Title: Sharing good practice in sport and exercise psychology

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Abstract
In the UK, there is a wealth of applied sport and exercise psychology expertise that other practitioners could learn from. In this article, 17 qualified (13 BPS chartered, 10 BASES accredited, six both, 13 HCPC registered) and experienced ($M = 11.6$ years practising, $SD = 6.1$) sport and exercise psychology practitioners share a piece of their good practice with the readership. These 17 contributions are open and honest. We close the article by questioning the extent to which good practice is shared within the sport and exercise psychology community and the associated barriers to sharing good practice.

*Keywords*: professional practice; reflective practice
In the sport and exercise psychology literature, experienced practitioners have shared their experience and advice on a range of topics that include gaining entry, assessment, programme delivery, approaching major competitions, effective approaches to service delivery, and lessons learned (e.g., Fifer, Henschen, Gould, & Ravizza, 2008; McCormick & Meijen, 2015; Simons & Andersen, 1995). This literature offers practitioners an opportunity to: learn from, and be inspired by, other practitioners; reflect on the relevance to their own practice; and consider changing aspects of how they practice. In the United Kingdom (UK), there is a wealth of applied sport and exercise psychology expertise, held by qualified and experienced professionals that both experienced and training practitioners could learn from. This expertise may be particularly insightful to the many practitioners who are currently in training. Through writing this article, we have given qualified and experienced sport and exercise psychology practitioners in the UK an opportunity to share good practice with other practitioners. In a similar article (McCormick & Meijen, 2015), 14 experienced sport and exercise psychology practitioners in the UK shared one lesson or insight about psychology application that they had learned through their years of practising. The quality of advice offered, which related to a range of themes, motivated us to offer additional practitioners an opportunity to share good practice.

Contributors

Following ethical approval from the department ethics committee, 39 sport and exercise psychology practitioners in the UK, who were judged to be qualified and experienced, were contacted and invited to complete an online survey. Eighteen (46%) provided a contribution, and 17 were included in this article (the additional contributor did not respond to a request for additional detail). Thirteen are BPS chartered, 10 are BASES accredited, and six are both. Thirteen are on the Health and Care Professions Council (HCPC) register. Eight have experience supervising candidates enrolled on BPS Stage 2 or BASES
Supervised Experience, and five have experience as assessors on these qualifications. Including supervised practise, they have been practising for between four and 28 years ($M = 11.6, SD = 6.1$). Contributors could choose to anonymise their contribution, and one chose to do so.

**Contribution Instructions**

After providing informed consent and answering questions relating to their professional memberships, experience, and practice, the practitioners provided a contribution using the following instructions: “We would like to give you the opportunity to share one piece of good practice with other sport and exercise psychology practitioners. We are particularly interested in experiences you have had that led to changes in your practice, which could be shared as professional advice. You are encouraged to provide detail on the context of your experience, to provide specific examples, to cite literature where relevant, and to choose a piece of good practice that is not commonly found in textbooks. Please aim for approximately 300-500 words.” The authors discussed each contribution together, and asked for additional detail where they felt that it would add to the contribution.

**Chris Wagstaff, Sport and Exercise Psychologist**

The sport psychology landscape has changed a lot in the last decade. As the profession has developed, so have the needs of those we work with, and this has required me to adapt and learn new ways of working, with new client groups. In 2009, David Fletcher and I reviewed the emerging lines of inquiry within the domain of organizational psychology in elite sport (Fletcher & Wagstaff, 2009). Fast-forward to 2017 and a recent edited book (Wagstaff, 2017), and forthcoming special issues of both *Journal of Applied Sport Psychology* and *Journal of Sport Psychology in Action*, suggest that organizational psychology research has much to contribute to the changing face of elite sport psychology. Similarly, reflections from applied practice (e.g., Jones, 2002; Larsen, 2017; McCalla &
Fitzpatrick, 2016) increasingly indicate that cultural, environmental, and organizational issues are fundamental to effective practice in elite sport. Indeed, Jones (2002, p. 279) went as far as stating “organizational issues probably have the biggest impact [of any psychosocial factor] on performance”. Athletes do not operate—or thrive—in a vacuum, so don’t contain yourself to mastering the impartation of a small number of psychological skills, and indirectly perpetuate the fallacy of a “myth of individualism” (Wagstaff, 2017). Collectively then, my advice to others regarding good practice is to seek ways to develop greater expertise in organizational consultancy. Subscribe to wider reading, seek peers and mentors from other disciplines of psychology (organizational, occupational, clinical). What are the main “knotty” challenges or obstacles to sustained success within your sport organization? How equipped are you to advise on such factors? Do not be a slave to psychological skills training within a sport science and medicine department, but—only once you have developed sufficient competency to do so—seek new ways of working, with a broader range of stakeholders. While retaining an ability to provide “bread and butter” techniques allied with basic and advanced psychological skills, I recommend developing further expertise in order to advise on inter alia issues of culture, climate, engagement, commitment, identity, leadership and management, and conflict resolution, across multiple stakeholder groups within elite sport environments. Currently, very few sport psychology courses cover such content, and are biased heavily toward psychological skills training for athletes. Hence, my good practice advice for colleagues at all stages of their career, is to be proactive in adapting to the research and anecdotal evidence that organizational issues are pivotal to effective practice in elite sport, and arguably reflect the best avenue for the future of our profession.

