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# Multidisciplinary Sport Science Teams in Elite Sport: Comprehensive Servicing or Conflict and Confusion?

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Elite sport is following in the footsteps of other human service industries with the flurried development of multidisciplinary support teams. It is increasingly common for elite level teams to have several assistant coaches, team doctors (and medical specialist network), physiotherapists, physiologists, rehabilitation trainers, psychologists, and even more recently ACE (Athlete Career and Education) officers. While the potential for comprehensive athlete servicing is obvious, the potential for working at cross-purposes has also become apparent. This paper will reflect on the authors' experiences of developing multidisciplinary sport science teams at the elite sporting level. Systems Theory is used as a framework for considering some of the pitfalls and challenges that confront "off-field teams" in facilitating excellence in sporting performance.

The availability of funding for sporting bodies to access a diverse range of professional sport science services is a fairly recent phenomenon for most sports. While the potential for more comprehensive servicing is driving this development, such benefits are not a natural consequence of different disciplines and multiple practitioners working in close relation. This paper will consider issues that are central in preparing the foundation for effective multidisciplinary sport science teams (MSST) and will draw upon the authors' experiences across a range of sports. Following discussion of these general issues, a specific case study will be presented. Core concepts will be discussed as they were applied by the authors to the development of a new subsystem within the already established Australian Women's Hockey sport science team in the lead-up to the Sydney 2000 Olympic Games. All three authors were members of this subsystem. This particular case study has been chosen so as not to comment directly on service providers who are

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not participants in this paper (and who may not share all of the views expressed within); however, in general, the issues discussed and practices implemented are representative of issues experienced by the authors across a range of settings.

The first author was Team Psychologist to the Australian Women's Hockey Team between 1994 and 2000, spanning two successful Olympic cycles. She has also worked with a range of other elite team and individual sports. The second and third authors are the ACE (Athlete Career and Education) Officer and Psychologist at the West Australian Institute of Sport (WAIS), respectively. Both are involved with a range of sports and worked with the Australian Women's Hockey Team in the lead-up to the Sydney Olympic Games.

## Multidisciplinary Teams



While relatively new to sport, multidisciplinary teams have been part of the health and human services industry for many years and often comprise doctors, nurses, social workers, psychologists, physiotherapists, and a host of other "helping" professions. The primary lesson learned over several decades in these human service areas is that for multidisciplinary teams to be effective and a positive influence on the working environment, a climate of cooperation and collaboration needs to be *actively* fostered in what is potentially an environment that fosters competition and conflict (Bell, 2001; Carpenter, King-Sears, & Keys, 1998; Conner, 1999; Dobson, Dodsworth, & Miller, 2000; Landau, 2000; McConachie, Salt, Chadury, McLachlan, & Logan, 1999).

Induction (and ongoing professional development) into the strengths, challenges, and key processes of working in a multidisciplinary team is the first and most important task for employers and has been found to result in far greater likelihood of a successful working environment being created and maintained (Koskie & Freeze, 2000). Ideally, this induction should begin at the level of tertiary training, but it can also be effective when implemented in the workplace (Dunlap et al., 2000; Elwyn, Rapport, & Kinnersley, 1998; Foster, 1998; Lacey, 1998; Lefley, 1998). Lessons about the need for proactive development of multidisciplinary teams have, in most cases, not yet transferred to the sporting domain where such professional groupings are often seen merely as an incidental by-product of accessing a wide range of professional services—in many cases the word *team* is not even used to describe the confluence of these service providers. This perception is facilitated by the often geographically isolated manner in which these "off-field" teams function. Sport science staff who are not based at a sports institute may only come into direct contact with one another when the team is touring. Nevertheless, their professional practice has a continuous interplay at the level of decision making and athlete management. Therefore, the existence of the MSST as a living system that impacts on service planning and delivery must be considered for successful functioning.

## Groups—What Works?

The study of human psychology has much to offer in assisting us to get the most out of multidisciplinary teams in sporting settings. Many of the conflicts and ructions

that occur in such teams can be experienced by participants as very personal and quite idiosyncratic, a function of the particular people involved or the nature of the particular sport in which they work. This can lead quickly to conflict escalation, deadlocks, and group decay. However, decades of psychological research into group processes tell us that more often, conflict is a predictable part of certain types of group climate, structure, and functioning (Brown, 2000). Research also tells us that certain types of conflict can be helpful in keeping a system "alive" and is an integral part of the necessary process of change that underlies healthy groups (Berg-Cross, 2000; Brown, 2000; Thomas, 1992; Wordern, 1994). Conflict can manifest in many forms, and we can draw upon clinical work in the area of family functioning to help us identify helpful and unhelpful patterns of group functioning. Family Systems Theory in particular can help us understand this process from the level of the group rather than the individual and has been similarly used in other organizational settings (e.g., Giannoulis, 2002).



