

Coping With the Demands of Professional Practice: Sport Psychology Consultants' Perspectives

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This study aimed to gain an insight into the general coping strategies used by sport psychology consultants (SPCs) based in the UK, and an in-depth understanding of their development and impact. To achieve these aims a mixed-method approach was adopted by means of two linked studies. In study one, BASES accredited and/or BPS chartered SPCs ($n = 29$) completed the modified COPE inventory (Crocker & Graham, 1995) to gain a better understanding of the general coping strategies used by practitioners. In study two, follow-up interviews ($n = 6$) with participants sampled from study one were conducted to explore how the reported strategies were developed, the perceived impact of coping/not coping with stressors, and how future SPCs may be better prepared for the stressful nature of consultancy. Findings suggested that the participants had a statistically significant preference to using problem-focused coping strategies. Further, the interviews suggested that coping strategies were primarily developed through reflection on experiences in different contexts. The impacts of coping/not coping and the practical development implications raised are discussed.

Keywords: consultancy, stressors, practitioner, reflection, well-being

Despite its growing status, the field of applied sport psychology (ASP) is still in search of its own unique identity and continues to struggle to gain widespread acceptance in its target markets (Aoyagi, Portenga, Poczwardowski, Cohen, & Statler, 2012). As a result of this rather tenuous position, the perceptions of those using ASP services are paramount to improving the way in which the field is viewed and used. Indeed, one organization's perception of poor consultancy has the potential to tarnish the credibility and expansion of the profession (Waumsley, Hemmings, & Payne, 2010). With the reputation of ASP, therefore, relying on sport psychology consultants (SPCs) to provide services that are deemed effective, an increasing focus is being afforded to the ASP delivery process (Poczwardowski & Sherman, 2011). In particular, emphasis has been placed on how the SPC has to

continually learn and adapt to the needs of each client, making practice dynamic and more complex than the mere application of theory to practice (e.g., Neil, Cropley, Wilson, & Faull, 2013). Further, to satisfy expectations, SPCs have to work industriously and innovatively to assist and support clients in attaining coveted outcomes (Sharp & Hodge, 2013). Therefore, SPCs place themselves under increasing pressure to 'perform' effectively (Barker & Winter, 2014).

Despite the proposed pressure SPCs can experience, little research attention has been paid to the stressors that practitioners may encounter as a result of the very nature of the profession and their roles. ASP is a helping profession, which often requires practitioners to be able to cope with the strain of the issues that their client(s) brings with them (Winstone & Gervis, 2006). This can be particularly

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demanding when client issues are personally relevant to the consultant and emotive in nature (e.g., both practitioner and client are experiencing personal relationship issues). By means of therapeutic countertransference, athletes can bring issues associated with mental health and well-being (e.g., depression) that despite possibly falling outside of the boundaries of ASP practice, may leave an emotional footprint that SPCs must manage (Stevens & Andersen, 2007). Despite being professionally trained to help others cope with demanding circumstances, it is worth considering that consultants, without the necessary coping strategies, are also at risk for emotional strain and a declined state of well-being when exposed to stressors emerging from their personal and professional situations (Fletcher, Rumbold, Tester, & Coombes, 2011). When contemplating the fundamental principles of emotional labor theory (Hochschild, 1983); effective service delivery would require SPCs to refrain from demonstrating and articulating any stress-related symptoms due to the possible detrimental effects of emotional contagion on their clients (cf. Barsade, 2002). Therefore, successfully coping with stressors is essential for SPCs to maintain their own well-being, and to avoid any further exacerbation of client issues through the transference of their own strain.

The number of roles that many practitioners fulfill that may or may not be complimentary to ASP practice presents another stressor, which is likely to affect performance if not managed appropriately (Tod & Andersen, 2005). Indeed, the British Psychological Society (BPS, 2009) suggested that most SPCs in the UK operate on an *ad hoc* basis, with a university position typically being their primary role of employment. When considering the varied responsibilities that academics have to fulfill (e.g., teaching, research, enterprise), combined with the chaotic schedules of athletes, sport psychology academics are almost compelled to work unsociable hours should they consult (McCann, 2000). Despite universities supporting their employees to extend their services outside of the institution, this added responsibility leaves little time for SPCs to fully remove themselves from work and the stressors associated with it (Jackson, 2006). As an extension to this, SPCs often find themselves having to go away to training and performance camps as part of a holistic support network for their client(s). During such camps, it is widely reported that SPCs are expected to fulfill a number of extraneous roles that can also be demanding (e.g., video-recording performances, arranging accommodation; Fifer, Henschen, Gould, & Ravizza, 2008). With time also needed to assess the psychological needs of their clients, and for the planning and implementation of interventions, a SPC's time and personal resources needed for effective practice can become extended (Timson, 2006).