Jenny Smith, Sport and Exercise Psychologist
Practice what you preach! Six months ago I attended my regular peer-led applied CPD group meeting, and as part of this, two of my colleagues were about to attend a six-week mindfulness course. They sounded excited about the prospect as it had been recommended to them. Our process is to always provide three key learning points after each meeting and one of mine was to explore mindfulness courses. I knew I had a challenging event coming up over the summer in the form of a round of In Vitro Fertilisation (IVF) and thought that would be a perfect time to complete a mindfulness course. There is some evidence that mindfulness-based interventions increase mindfulness, self-compassion, and fertility quality of life (Li, Long, Liu, He, & Li, 2016) and decrease depressive symptoms, internal and external shame, entrapment, and defeat (Galhardo, Cunha, & Pinto-Gouveia, 2013) in IVF patients. Having researched mindfulness courses, I signed up. In week three of the course, part of one of the meditation tasks was to allow my mind to wander, and as I was mid IVF round (following an unsuccessful IVF round), there was plenty that my mind was wandering about! One of the meditations encouraged me to view each thought as if I was watching it on a screen. Unfortunately, one of my most regular thoughts was (and still is) “what if I never have a child?” The instruction of the meditation encouraged me to view this thought with intrigue and kindness and not to fight it. My previous response to this thought was to try and find evidence that goes against it including “some people get pregnant through IVF”, “the illnesses you have are not that severe” or to justify that life can be happy without children (“I know lots of happy couples that have no children”) akin to the rational emotive behaviour therapy (REBT) disputing stage (Ellis & Dryden, 1987). It took 3-4 weeks of daily attempts at having this thought and trying to be kind to myself whilst having this thought (“it’s natural to think like this”, “this thought will come and go”) but I was eventually able to experience this thought without trying to fight it. This led to me not trying to avoid this thought and also not feeling as upset when I did experience it. Before I had my own
experiences of trying to apply mindfulness to some fairly challenging thoughts, I never really understood how, as a practitioner, I was going to be able to help clients with the ‘acceptance’ part of some mindfulness practices. Using the technique in a particularly challenging situation was the experience that I needed to move my practice forward. Following this, I am now able to understand how demanding it is to accept a challenging thought and what’s more, I understand the benefits of persevering with regular practice to build up acceptance of thoughts. Finally, it reinforced how important it is to have daily reminders to be kind to yourself when having challenging thoughts (it’s easy to forget to be kind and start disputing) and that this needs to be built into any work I do with clients.

Tim Holder, Sport and Exercise Psychologist

When does applied practice impact actually occur? This contribution relates to the importance of feedback and monitoring of effectiveness in applied practice.

About 20 years ago, a client in a squad I was working with at the time responded to my input in a respectful but largely superficial manner — familiar territory for most practitioners! My impression was that the impact I had on his performance and overall approach was minimal at best. He admitted to me at the time that he enjoyed what we did but felt that it wasn’t worth prioritising into his game. At the time the client was 14 years old. Fifteen years later and the client is now a respected coach and was a candidate on a Level 3 coaching award for which I was one of the tutors. At the end of a weekend of work he approached me and stated rather dramatically to me that “you changed my life”. I was bemused and astounded by such an extraordinary and grand statement. He explained that all of the work that we did had been central in influencing how he worked as a coach. He bemoaned the fact that he may have achieved more of his potential as a performer had he applied to himself what he now used so effectively within his coaching.
This substantially delayed impact of our work together struck me as something that I had not really considered before. It reinforced the importance of the opportunities afforded to practitioners to develop transferable and life skills within the work that we do. In addition, my reflections on this encounter led to much more proactive interactions with clients about the nature of their experiences in the consultancy process and “checking in” with stakeholders more regularly in order to ascertain progress (or an absence of it!). This reflects Anderson, Miles, Mahoney, and Robinson's (2002) suggestion of monitoring and feedback loops within the consultancy process. The method I most regularly use is a “Start, stop, continue” analysis where the client identifies: what we aren't addressing that they want to address; aspects of the consultancy process that they are not getting anything meaningful from; and what is going well that they want to keep doing. Such a simple but effective framework for gathering client feedback provides valuable monitoring and planning activities for the ongoing consultancy relationship.

Lastly, what is also important is the way in which such feedback from clients can create a psychological impact on the practitioner. How impactful such information can be on practitioner confidence and motivation. Feedback from clients is not only an important learning tool for them but can also be a substantive psychological intervention for the practitioner themselves that can reinforce effective practice and celebrate impact whenever it may be revealed.

Brendan Cropley, BASES Accredited Sport and Exercise Scientist

Working in elite youth football creates a number of applied issues for practitioners (e.g., appropriate access to players; navigating the complex micro-political environments that characterise professional football clubs). Indeed, others have referred to the traditionally ‘close-minded’ and ‘institutionalised’ industry of football that has perhaps stifled the application of sport psychology to support the growth of youth players (cf. Harwood, 2008).
Whilst this is changing, I have found that some clubs pay lip-service to the potential of sport psychology services in order to meet the requirements of the English Premier League’s Elite Player Performance Plan (see www.premierleague.com/youth/EPPP). As a result, practice is often limited to short, classroom-based workshops focusing on basic psychological skill development, the effectiveness of which being largely dependent on the support and attitudes of the coaching staff who have a significant influence on player perceptions.

In an attempt to challenge this situation, and to better integrate sport psychology into the fabric of the youth development plans of the clubs with whom I have worked, I have adopted three key conditions. First, the impact of mental skills training can be significantly augmented if coaching staff are able to integrate such skills into their practical training sessions (cf. Camiré & Trudel, 2014). Consequently, I seek to gain commitment from the coaches to also be a part of the support, working with them to develop their understanding of the psychological elements of performance and how best to develop their coaching practices and behaviours to focus on the mental performance of their players explicitly (this endeavour is facilitated by the capital I have as a Level 4 coach and coach educator). Second, given the influence that parents have on players’ lives inside and outside of sport, as well as the considerable commitment they make in supporting their child’s sporting pursuits, I also seek to ensure that the club commit to allowing support for them. The aim here is to develop parents’ knowledge of sport psychology and the role that they can play in supporting the development of their child’s affective states, as well as offering them a chance to discuss their child’s development more widely and thus help parents to feel a fundamental part of the club (cf. Thrower, Harwood, & Spray, 2017). Finally, in order to provide this holistic approach to support (e.g., players, coaches, and parents), I utilise collaborative service delivery. This involves working as a team of three practitioners, with each taking responsibility for working with one of the client groups. Not only does this require ‘buy-in’ from the club, but also from
the practitioners who have to remove personal agendas and bias in order to ensure that the collaboration leads to the anticipated positive outcomes.