## *Conflict*

We know that in any group, conflict is a necessary part of rejuvenation and growth, yet people often feel uncomfortable or threatened by a lack of stability in the working environment (Brown, 2000). Moderate conflict can assist reevaluation, stimulate new ideas, and simply clarify misunderstandings that have occurred.

We know that conflict can take many forms from interpersonal, to individual-group conflict (where one person's needs seem different than the group), to conflict between groups. In multidisciplinary teams, there are abundant opportunities for each type of conflict to occur. Professional groups often vary in treatment approach, and different practitioners within the same professions similarly have differing opinions; moreover, coaches and administrators, charged with integrating advice from many quarters, have their own philosophies and opinions that necessarily affect their decision making.

Adding another layer of complexity shows that the MSST is part of a larger system that encompasses athletes and the sporting team. Unfortunately, professional conflicts or differences of opinion sometimes get played out at the level of athlete servicing; this can often be as simple and seemingly innocuous as a practitioner implementing a treatment regime with an athlete at the time of consultation (which is obviously important in terms of quick recovery) but then finding that there are differences of opinion as to the appropriate treatment program within his/her sport science team. If the treatment regime is then changed or challenged by another practitioner or the coach, the athlete may (understandably) become concerned and anxious. The management of such concerns can be an additional source of conflict amplification as each practitioner tries to explain and justify his/her opinion. The athlete will often feel the need to "choose" whose opinion he/she trusts even if this is not the opinion that is accepted by the coach or sport science team in that instance. All this occurs in a high pressure environment where decisions are made quickly and may have both immediate and ongoing impact on performance. Where such disagreements become routine, patterns of player-practitioner or practitioner-practitioner alliance may emerge and, over time, threaten the stability of the MSST unit.

## *Structural "Risk Factors" for Conflict Escalation*

There are a number of environmental factors that can escalate conflict. This paper will focus on a few key factors, summarized by Aamodt (1999), as they pertain to the sporting context.

*Competition for resources* elicits competitive behavior. In sport science teams, competition for resources is a common scenario. In any given team, there may be a number of professionals, or professional groupings, competing for work in a highly accountable and short-term contract-based work environment. "Membership" of the sport science team can be fleeting and rotated among a number of health practitioners—often this is a practical consequence of availability of practitioners for the increasing number of road trips that seem an integral part of modern sport, sometimes it reflects the coaches desire to have access to a range of diverse opinions. However, future resourcing often seems heavily dependent on the coach's perception of the efficacy of the service. This can lead to implicit (and explicit) pressure to differentiate oneself, or one's profession, from the other service providers even where this means implicitly (or explicitly) discrediting an alternate approach in an effort to justify one's own. It may also result in a phenomenon known as "risky shift" (Brown, 2000), recommending a more extreme or innovative albeit perhaps risky course of action than one might otherwise recommend. Similarly, when things go wrong, if a player performs poorly or cannot play due to slow injury recovery, a resource competitive culture can encourage blaming and oversimplification.

*Task interdependence and jurisdictional ambiguity* are also common triggers for conflict escalation. Again, in the sport sciences, historical practice and current professional thinking often collide. A single injured athlete may be receiving services from several sport science staff as well as semiprofessional staff such as trainers—each may have a different interpretation of the problem and the appropriate solution. Relative weight will be given to each piece of advice by the coach, whereas each practitioner may weight the relevance of his or her own experience and specialist field as paramount. There may be a strong hierarchical structure within a MSST or relative weighting may be established by the coach on an issue by issue basis. In both instances, there is room for practitioners to feel that their contribution has not been valued.

Many sport science staff also engage in nonprofessionally related activities in an effort to assist the team such as helping put away the training equipment, being bus driver on tour, etc. The necessity for this multitasking is still a financial reality for most sports and indeed can be an important opportunity for the practitioner to "bond" with athletes and coaches. However, it can also contribute to an environment where roles and boundaries are blurred. In difficult times it may seem that a practitioners professional opinion is of less value than their practical utility in clearing up after training!