Spending more time in working environments and away from home may also further expose themselves to a disproportionate work-life balance. Waumsley (2005) suggested that a work-life balance "is about being able to achieve a balance between working life and life away from work that is acceptable to the individual; a balance which

allows the successful fulfilment of potential in both domains with minimal stress" (p. 4). When considering the demands imposed on SPCs, achieving a healthy balance between the work and nonworking life (e.g., family/social life and leisure activities) and the conflicts that may arise as a consequence may become a complex endeavor (Houston & Waumsley, 2003). Further, with long working hours being associated with work-family conflict (cf. Hyman, Scholarios, & Baldry, 2005), which itself is heavily associated to psychological burnout (Ringrose, Houterman, Koops, & Oei, 2009), the demanding work-life of SPCs may indirectly predispose them to detrimental well-being affects. Previous research has suggested that work experiences are far more likely to have an impact on family life than vice versa (Houston & Waumsley, 2003). Nevertheless, without the necessary coping strategies, emotive nonwork stressors (e.g., family, financial, relationships) may negatively impact the well-being of SPCs and the quality of their practice.

Despite substantial research attention being afforded to how athletes (e.g., Calmeiro, Tenenbaum, & Eccles, 2014) and coaches (e.g., Olusoga, Butt, Maynard, & Hays, 2010) cope with the stressors they encounter, little work has been conducted to understand the coping experiences of SPCs. Nonetheless, it is permissible to accept that the findings of research in other areas could transfer to that of ASP. For example, Frey's (2007) concerns over the misconception that coaches are merely problem-solvers and cannot be subject to problems of their own bares similarity to those of SPCs. Specifically, SPCs are also exposed to various demands, can have problems of their own, and have to cope effectively with these stressors to maintain well-being and ensure effective service delivery. Further understanding can be gleaned from research conducted in similar professions (e.g., psychiatry) that has explored the stressors encountered and coping strategies used by therapists (e.g., Kramen-Kahn & Hansen, 1998). For example, Veron and Saias (2013) explored the coping strategies of psychologists who were exposed to patients suffering with extreme issues (e.g., depression) on a daily basis and found that the coping strategies used most frequently by psychologists were: engaging in supervision, working on oneself, talking with colleagues, and lightening their workload.

Regardless of the potential efficacy of transferring findings from other fields, there remains a need to gain a better understanding of how SPCs cope with the vast amount of demands that they encounter in their day-to-day lives. Indeed, context specific research that attempts to make sense of the way in which practitioners cope in the face of such demands would contribute to the extant literature by generating further understanding of how SPCs can be better prepared to operate effectively. In addition, it is likely that such research will help to explore the way in which SPCs can better manage themselves both personally and professionally, and potentially increase the attention paid to the well-being of current and future practitioners in ASP by its professional bodies and their training programs, respectively. Therefore, we aimed to glean an in-depth

understanding of how UK-based SPCs cope with the demands they face. Due to the dearth of research in the area of SPC coping, a mixed-method approach was adopted by means of conducting two linked studies. First, we aimed to identify quantitatively the types of coping strategies used by SPCs practicing in the UK (study one). The intent here was to gain a better understanding of the current landscape of approaches to coping in the profession. Second, we conducted a qualitative follow-up study with the intention of acquiring an understanding of: (a) how those strategies were developed; (b) the potential impact that coping, or not, can have on the SPC and their practice; and (c) how ASP training programs might help to better prepare practitioners to cope with the demands associated with being a SPC (study two). The methods and findings of these studies are presented separately before discussing the findings of both studies together.

Study 1: Prevalence of Coping Strategies

Method

Participants.

The sample consisted of 29 SPCs ($n = 20$ males; $n = 9$ females) aged between 26–53 years old ($M = 37.9$, $SD = 7.3$). All participants were either/both British Association of Sport and Exercise Science (BASES) (Support) accredited and/or British Psychological Society (BPS) chartered and had been practicing SPCs between 4 and 20 years ($M = 12.96$ years, $SD = 5.6$) at the time of the study. The level of sport that the sample had consulted/were consulting with was amateur (89.29%), semiprofessional (78.57%), professional (85.71%), regional (82.14%), national (82.14%), international (89.29%), and Olympic (46.43%).

Instrumentation.