Negotiating these conditions is not easy. However, through their implementation we have been able to: (a) improve coach buy-in by making them a formal part of the support and more explicit agents in the development of their players’ mental performance; (b) develop a common understanding and language relating to sport psychology between players, coaches and parents, which has enhanced the transfer of key lessons across contexts, and helped parents to add to what we do as practitioners; and (c) be congruent with the aforementioned philosophical values with the caveat that we see the ‘club’ as a whole and thus work to holistically develop an ecology of practice by linking together the key stakeholders.

Sarah Murray, BASES Accredited Sport and Exercise Scientist

Simple is genius! My experience, working full-time with a professional football club has thrown me numerous professional challenges to say the least! Upon my arrival, the club had never had any form of sport psychology. It was a new concept being introduced into a culture that does not always accept change and innovation, and where coaches lacking knowledge of the subject is well documented (Barker & Winter, 2014). Being a woman within this environment, working in psychological aspects of the sport, was a challenge that I knew would be both exciting and tough at times. I went in with all guns blazing, imaging how I was going to work one-to-one with the football players to change their performance on the pitch, heavily influence the dressing room culture, and facilitate self-awareness and changes within the coaching staff too! And I intended to do this with all 175 players, ranging from U9 to first team — all in a 6 day week!

As Ravizza (1988) argued, sport psychology practitioners face barriers due to the negative perception of the term psychologist. Despite things having moved on since 1988, the FA only introduced its football psychology strategy to clubs in 2003. The reality of the last
four years has been very different to the somewhat naïve expectations I may have had about what the role of a sport psychology practitioner looks like in elite football. The knowledge base of the staff I was working with was limited as to what my role was and how I could support players and performance, which is in line with the findings of Pain and Harwood (2004). Something huge I have learnt is about where you “put” a sport psychology practitioner within an organisation departmentally. I was initially employed as part of the sport science and medicine team but as the years have gone by, my daily ‘world’ is that of the coaches in the academy. Upon hours of personal reflection, I believe it is my own person-centred style of working that has led to my work moving away from the sport science department and towards the coaches. The process of supporting coaches to integrate psychological knowledge into their coaching processes can lead to enhanced adherence to the area and, in turn, can have positive outcomes on both the coach and those athletes they are working with (Camiré & Trudel, 2014). At the time of writing this, I am now focusing on working with coaching staff to develop not only their knowledge of putting psychology into their coaching drills which can influence performance (Diment, 2014), but also using a humanistic approach to work with the coach on self-development. I am using a mixture of self-awareness/language diaries, observations, coach reflection and player reflection to support the work of several of the academy coaches. The aim is to work collaboratively with coaches and players, with the outcome being increased awareness of how mindset can affect performance and how to effectively deal with this.

In summary, the role of an applied practitioner is ever evolving. It is important to reflect on your position within the organisation or sport you work with and to gain role clarity as early as possible by communicating effectively with key stakeholders regarding their expectations being aligned with your own. From my experience in the applied field, sport psychology delivery is not sitting in an office for hours on end talking with an athlete; some
of the best work is done far more informally in a practical setting. Within my environment, coaches are key to this being successful. It is about ‘working’ with them rather than ‘dealing’ with them.

Rebecca Symes, Sport and Exercise Psychologist

It might sound obvious, but the skill of the applied practitioner is to be able to translate the theory and research into real-world context and make it relevant for the environment in which they are working. This might sound simple, but it is most definitely a skill. My key advice around this is to be creative and don’t be afraid to take a risk. Often when you are running sessions, especially with a team, you can be unsure of whether an idea will take off or crash and burn — so you have to be prepared to go for it and adapt as appropriate. A simple example is asking players to represent different parts of the brain, and using tennis balls to demonstrate the flow of communication along neural pathways, especially when under pressure. Another basic example could be encouraging players to take on different mood states and act them out, considering body language and how they think, feel and behave. Equally it’s important to remember that psychology doesn’t just happen ‘in the classroom,’ so consider how it can be integrated into coaching practices as well. Likewise, there are often opportunities for reflection during a drinks break of a session or after a session whilst still on the pitch stretching off. The more we can integrate different areas of performance together, the better.

Another key consideration for practitioners is that they often don’t have as much time as they would like and this is especially the case when employed on a limited number of days with a particular sport. In those instances, it is really important to agree with the performance director/head coach about where the priority lies and focus on putting your time into those areas. Quite often in those scenarios, work with coaches/support staff is just as important as with athletes because they are the ones spending the most time with athletes. Therefore,
working with them and through them can be most impactful. Priority of your service can also
become a really tough area at an Olympics/Paralympics, if you are working with a sport
where athletes will get knocked out at different points during the competition. Whilst a
natural desire might be to provide support to athletes who have not achieved what they set out
to achieve, sport is a harsh world, and ultimately you have to focus your attention on those
athletes still in contention for medals. That’s not to say you ignore the other athletes(!), but
how you manage the process is something to consider and something that was a big learning
curve for me at my first Games.

**Joanne Hudson, Sport and Exercise Psychologist**

My professional advice is to forge your own path and model yourself on your best
professional self and not on who you think you should be and not on who you think people
want you to be. This advice stems from my experiences when I had some excellent
opportunities to work with athletes at a high level and in a team context. Whilst those around
me were generous in helping me to get involved, I quickly learned that this context was not
the right context in which I could offer best practice, as I felt like I could not be my authentic
self. So, for me to be an effective psychologist, I had to find the right context where I did not
have to fit into a mould that was right for that context. For example, while I enjoyed working
with team sports from a psychological perspective, and forged good relationships with
players and support staff, for me, this was not the best environment in which I could flourish.
My biggest challenge in this environment was the ‘dressing room culture’, which I am
referring to in the broadest sense of the pitchside, team bus, team hotels and so on. I am
naturally an introverted person and although I thrive on social relationships, being in this
environment never felt natural to me and I struggled to be myself. This was such a valuable
experience early on in my career as my reflections led me to work with athletes in one-to-one
situations, and not surprisingly mostly with individual sport athletes where I felt more
SHARING GOOD PRACTICE

comfortable. Given that we are expecting clients to reveal their true selves to us, I learned that it’s imperative to be able to be our true selves as psychologists, even if that means passing up some opportunities that might seem glamorous or exciting.