*Communication barriers* can also contribute significantly to group tension. Such barriers are many and can emanate from a number of sources, from personality characteristics, to lack of organizational structure, to professional issues of confidentiality. Organizational structures in sport are often quite closed and hierarchical, relying heavily on shared understandings of traditions or on "Chinese whispers" and snatched hallway conversations for the distribution of important information. For example, while multidisciplinary teams are now a

more common part of sporting culture, regular multidisciplinary team meetings are still relatively uncommon. Meetings where *all* staff are in attendance *and active participants* in discussion are rarer still. Sporting personnel are often the first to admit that openness in communication and conflict resolution is not their strength. Often they have come from a sporting background themselves where actions have spoken louder than words. They may find themselves embedded in the competitive win-loss culture that traditionally goes with sporting involvement, making collaboration and compromise difficult concepts to embrace.

A common feature of experts is also their high level of confidence in their opinion. Usually this confidence is well-founded and based on successful practice and extensive training but can prove very challenging when experts with different opinions and experience are required to collaborate and when there is no established process for integrating differing expert approaches. The issue of client or patient confidentiality is also a vexed one where multidisciplinary teams are involved (Kell, 1999). Respecting an athlete's need for privacy can sometimes conflict with the needs of the wider group or sporting team. For example, if an athlete is injured and asks a doctor not to tell the coach so that his/her selection is not jeopardized, what should happen? Whose needs have priority? Each practitioner has a different view on this. Some of the surrounding issues will be addressed later in this article.

All of this is not to say that a conflicted group cannot be a cohesive or productive force. While historically we have equated cohesion with liking and trust of group members, we now know that the situation is much more complex. While on the whole these features do result in high productivity (Mullen & Copper, 1994), decision quality (Mullen, Anthony, Salas, & Driskell, 1994), and satisfaction (Brawley, Carron, & Widmeyer, 1993), it is not true to say that there have been no examples of groups performing successfully under conflicted conditions (e.g., the Olympic Champion East German rowing eight of 1960; Lenk, 1969). It is more likely true to say that the longevity of such a group is probably compromised.

Each of the factors outlined above are brought into sharper relief in groups where people do not choose their teammates. Mostly in life we choose groups to join in which people share a common interest with us. In sport, we often have no choice about being part of a MSST or of working with disciplines in which we may place little faith (for example, there is current debate among medical practitioners about the validity of incorporating chiropractic services into sport treatment, and historically there has been distrust of psychological relevance in sport). Similarly, it is usually the administrative or coaching staff that choose sport science personnel, so potential group dynamics or personality clashes or clashes of service delivery model are often overlooked in the selection process. Historically, when services worked more independently, this was probably much less of an issue. Under circumstances where MSST are more common, differences are likely to be highlighted. Involving sport science personnel in the selection of new MSST members, while not always possible, is likely to increase their commitment to the new staff member.

*Group homogeneity*, rather than levels of conflict or cohesion, is currently thought to be a better indicator of group success. The best working groups need some homogeneity for solidity but also some heterogeneity for adding tension or a different vantage point. Getting the balance right seems to be the key—different groups in different stages of development benefit from different balances. We also

know that situational factors can contribute to the shifting sense of homogeneity or connectedness within a group at any given time. A group in conflict can be brought together by acute external threat. In war, communities are much more cohesive than in times of peace. Similarly, building a "straw man" often helps to strengthen a group (Schweitzer, 1979). Thus paradoxically, in sport, times of consistent and exceptional success (and hence, no acute threat) or consistent failure (and hence, no acute threat) can both put a group at risk for excessive introspection and conflict. Similarly, a challenge from athletes or other sporting teams can result in a strengthening of group boundaries. "Reading" the terrain is a difficult skill and facilitating a shift in the relative balance of a group is more difficult still. This will be discussed further below.

