consulting to improve performance, a proactive and preventative psycho-education for coaches and players, and individual counselling and crisis intervention. There are many good reasons to collectively begin moving in this direction.

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