A second piece of professional advice is the importance of asking the right questions of both clients and yourself. This learning came from being observed during an individual consultation by a peer who helped me gain insight into how the way we frame questions, and the kinds of questions we ask, can lead to assumptions and expectations on behalf of the client that we are not always aware of. This peer observation helped me to realise the importance of delving into the client’s motives for the way in which they respond to me and the profound impact that the hidden, reluctant or unspoken communication between the practitioner and client can have on the effectiveness of the work in which they are engaged. In this example, I questioned an athlete about their perceived effectiveness of the interventions we were working on. His response was consistently in the affirmative and therefore, I did not probe this further. However, astute observations from my colleague suggested that whilst this might not necessarily be the case, it would be helpful to discuss his response further to determine the degree to which he might be offering me what I ‘wanted' to hear. We had worked together for some time and there was potentially a need to check that we weren’t simply ‘going through the motions,’ without stretching ourselves, to drill down critically into the work we were doing together and look for further improvements. I realised that in the busy world in which we live, to keep our practice fresh, it’s important to consistently venture beneath the surface and tweak the angle of the lens through which we view ourselves and our clients.

Martin Turner, Sport and Exercise Psychologist

The piece of good practice I will share with my fellow practitioners is to enjoy discovering the genesis of the techniques we apply with athletes. By this I mean, it is
important to understand that much of what we use in sport and exercise psychology derives from different fields of psychology and psychotherapy. By understanding where the tools we use come from can help to deepen our knowledge of how technique ‘should’ be applied, and also strengthen our confidence in using such techniques by engaging in the extant empirical research that supports their usage. For example, when applying the ‘canon’ of psychological skills training (Andersen, 2009), understand that the component parts stem from well-supported and well-grounded psychotherapeutic approaches. Whilst working in my first applied position (at a non-league football club), I discovered that some of the desensitization work I was doing with the goalkeeper was similar to the concept of flooding in REBT. I had not heard of REBT up to that point, but as I started to read more, I realized that most of what I was applying with athletes stemmed from this psychotherapy from the 1950s, which is based (in part) on ancient Stoicism. Going back and discovering the inception of the cognitive-behavioural approach I had adopted, helped me to identify with a psychotherapeutic tradition that gave me additional confidence in what I was doing. Additionally, with this discovery, strive to apply your approach to practicing sport and exercise psychology in the manner for which evidence exists. The idea of being an ‘evidence-based’ practitioner is important for me as a scientist, and I am perturbed by practitioners using isolated parts of disparate psychotherapeutic approaches, creating multi-model and multi-philosophical interventions that make it difficult to know what worked, why, and how. Procedural reliability is important to me, but of course, sport is unpredictable and you have to be flexible as a practitioner. Further, it is important to appreciate the wide literature available to us in our profession, and to select the right approach on a case-by-case basis. But if you feel that many of your clients would benefit from techniques proposed in Acceptance and Commitment Therapy (ACT), then do some training in it and practice it as the evidence suggests. I am not eclectic in my approach to sport and exercise psychology. But if you do
adopt an eclectic approach, consider whether you are mixing approaches within one intervention, or whether you have a number of approaches at your disposal and can select the right one of the right case.

Matthew Cunliffe, Sport and Exercise Psychologist

As a practitioner, I believe that sport psychology should be underpinned by psychotherapeutic models and the models should be used with integrity. As a trainee, I was unsure with the process and practice of behaviour change and therefore I felt ineffective in the work I was doing, particularly around psychological skills use. I felt that there must be more to sport psychology than 5 basic psychological skills and that I was missing the point. Therefore, the biggest change in my practice came after I qualified as a Practitioner Psychologist. I decided to commit fully to a single therapeutic model and dedicated my efforts towards understanding and applying that model expertly with every client that I encountered. During my Stage 2 viva, I realised that I didn’t have enough knowledge about behaviour change or psychotherapeutic models and was unsure about how it all linked with my ‘philosophy’. I was also fed up with attending workshops that I got minimal practical knowledge from. The model I chose was CBT and this decision was made on a number of hours of research and reflection on my own beliefs and values, and the principles from each of the main therapeutic models from clinical and counselling psychology. This decision was not made lightly as I knew that I was aiming to commit to it for a period of time so as to understand the specifics of the approach/skills within it in detail.

I started this development through an initial 5 days of training, as a basic grounding on the key tools from CBT (an introduction course, Socratic questioning, and formulations). This training then expanded to CBT for groups, addiction, depression, anxiety, OCD, PTSD, and more training in how CBT is applied to specific problems. I also spent many hours reading, researching, and watching how CBT is applied by other practitioners from clinical
and sport psychology. Further to this, I engaged in supervision with an experienced colleague in application of the model to my clients. The reason for all of this skill acquisition, training, and practice was to develop knowledge, but more importantly to ensure that the process is applied with integrity to each client that I work with.

The specific piece of good practice that I would share with other colleagues in sport psychology is to consider focusing for a long period of time (e.g., a year of your training) in one psychotherapeutic model. I personally struggle with the idea of having a ‘tool box’ of skills that don’t really fit together. I wasted a lot of time building such a ‘tool box’ and it didn’t serve me well at all. I found that once I understood the various therapeutic models available and became highly knowledgeable in one model, I could apply it to any situation, and adapt it to the clients that I worked with. My work became more fulfilling, I understood what I was doing, and was able to justify my choices with literature, a good formulation, and wider framework. Doing this from day 1 may have saved me a lot of time and money, for what I now consider was ineffective service delivery.