*Group size* can also be a factor in conflict escalation. We know that smaller groups of about five have the best mix of individual commitment and interpersonal collaboration. The larger the group the less personally involved the individuals feel and the more factors such as social loafing can occur. *Social loafing* is a well-established phenomenon where the larger the group, the more invisible people feel and the less personal responsibility is taken for performance, resulting in decreased productivity. Increasingly, multidisciplinary sport science teams are larger and larger, often numbering more than a dozen individuals in primary service roles. That is not to say that small groups are without problems. In small groups, evaluation apprehension may occur, which can be equally subversive in creating self-justifying or conservative behaviors. In addition, small groups can be less stable in that adding one to a small group can have significant consequences that adding one member to a large group may not have. Adding one member to the inner core of support staff can have a sufficiently destabilizing effect by shifting the dynamic within the group. Small groups are more prone to risky shift phenomenon during successful periods. That is, the positive and optimistic atmosphere in the support group when the sports team is functioning well can lead to more radical decision making being supported by the group. Conservatism and radicalism are both important processes in group development at different times. Times of transition such as these require increased vigilance in monitoring group functioning to ensure that such changes are occurring in a considered and manageable way.

In sum, there are a range of structural factors that can contribute to conflict escalation or entrenchment in MSST as in all other groups. Yet we also know that in spite of these factors often being present in sporting systems, many multidisciplinary teams function relatively effectively—so what determines whether these risk factors become fatal flaws? Sometimes it is the sheer number of risk factors present, often it is the stage that the group is at—points of transition are points of vulnerability—but often it is also a function of whether the participants can read the signs and implement corrective action or increase their tolerance to factors that may be transitory. In a system where there is constant pressure for immediate and clear solutions, considering such complex factors can be lost in the drive for clarity and immediate action. Systems Theory is perhaps useful in taking the next step to looking at how such conflict can be manifest and what determines whether its influence will be functional or dysfunctional in the system. While Systems Theory covers a vast domain, several key elements have been chosen from a recent synthesis of these concepts by Berg-Cross (2000) that seem particularly pertinent to the current discussion.

## *Systems Approach*

One of the key concepts of the systems approach is that of *circular causality*—that is, events are seen to be multicausal, multidetermined, and reciprocal rather than linear. In sport, looking for a single cause is common and perhaps is a shorthand that seems necessary in such a fast-moving environment where mistakes must be corrected week by week (lest the next match performance be compromised). However, it often misses the importance of the confluence of several events or circumstances that might best explain the problem and may result in the implementation of a simplistic short-term solution that in the long term may create greater problems. Thinking in terms of multicausality gives a different perspective, which, while more complex initially, also proposes a wider range of possible solutions, both immediate and longer term.

Similarly, the concept of *equifinality* and *equipotentiality* are central to Systems Theory; that is, the idea that there are many different paths to the same outcome and that many successful but different outcomes can result from the same stimulus. This often seems a rather novel concept in the sporting setting. Most sciences train their experts to think linearly, to identify the problem and to find the correct solution. Such a process may result in extreme commitment to a decision and a sense of having one's integrity questioned when that advice is challenged. Being open to the fact that a problem may have many different dimensions and that a range of possible solutions may work allows multidisciplinary teams to match the best solution to the situation taking into account not just the problem, but the context of the problem and the characteristics of the person. For example, a recurrent injury may accurately indicate a particular medical treatment, but a psychological intervention may be more appropriate in an instance where the athlete has been under great stress and where the injury may "coincidentally" recur at particular, critical times such as prior to important, anxiety producing matches. This does not negate the accuracy of the medical diagnosis.

Finally, the concept of *feedback* is critical. That is, the input of each member of the system contributes to a resultant whole that is greater than the sum of its parts. Most systems are thought to tend toward maintenance of stability or homeostasis. However, healthy systems also allow deviation amplifying processes to occur in a manageable way to sustain a process of development or *morphogenesis*. Healthy families restructure themselves over time; they are responsive to new circumstances. Problems are most likely thought to occur around points of transition from one stage of the life of the system to another. Fear of change can result in the minimization of contributions from some members that are experienced as "deviation amplifying" or "causing problems." Where such pattens become entrenched, stagnation can occur, and valuable staff can be lost.

Systems Theory proposes that there are several key dysfunctional patterns that occur in family systems and other groups—each of them recognizable in MSSTs. First, there are patterns related to the definition of group *boundaries*. Distressed groups can become *enmeshed*, that is, tightly connected in an attempt to ward off perceived dangers or threats from those outside the system. Enmeshed systems are inward looking and rejecting of outside influence. They are not open to new ideas or change and thus become very conservative, even static. Certainly there are examples of this in teams who have been together a long time. Family loyalty, in this extreme form, binds people in dysfunctional ways including internal indebtedness

and covert loyalties. Alternately, systems can become *disengaged*, with members reacting against a perceived threat from within the group by individualizing and disconnecting from considerations of the welfare of the group. Disengagement is sometimes seen in MSSTs in the form of members who do not attend team meetings or, if they attend, say little or omit important information and act later in accordance with their own wishes. Such behavior, while avoiding overt conflict in the group, develops a culture of secretiveness and mistrust. It also doesn't take athletes long to become aware of this "chink in the armor" of the support team. This can be used as an opportunity for seeking solace with particular staff for some of their own fears and insecurities about the trustworthiness of coaches and support staff, which can have a rapid escalating effect within the team.