Whilst no psychotherapeutic model is better than another, and not one has the full ‘truth’ on behaviour change, models of psychotherapy allow for clarity on how problems develop and how they can be mediated. The Qualification in Sport and Exercise Psychology discourages the use of the ‘eclectic’ approach to psychology. To me, an eclectic approach is one where a psychologist chooses a technique solely on the basis that it works. Whilst this might be adequate for behaviour change, I believe a psychologist must do more than this, and therefore should aim to underpin their work with theory, a good formulation, and solid model of practice. Other practitioners may refer to themselves as integrative which in itself is not problematic. However, there are a number of levels of integration. Firstly, common factors are factors that are shared by most if not all psychotherapeutic models (e.g., the therapeutic relationship, Weinberger, 1995). The second level is assimilative integration in which
techniques are used but grounded in one theoretical approach (e.g., using a miracle question from solution-focused therapy in a cognitive-behaviour therapy formulation). The third level is a full theoretical integration, in which two models of practice, their concepts, and their techniques are brought together to achieve behaviour change (e.g., humanistic and cognitive-behavioural approaches being merged). This level of integration is most difficult to achieve and, without extensive experience and knowledge in both theoretical models, it can be challenging to even begin.

The benefit of understanding a model of practice in depth is two-fold. Firstly, it shows that the psychologist has considered specifically what it is they are doing (with regards to performance enhancement and behaviour change) and can describe what they are doing in relation to specific theories that inform the models of practice. Secondly, many of the psychotherapeutic models have good guidelines on how practitioners should approach specific problems — problems that we as sport psychologists come across on a day-to-day basis and perhaps don’t have the skills (from an MSc.) to deal with. For example building relationships with clients, or doing more than applying the plaster of psychological skills. Looking in depth at what psychotherapy has to offer means that we don’t have to reinvent the wheel when it comes to working with people, and can get on applying, and honing our skills in working with athletes.

Helen O’Connor, Sport and Exercise Psychologist

My key piece of advice is ‘don’t be afraid to look into the black box!’ to discover more about what works, to get more skilled at practice, and to pass on that learning to others.

When I read accounts of applied practice or sport and exercise interventions during my training, I received the impression that almost every practitioner/researcher (even if they were a trainee), kept to the script of the intervention, delivered it with skill, and it was well-
received by the client/participant. My Spidey-sense told me that this could not always be the case and my own experiences proved my point.

As Martin Turner and Matt Cunliffe before me have discussed, many of the techniques or orientations to practice we have available to draw on as sport and exercise psychologists have their origins in well-established psychotherapeutic traditions and intervention frameworks. Something that I found beneficial during my training (and to this day) was to go beyond the sport and exercise psychology literature and connect with the wider psychotherapy, counselling, and clinical psychology literature and speak to practitioners in these fields. This was useful not only in terms of understanding more about the practice of the techniques and underpinning frameworks frequently used in these disciplines, but also in terms of learning from the training processes used to develop their practitioners, and the research methodologies used to investigate psychotherapeutic interventions.

An important psychotherapy and clinical psychology tool that influenced my development as a more effective practitioner, and improved how I evaluated the processes of my work, was the ‘treatment integrity’ (or treatment fidelity) measure. These measures enable a practitioner to be evaluated in terms of how consistently and how competently they apply the intervention or therapeutic/counselling style they are claiming to be using. This includes the appropriate, skilled use of the intervention-specific ‘ingredients’ that are hypothesised to bring about change (according to that framework), and covers practitioner competencies, specific techniques, or adherence to a particular process or intervention manual. These tools are also used to provide a measure of internal validity in intervention research and can be applied to process research investigating the critical elements and causal mechanisms within an intervention. Treatment integrity measures have been developed for a range of intervention frameworks, including those that sport and exercise psychologists might
use, such as CBT (e.g., Padesky, Kuyken, & Dudley, 2011), REBT (e.g., Dryden, Beal, Jones, & Trower, 2010), and solution-focused brief therapy (e.g., Lehmann & Patton, 2011). Recommendations that sport and exercise psychologists evaluate intervention fidelity and competence have been made in the past (Breckon, Johnston, & Hutchison, 2008; Meyers, Whelan, & Murphy, 1996), but this aspect of practice is still rarely discussed or reported.

An experience of being observed by my supervisor during my training provided a critical learning moment for me. Over several back-to-back motivational interviewing (MI) sessions, she used the MI treatment integrity tool (e.g., Moyers, Rowell, Manuel, Ernst, & Houck, 2016) to provide a global score for each session covering key elements of a congruent MI counselling style, and behaviour counts for various MI-specific behaviours (e.g., asking permission) and out-of-mode behaviours (e.g., confronting the client). The key objectives of this session were to discover ‘how much is this intervention like MI?’ and ‘how can I improve my use of MI?’ It was a tough lesson to discover the extent to which I was incongruent with the MI counselling style, and how often I had missed opportunities to implement MI-techniques that could have been useful at critical moments in the sessions. This experience provided essential information on my competence as a practitioner using MI and suggested directions for further practice and development of my skills. Reflecting afterwards I also realised that, were I to write a case study of this work, I would need to think carefully before describing the intervention as ‘MI’; that would create a false impression of the efficacy (or not) of MI with this client group, considering how inconsistently I had been using it.

I adopted a similar strategy when I used a single-case efficacy design methodology to investigate the causal intervention processes linked to client change of an integrated MI-CBT intervention (Naar-King, Earnshaw, & Breckon, 2013) with a retired jockey. Adapting a treatment integrity scale for MI-CBT (Haddock et al., 2012), alongside other psychotherapy
research tools, I learnt more about which elements of the MI-CBT intervention seemed most useful for the client and which ones did not appear to contribute to his changes. I could therefore establish some clearer links between client change and specific intervention processes. I could also see how other extra-therapeutic or non-specific common factors had probably contributed to client change, and therefore ‘held my theories lightly’ regarding the efficacy of this specific intervention and my role in bringing about change.

Whether we are borrowing from what has gone before, or developing novel interventions for high-performance contexts, I think we can learn a lot from disciplines such as psychotherapy, counselling and clinical psychology in terms of training and development tools and processes, and methodologies for conducting intervention research. In the single-case and small group research and accounts of applied interventions which are common across our discipline, treatment integrity evaluations and other psychotherapy research tools can help provide some of the ‘fire behind the smoke’ recently called for by Ivarsson and Andersen (2016). If we are prepared to peer more closely into the black box of our interventions (and even better if we write about what goes on in there!), we will be able to make claims about what interventions work and for whom with more confidence, improve the quality of our knowledge base, and—because they base their practice on the literature—trainees and practitioners will benefit too.

**Gregory Daubney, Chartered Psychologist**

My advice for sport and exercise psychologists is to find the courage to take control of your applied practice. Throughout my QSEP (Qualification in Sport and Exercise Psychology) training, I was keen to pick up any golden nuggets of advice that might help me bridge the gap between feeling uncomfortable and apprehensive when consulting and that mythical land of assured confidence. My turning point on this road arose mid-way through my second year of QSEP Stage 2 training (I undertook it part-time). I was approached by a
beach volleyball team to provide some mental skills assistance over an eight-week period to help them overcome their self-diagnosed mental weakness, which they perceived as preventing them from winning their league.

It was around this time that I had become somewhat frustrated by my own inability to fully nail down my philosophical stance and settle on a theoretical orientation of practice, despite reading widely in other areas of psychology, philosophy and literature. Cognitive behavioural therapy was obviously the safest route to practice as it is supported by the most research papers and evidence. However, this philosophy didn't fully sit comfortably with me, while some other approaches I had tried failed to offer practical strategies to use effectively with clients.

That was when I realised I could create my own training course. This course was my opportunity to marry my own philosophical ideology with practical strategies couched in a language that athletes could understand. I started by reflecting on the following questions:

- How do I feel meaningful change happens?
- What does this change look like and how is it supported?
- How do I encourage clients to undertake practice/homework?
- How can I effectively formulate my clients' cases?
- How will I evaluate change in my clients?

It took several weeks for me to design a full course to implement over an eight-week period with this team. I answered the above questions (amongst many others) as honestly as I could, sometimes forcing myself to reflect deeper on these questions, and sometimes asking colleagues for assistance or to act as a critical friend. As it transpired, the course I designed quickly led me to the mindfulness-acceptance-commitment approach to performance enhancement (Gardner & Moore, 2007), which I subsequently followed. After this consultation, I discovered the more clinically-applied research of acceptance and
commitment therapy (Hayes, Strosahl, & Wilson, 2012), which I’m still developing today. However, it was my initial courage to take control of my future by designing my own course, in my own way, centred on what I truly wanted my practice to look like, that changed everything for me.

Supervised experience is as much about developing the courage to discover your future as it is about getting things right. This is your life, this is your future, and this is your psychology practice. Never stop being evidence informed and never stop searching for what makes you, you.

**Carla Meijen, Sport and Exercise Psychologist**

Two years ago, I reflected on the ‘gems’ that were shared by experienced practitioners (McCormick & Meijen, 2015). For me, a key reflection was developing your identity as a practitioner and seeking information and using resources from areas outside of sport psychology. To elaborate on this, for me it is about being flexible, as the world of sport is constantly evolving and so am I as a practitioner with every new experience. To put it slightly bluntly, don’t stick to an approach just because you have always done it and it makes you feel good. It is about the person(s) you are working with after all. What I would like to add to this is that if you are intending to implement a new approach, do make the time and effort to understand why you take on this approach, and try it out yourself if you can. How does it fit within the context you are working with, for example when considering the different demands of the context? In my previous contribution, I also spoke about reflection. For me, an important part of reflection is about understanding your values and using your values to put your experiences into context. I have used and adapted the values exercise in the book *The Upside of Stress* (McGonigal, 2015) to help me with this reflection. At a time when I feel frustrated about a particular session, in addition to asking myself questions about the experience (“Was it because I didn’t feel I made a difference?”), or “Perhaps I didn’t appear
I feel that it has made me a better listener as it takes the pressure off me and it also helps me to figure out what it is that gets in the way of a person-centred approach especially when working in a (high) performance context with competing demands.

Melissa Coyle, Sport and Exercise Psychologist

My approach as a practitioner is based on effective communication, trust and respect between myself and client, thus generating a positive and effective working alliance. I aim to develop a safe and honest environment for my clients to explore their thoughts, feelings and emotions relevant to behaviour and performance. I work with the client to develop their self-awareness and specific psychological and personal skills, all based on their needs. These skills aim to be transferable to other aspects of their life, enhancing them as an individual, a whole person, not just an athlete. During my training, my supervised experience was gestalt/humanistic in its nature and it was done within a group rather than just supervisor and supervisee, which strongly influenced (although not exclusively) my values, approach and philosophies as a practitioner.

The good practice I feel I have developed and experienced has been based on sharing. I developed a trusted, respected, and professional peer group during my training that I still use to this day. This group is used reciprocally to share professional experiences, to discuss specific cases ethically, and to talk through challenging clients, coaches and managers, or sporting environments. One of the most beneficial uses of the group sharing is to discuss ethical issues and situations not found in textbooks, of which there are many. A personal example was a child welfare issue with a parent at home. This involved the school welfare officer who then contacted me, as directed to by the athlete, as well as social services, all unknown to the parent. This was my first experience of such a situation, and I didn’t know quite what to do. I felt anxious in ensuring I made the correct professional judgement given
the sensitivity and ethical considerations of the situation. You don’t always have all the answers and it’s ok not to have all the answers, it’s part of the learning and developmental process. The use of the group for this particular ethically-challenging example was invaluable, demonstrating the use of sharing and group support to facilitate knowledge and experience. The group facilitated a safe space to confidentially share the current situation and discuss what I thought would be the best professional course of action to take and how to move the situation forward. Thus giving me the confidence in my decision making process, and ensuring I was safeguarding both myself and the athlete.

I believe this has all aided in developing my professional confidence and self-belief, as sometimes it’s good to talk to know you are doing the right thing by your client as well as listening and gaining advice of things to try or change. The group are invaluable to my professional career, and I advise any sport and exercise psychologist to develop their own group.