Dysfunctional patterns related to *alignment* have also been identified. *Stable coalitions* can form which strengthen a subsystem but weaken the ability of group members to participate equally. *Detouring coalitions* are those that are intended to diffuse stress between members of a group by designating another as the source of the problem and attacking that person. Finally, *triangulation* can occur where each of two opposing parties attempts to join with the same person against the other. Unfortunately, these situations can become increasingly complex in the sport system where athletes from the wider system become involved in this process, either intentionally or unintentionally. As mentioned earlier, player-practitioner alignments can be an unintended consequence of differing diagnosis by two practitioners each trying to explain the rationale for their diagnosis to the athlete who then feels that they have to choose loyalty or allegiance to one or the other. Similarly, coaches and other sport science personnel can feel drawn into such a situation in the process of trying to support a colleague. Coaches can also feel torn in their loyalty to their athletes and colleagues.

It does not require much thought to identify examples of each of these processes in sport science multidisciplinary teams. Coalitions and alliances are an expected part of the political climate. Triangulation is a more subtle, but perhaps potentially more damaging and common experience reported by sport science professionals, coaching staff, and athletes alike. Unfortunately, while consistent with the competitive win-loss environment that has a strong history in sport, this approach can undermine the integrity of the team in a modern professional climate where collaboration is required.



## *The Role of the Athlete in MSST Conflict Resolution*

Athlete concerns are often the apparent trigger for much of the conflict that occurs in coaching and sport science support teams. It ought be noted at this point that these concerns are also multifaceted and multicausal and occur at predictable stages of the group life cycle. Athletes are also part of a system functioning under high stress that is subject to the same forces as those discussed above. Expressed concern by athletes may represent a number of things: It may reflect *displacement* where frustration with performance or fears about selection is off-loaded onto a safe target, *rationalisation* after an ego-bruising coaching decision, or *denial of personal responsibility* by shifting the blame to others. Many such attributions, both implicit and explicit, are acknowledged retrospectively by athletes during therapy. In each case, the palpable distress of the athlete is real and needs addressing but may have little to do with the apparent cause. The experience of venting may prove cathartic

for the athlete and may be sufficient to resolve their anxiety or anger; however, if the headline issue is taken at face value by MSST, it can take on a life of its own, which is, minimally, disproportionate and at worst, completely unrelated to the real source of the concern. We, as support staff available at that crisis point in the athlete's day will sometimes see the headline without questioning the underlying motive, emotion, or circumstance, particularly if it coincides with a gripe or concern that we also have. This does not mean that the athlete's concerns or distress is not real, just that it might be more complex than the original soundbyte might suggest.

## What to Do? A Case Study of ACE and Psychology Services



Understanding group processes goes a considerable way toward being able to identify and manage them, where there is a will to do so. Personal agendas need to be put to one side in examining the cultural climate of a working environment. To step outside of current animosities and conflicts and to shift from a blame and personalizing orientation to one that is focused on creating new structures and processes is difficult. Often such conflicts are well established and change is difficult for most of us at the best of times. However, we will outline below the process undertaken by the three authors in trying to develop an effective sport science subsystem and in meshing this with the existingMSST.

In inducting the second and third authors into the MSST for the Australian Women's Hockey Team, considerable time was spent, often in informal settings, discussing the issues and potential pitfalls outlined above. Openness about, and collaboration in, dealing with these issues formed the platform for the functioning of the MSST more generally. Issues were identified by each of the three parties that could potentially be problematic. Examples and past experiences were brought to bear in these conversations, and a model for working was established and reviewed on an ongoing basis. The importance of open and honest communication was a central feature of this process, as was the idea that this was a growing and changing system that required room for flexibility. During the ensuing months, unsurprisingly, circumstances occurred that tested these parameters. Perceived problematic responses by one or other member of this trio were used not as signs of "betrayal" but as "food for thought." How and why did such responses occur? What had been the impact? Were there better alternatives?