Anonymous, Sport and Exercise Psychologist

When I was working with an individual athlete for a period of two years, one of the main things I was able to learn and understand more clearly was the need for a sport psychology practitioner to create a safe space for athletes to be able to discuss whatever they like, while putting aside their own prejudices and feelings about what was being discussed. One particular experience I had was when working with a former Olympic athlete, and they were discussing mental health issues they had at the end of the Olympic Games, particularly anxiety and depression. Prior to working with this athlete, I was often reluctant to engage in conversations with athletes on mental health issues as it made me feel very uncomfortable due to having had many personal experiences of mental health issues in the past, with family members having experienced both anxiety and depression. I would, therefore, often refer these on to what I considered to be more ‘qualified’ individuals, someone with clinical or
counselling based training. However, with this client, after suggesting I would like to pass them on to a more qualified individual, they responded by saying ‘do you not care?’. In other words, we had been working together for two years and now, and when the situation became more challenging, I was going to pass the client on to someone else to deal with. I reflected upon my handling of this situation and started to realise that the only reason I was uncomfortable was because of my own perceptions and understanding of what was being discussed — not what was actually being discussed. On the back of this situation, I have changed my common practice to align more closely with anyone I refer to, ensuring that I continue to keep in touch with the client and, where necessary, work with them and the practitioner I have referred to in a group setting. I often look back now and wonder what other clients I have referred must have thought — did they all think that I ‘didn't care’?! My advice is don’t ignore your own prejudices, but be aware of them and how they may impact your practice. The work of Anderson, Knowles, and Gilbourne (2004) and Cropley, Hanton, Miles, and Niven (2010) can help in this regard, offering practitioners guidance on how to develop greater self-awareness of their own thoughts and feelings and their impact on service delivery.

Laura Houghton, BASES Accredited Sport and Exercise Scientist

Refer where needed and do not be afraid to ask for advice or draw on the expertise of others! In my final few months as a probationary Sport and Exercise Scientist on the BASES SE programme, I was working with a number of families from an area of high socio-economic deprivation on a project that aimed to enhance their understanding of health and make positive health changes. This involved working with clients on both a one-to-one and group basis. While the rapport developed with clients on this project was central to its success in keeping clients engaged and promoting behaviour change, this brought with it numerous challenges. In particular, as trust built between myself and the parents on the project, they
often began to divulge personal information such as relationship troubles or parenting issues. This is reflective of the importance of gaining an understanding of the importance of ethical issues encountered by researchers or practitioners (McEvoy, Enright, & MacPhail, 2017; Roberts, Faull, & Tod, 2016). On the whole, these discussions were non-sensitive and did not raise any issues of an ethical nature. During one group session, however, a client opened up to me and another client about how she had suffered with bulimia in the past. She was concerned that this would return, since the only person who had helped her to manage the condition previously was her Mother who had since died.

The location for this conversation was far from ideal with children and other parents around, so I kept things fairly brief at this point, saying she had done the right thing by talking to us about her concerns and also suggested that we could have a proper discussion about things more privately the following day. I met with the participant several times over the following week, helped her to book a GP appointment, arranged for her friend to accompany her, provided her with a list of local support services and requested that she keep me updated about her progress. She then went on to visit her GP, and was referred to the appropriate service for support.

I think the biggest challenge for me as a practitioner during this situation was to ensure that I was supportive, did not break the participant’s trust, yet still ensure that the information was passed on for ethical/referral purposes. Given the sensitive and serious nature of the disclosure, I did this by making the client aware that I would need to speak to my supervisor and escalate the disclosure onto the departmental ethics representative, but also offering re-assurance and opportunities for further discussion prior to the referral process. As a BASES SE student, I was fortunate to have my supervisor on-hand to speak to about any issues, however, I do not think that accreditation or completion of training should lead to the termination of this relationship and support network. Therefore, if the same
situation was to arise again post-training, I would not think twice about seeking advice and in some cases support from (my now former) supervisor and those around me with more experience in sport and exercise psychology. This experience has also reinforced the importance of referral when clients present issues outside my area of competence, particularly related to mental health. It has also prompted me to begin to build up a list of more personal local contacts and services, which could be offered to clients experiencing issues in the future.

Jessica Brainch, Sport and Exercise Psychologist

As sport and exercise psychologists, we are not often taught or challenged on the role of self-disclosure in our work. However, it is known that engaging in self-disclosure can have significant influence on therapy processes and outcomes (Ruddle & Dilks, 2015). Research has also exposed the detrimental effects of self-disclosure if not applied systematically or thoughtfully (Henretty, Currier, Berman, & Levitt, 2014). My attention was drawn to the concept of self-disclosure after an experience I had as a Trainee Sport and Exercise Psychologist. During a session with one of my clients, he disclosed that a family member had been diagnosed with cancer and the prognosis was terminal. Only three months earlier, I had returned to work after receiving treatment for thyroid cancer. The weight of this transition back was still heavy for me and, furthermore, was influencing my philosophies of practice.

My initial reaction was to continue with sessions and avoid talking about my own experience with cancer. The client was unaware of my diagnosis and treatment. On reflection after the session, I questioned whether without a disclosure, I could continue working with the client, knowing that I could relate to some of what he was sharing. Would I be too distracted questioning whether I should or should not disclose? Or if I did disclose, would I be too wrapped up in my own narrative, taking away from his needs and the focus of our sessions?
After reading about self-disclosure and engaging in long conversations with my supervisor, we developed an action plan. In the next session, I would self-disclose, and offer the client time to ask me any questions he may have about my situation. After which, I would re-focus the session back on to him and present three options. The client could:

1) Continue working with me;

2) I could refer him on to another psychologist or;

3) We could meet with my supervisor to ensure the focus of the sessions had not transferred on to me.

A key benefit of self-disclosure in therapy is the positive influence it has on the psychologist-client relationship (Zur, 2007). After receiving feedback from the client on how he responded to my disclosure, it was clear that it helped him to feel safe in talking to me about a life-threatening condition. He felt I would ‘get it’. Although this was not the only beneficial outcome, it felt the most important and greatly influenced my future practice. In a world of machoism and bravado, our vulnerabilities are often pushed aside, preventing us from disclosing and mirroring the openness we sometimes expect in our clients. This experience challenged me to search beneath my own ‘therapeutic façade’ as well as explore my own place in the ever-growing debate about what is beneficial for the client versus what we do as psychologists for own peace of mind.