### *Key Structural Risk Factors in ACE and Psychology Collaboration*

***Competition for Resources***. Opportunity is a scarce resource at such a busy time as the Olympic year, and new staff members can find it difficult to carve out opportunities to establish relationships with athletes. In this case, it was decided that the new ACE officer and the WAIS psychologist who had had little to do with the National Team until that point would be invited to participate in activities such as weekly team meetings (often it was more their presence than any direct contribution that was important), weekly group psychology sessions with the athletes, and Partner Week (a week in which each athlete brought along a support person to "shadow" the team for a week and participate in education sessions). Including the newer

staff members in these exercises allowed them to form relationships not just with the athletes but with their parents, partners, and friends and also to demonstrate to the athletes the acceptance of the newer staff members into the team.

***Jurisdictional Ambiguity***. Given that ACE and psychology services historically developed out of the same service (athlete welfare), and that in some quarters, these two services are considered to be interchangeable "optional extras," there is a history of ambiguity about roles. Considerable discussion was required to develop agreement about separable and overlapping areas of service. Moreover, in this case, the new ACE officer had a background in psychology, and the WAIS psychologist had been involved in counseling hockey athletes as part of his work with the state-level program, which heightened the potential overlap in skills and service provision. This could either be a positive factor in that the increasing counseling workload could be shared or it could cause conflict and rivalry. It was important to establish among ourselves, other staff, and athletes that the three of us would work together and that it was OK to approach any of us to discuss concerns that we would endeavor, together, to assist the athlete in the best way possible. That this occurred in an environment where athletes were already inducted into a culture of openness helped enormously in this transition. It was also important to give athletes "permission" to discuss concerns about any of the three staff members with the others and to know that these concerns would be dealt with in a sensitive, supportive, but open manner. One of the greatest benefits of this system was the increased availability of support to athletes who had not been selected to go on tour. While the team psychologist was on tour, the WAIS psychologist and ACE officer were available at home base.

***Communication Barriers***. This was potentially an important issue as the two WAIS personnel were located in a geographically separate location from the team. On the one hand, this encouraged athletes to go somewhere more removed from their sporting setting for personal support, which can be a positive feature, but on the other hand, it potentially made it difficult to keep up with what was going on. We decided that we needed several communication options to give us greater coverage of the fast-moving issues. We met frequently over coffee, used e-mail, and attempted to have at least two of three of us at weekly team meetings so that information distribution was maximized. Fortunately, we all shared a model based on strongly encouraging athletes to be open and accountable in dealing with their difficulties and frustrations and to allow sharing of relevant key information with the coaching staff and MSST so that the best support and service could be provided. As mentioned earlier, *such openness is essential in preventing triangulation and the formation of coalitions and alliances* that can undermine both the MSST and the athlete team. Trusting relationships with athletes can still be formed in this context by clarifying and negotiating with athletes at the end of each session, which information needs to be shared, how, with whom, and in what time frame. In this way, confidentiality is defined and redefined in an ongoing negotiation process between athlete and practitioner. Interestingly, once this culture has been established, athletes seem increasingly willing to share information and indeed become more inclined to initiate this process themselves.

***Group Homogeneity and Group Size***. All three staff members were aware that the presence of three psychology trained support staff had the potential to threaten the balance of the MSST, which to that point had only had input from one psychologist. We worked collaboratively to decide which issues needed

discussion and then who would be the most appropriate person to raise it and under what circumstances. For example, if it was an issue relating primarily to careers or education or post-Olympic life preparation, then the ACE officer might present it, whereas more personal relationship issues might be dealt with by the team psychologist.

## *Key Process Issues in ACE and Psychology Collaboration*

***Circular Causality, Equifinality, and Equipotentiality***. Given that all three staff were focusing on different aspects of the life circumstances and emotional well-being of the athletes, it was important to have a multidimensional model for understanding cause and effect. Was an athlete depressed because they didn't have a job and had too much time on their hands, or were they unable to get a job because their depression led to lethargy and lack of interest in self-care or presentation? Moreover, was this depression a chronic or cyclical phenomenon or reactive to poor playing form or nonselection? Was their performance in the national team AND the state team effected or was this reaction confined to one setting? Having a model that recognized the importance of each of these factors in the athlete's experience allowed collaboration in diagnosis and intervention. Moreover, having the opportunity to access answers to each of these questions reflects one of the potential benefits of having a diverse MSST.