Mikel Mellick, Sport and Exercise Psychologist

My sport psychology practice philosophy is about the development of the whole person. It provides a safe, trusting and appropriately challenging environment that actively acknowledges that periods of vulnerability are ‘typical’ but ‘manageable’ through effective coping skills and by the use of social support. By creating an environment where vulnerability is actively encouraged and accepted, athletes can learn to feel comfort in uncertainty and use these times to develop positive transferable life skills. This approach
emphasises a ‘strength through adversity’ model where vulnerability is seen as manageable, and not as a defining character flaw of the athlete. By enabling self-worth through an environment of genuine acceptance and sense of inclusiveness, I hope to facilitate a shift in mindset away from one characterised by threat, instability, confusion and contradictions to one that promotes and maintains optimism, emotional resilience and ultimately life satisfaction. In essence, my work with individuals is about helping them to (re-)discover a meaning and purpose to life (beyond the athlete identity). My approach to practice is evidence-based and theoretically framed primarily through humanistic/existential and narrative CBT perspectives. My aim is to facilitate (coach) athletes to effectively negotiate key lifespan transitions, major life events and emotional upset by supporting them to live through change positively and to cope, grow and develop.

The title of my contribution is, ‘Accepting one’s own vulnerability’, and it is based on an article published in The Conversation (Mellick, 2017). I am a sport psychologist who lives with depression and anxiety. I manage it with psychotropic medication support and by ‘disclosing’ this vulnerability when required and appropriately. This was not always the case — Psychologists should know better...shouldn’t they! What changed for me and what has significantly impacted my practice was an awakening to the need for me to model the behaviour/attitude I wanted to see in the athletes I was working with. I needed to not only ‘talk-the-talk’ but also disclose if appropriate that I have also ‘walked-the-walk’ of living with mental illness and mental health difficulties/challenges.

This realisation came through a discussion over a coffee with my BPS Stage 2 trainee (Jessica Brainch) on the value or otherwise of practitioner self-disclosure in sport psychology practice. As a nurse with an understanding of mental health nursing, and as a sport psychologist with a background in counselling psychology, I was aware of the research in psychotherapy/clinical psychology and counselling supporting the timely and appropriate use
of practitioner disclosure as a sophisticated therapeutic influencing skill. Yet it wasn’t until the BPS Stage 2 trainee I was supervising asked me, “When was the last time you disclosed your previous experience of mental health difficulty with one of the athletes with whom you were working?” My response, “I haven’t!”.

With that response I was faced with a personal and professional challenge. How could I value and frame my practice based on creating an environment where vulnerability is actively encouraged and accepted, where athletes could learn to feel comfort in uncertainty, where vulnerability is seen as manageable, and not as a defining character flaw of the athlete, if I wasn’t prepared to openly (appropriately) acknowledge my own vulnerabilities? Of course, this doesn’t mean a ‘carte blanche’ approach to practitioner disclosure. It needs to be considered and an ‘intentional’ practitioner led intervention with a clear therapeutic objective.

Beyond the sport psychologist-client relationship, there was a bigger question as to the role I (and sport psychology as a profession) could play in breaking down the stigma associated with mental health difficulty disclosure within sport. As sport psychologists, we predominantly define our role within a performance-focused environment working on improving athletic/team performance and perhaps do not routinely consider the significant role we can play in influencing policy and in facilitating wider athlete mental health and wellbeing promotion activities.

There remain significant barriers to mental health disclosure in athletes. Dr. Margot Putukian, Director of Athletic Medicine at Princeton University, points to the prevailing norm within sport that “athletes should be able to ‘push through’ psychological obstacles as they do physical ones”. The real challenge, however, is to facilitate a culture within elite sport that accepts and acknowledges mental health issue disclosure as a strength rather than an innate character flaw of the individual. Elite athletes will only talk if those involved in sport demonstrate an empathy that permits such discussions. All in sport have a responsibility to
SHARING GOOD PRACTICE

help close the 'empathy' gap, including sport psychologists. I have now learnt to accept,
acknowledge and share my mental health vulnerabilities and, in doing so, my practice as a
sport psychologist has only been enhanced.

Concluding Comments

We would like to applaud the contributors for their openness and honesty in sharing
their experiences and reflections on best practice. We found the contributions interesting,
enlightening and, at times, inspiring and emotionally moving. The contributions highlighted
the humility and vulnerability of the people who are sport and exercise psychology
practitioners and who make up our profession, and we felt that courage was evident through
some of the topics discussed. We also felt that the contributions demonstrate the continuous
development and refinement of the experienced practitioners’ professional practice, achieved
through their reflections on their ongoing personal and professional experiences. We believe
that the sport and exercise psychology profession can flourish through such openness,
honesty, and willingness to share best practice with others.

Reading the contributions led to some discussions between us that we decided to
share. The contributions included within this article and its predecessor (McCormick &
Meijen, 2015) highlight that practitioners in the UK have valuable learning experiences from
their practice to share, but to what extent is good practice shared within the sport and exercise
psychology community? For example, what are the experiences of trainees at events such as
conferences, workshops, and network meetings? Do they feel that experienced practitioners
are sharing the valuable lessons that they have learned from experience? An associated
question is, what are the barriers to sharing good practice? We discussed this question upon
wondering why response rates to our request for contributions were less than half for this
article and its predecessor. Perceived lack of time is a likely barrier, particularly given high
teaching workloads and research pressures in academia, but many of us teach students (e.g.,
SHARING GOOD PRACTICE

in the context of exercise behaviour) that ‘lack of time’ often reflects priorities instead of available time (e.g., Weinberg & Gould, 2014). Additional relevant barriers could include: self-presentation concerns relating to how people might perceive or judge our competence or the way we practice; concern about the appropriateness of giving advice to people who have different experiences and who work in different contexts; secrecy pressures from governing bodies and organisations; unwillingness to share ‘the best bits’ of our practice for others to benefit from; or a lack of awareness of our own good practice. These may be questions for future research to address.

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