In sum, the system was able to function positively as the structure was well defined yet flexible, and processes were in place to both allow and encourage change and participation. Process was all important. It was not about being rule bound, developing a set of "right answers;" it was about having a shared approach to dealing with each other and the athletes in our care, part of which was to encourage the athletes to see us as skilled but different people who may have different views, which should be seen as an asset. Identifying, clarifying, and working out goals with each athlete seemed to be preferable to a prescriptive model of servicing. Not all athletes wanted a job or to study; this was considered one of an acceptable range of possibilities. Similarly, not all athletes wanted to share information about their personal lives, and again this was OK. At different times, different athletes felt more comfortable talking to different staff about their concerns. Whether this was because of differences in personal style or because the athlete was angry with a particular staff member at that time (for example following nonselection), it was not taken to be a sign of the incompetence of other staff members but rather as a sign of a successful and strong support network functioning well.

In conclusion, then, our MSST development occurred on a preventative basis rather than on a crisis-response basis. Key features of this process of integration included the following:

- Developing a shared vision and a shared working model for the process of interdisciplinary collaboration. This is perhaps the most fundamental prerequisite for successful collaboration and warrants considerable time commitment to establish.
- Developing trust and accepting that this takes time and does not preclude mistakes, misunderstandings, and differences in personal style!

- Creating an atmosphere in which change was expected and viewed as a necessary, positive force in the life of the MSST.
- Encouraging open communication and acknowledging differences in communication styles.
- Clarifying roles, particularly where areas of professional overlap existed.
- Multidisciplinary group training. By this we mean active and clear induction into the core principles of the group and ongoing dialogue about group functioning, including both successes and concerns about structure and process!
- Constructing team development opportunities. These included occasions where the MSST went for coffee or a meal together to more formal regular opportunities to address concerns or ambiguities in a collegial atmosphere.
- Empowering individuals to be individuals and carry out their professional duties independently. This understanding, however, must be housed in an overriding and strong commitment to the MSST as well as to the broader team. It also requires an acknowledgement and acceptance from each team member that an individual's view will be overridden on occasion where, on balance, it is decided not to be the best decision in a given context.

## *Maintaining the Health of the MSST: Role of the Psychologist*

The role of the team psychologist is potentially pivotal in the setting up and facilitation of a well-functioning multidisciplinary team. The psychologist can support the coach in drawing together the expertise from the group and reducing pressure on the coach by preventing, managing, and responding to the inevitable conflicts and fissures that occur within the MSST. For this role to be successful, however, the psychologist must have established an open relationship with the coach so that honest discussion of concerns can be maintained when some of the processes outlined above occur.

One of the difficulties that can occur is that psychologists are both a facilitator of this system and a participant. There will often be issues that they feel passionately about and committed to in the face of opposition from other staff. This potentially puts their role as facilitator at risk. Minimally, their perceived credibility as an impartial facilitator will be challenged; some staff may perceive an unfair power advantage. There are several responses that can minimize the impact of this situation. In terms of prevention, it emphasizes the importance of a *process*-driven model of group facilitation. Collaboratively developing standard procedures for decision making and conflict resolution makes it easier to stick with an agreed upon process in situations of high emotion or personal involvement. Standard practice then becomes a *way of approaching a conflict*, irrespective of the source or nature of the conflict. This should include the identification of "high risk" times for conflict (such as immediately prior to competition) and past patterns

that have been unhelpful as well as ideas about preferable responses. Moreover, all staff, where possible, should be encouraged to have an active role in this process. In cases where the ACE officer has psychological training, the system may benefit from having two potential group facilitators. This can be particularly helpful where a subsystem is involved in conflict. Finally, in circumstances where a resolution does not seem possible or seems stymied by perceived (or actual) bias, the group may benefit from calling upon an independent facilitator so that the psychologist can participate fully in the discussion as a *member* of the system. Acknowledging this option before it is required is important in creating and maintaining a sense of a system committed to its perpetuation.

While the appeal of multidisciplinary support teams may seem obvious, in sport this service delivery model arose in the absence of any of the structures or processes that make such a combustible mix of professions manageable and effective. We are now seeing the same issues that were facing government health providers a decade ago. Lets hope that we can learn from the experiences of these other domains by understanding not just the content or specifics of a particular conflict, but rather the broader context and forces that contribute to a system's dysfunction.



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