An amended version (e.g., the wording of some questions was altered to specifically focus on SPCs and their practice. For example, item one: *I asked team-mates what they did or would do*, became: *I asked other practitioners what they did or would do*) of the modified COPE questionnaire (MCOPE, Crocker & Graham, 1995) was used. This questionnaire is comprised of 12 four item coping factors. Five of the 12 coping factors inherent within the questionnaire are categorized as problem-focused coping strategies (e.g., increasing effort, active-coping, planning). Five of the coping factors are categorized as emotion-focused coping strategies (e.g., seeking emotional social support, venting of emotion). The final two coping factors can be categorized as avoidance coping strategies (e.g., behavioral disengagement). Each of the 48 questions is rated on an extent of use scale rated on a 5-point Likert scale ranging from 1 (used very little/not at all) to 5 (used very much). A number of studies have offered support for the predictive validity of the MCOPE (e.g., Giacobbi & Weinberg, 2000), and Cronbach internal reliability coefficients have been reported as satisfactory for all of the subscales except for 'Denial' ($\alpha = .42$) (Crocker & Graham, 1995). However, following the procedures of

Kaiseler, Polman, and Nicholls (2009), it was decided to include this subscale in the analysis because "estimates of internal consistency has limited applicability when assessing psychometric properties of measures of coping" (p. 730).

Procedure.

On receiving ethical approval from the lead author's University's ethics committee the sample was gathered through a directed web search of the BASES and BPS websites to find UK-based consultants that delivered psychological services to athletes. Adopting this sampling technique provided us with participants that gave the most enriched insight into the aims of the research (cf. Gratton & Jones, 2009). We contacted all ($n = 76$) SPCs registered on the BASES and BPS list of practitioners via e-mail, provided them with a participant information sheet, and invited to take part in the study. A web link to the online MCOPE (via Survey Monkey) was provided in the e-mail so that those practitioners wishing to participate could access the study directly. Informed consent was obtained from those participants accessing the online questionnaire through them initialing the consent page at the start of the questionnaire. Participants could complete the online MCOPE at a time and in a location convenient to them within a 4-month window, beyond which the web link to the questionnaire was removed. Finally, those completing the MCOPE were asked to provide contact details only if they were willing to be approached about participating in a qualitative follow-up study to this initial phase of the research.

Data Analysis.

First, total, median, and mean scores were generated for each individual coping strategy, which allowed for scores to be generated for each coping dimension. Following this, the data for each coping dimension was found to violate the assumption of normality and therefore nonparametric statistical tests were adopted. Consequently, using SPSS, a one-sample Friedman's test with a significance level of 0.05 was used to examine whether there was a statistically significant difference between the median usage scores for the three dimensions of coping (e.g., problem-focused, emotion-focused, and avoidance coping). The scores for the three dimensions were then subjected to post hoc tests of Wilcoxon signed rank with Bonferroni correction of alpha ($0.05/3 = 0.017$). This provided an understanding of the most statistically prevalent coping dimension adopted by the participants. Finally, in line with Winstone and Gervis (2006), Table 1 allows for further visual inspection analyses to be conducted via the overall mean scores of each coping strategy. This provides an understanding of the most used coping strategy by the participants within each dimension.

\<<<<<INSERT TABLE 1 ABOUT HERE>>>>\

Results

The results of the Friedman's test indicated that there was a significant difference between the median scores of

each coping dimension for the participants ($\chi^2(2) = 54.5, p = .001$). Further post hoc tests of Wilcoxon signed rank were conducted with Bonferroni correction applied. The results of the tests showed that there was a statistically significant greater use of problem-focused coping strategies ($M = 3.95$) over emotion-focused coping strategies ($M = 2.03; Z = -4.804, p = .001$) and over avoidance coping strategies ($M = 1.10$) ($Z = -4.759, p = .001$). There was also a significantly greater use of emotion-focused coping strategies over avoidance coping strategies ($Z = -4.268, p = .001$). It was not an aim of this part of the study to test for the statistical prevalence of each individual strategy within each coping function. However, Table 1 allows for a visual inspection (cf. Winstone & Gervis, 2006) of the mean scores of each coping strategy within each coping dimension **and are discussed**.

Study 2: Development and Impact of Coping Strategies

Method

Participants.

Six of the 29 participants who participated in Study I were invited to participate in a qualitative follow-up study. These participants were randomly sampled from the list of study one participants who had agreed to be contacted. The six SPC's ($n = 4$ male, $n = 2$ female) aged between 30–48 years old ($M = 38.8$ years, $SD = 7.9$), had been practicing for 8–21 years ($M = 14$, $SD = 5.5$). The level of sport that the sample had consulted/were consulting with was amateur (83.33%), semiprofessional (83.33%), professional (100%), regional (83.33%), national (100%), international (83.33%), and Olympic (66.66%).

Instrumentation.

A semistructured interview process was adopted as it was deemed most appropriate for being able to gather a rich depth of information in relation to the aims of this investigation (cf. Gratton & Jones, 2009). Based on the findings from study one (e.g., prevalence of coping strategies) and the extant literature, an interview guide was developed that comprised of a set of predetermined questions that helped structure the interview while allowing the interviewer to modify the line of questioning in relation to the experiences of the participant. In addition, the semistructured nature of the interview meant that if further exploration of a particular topic was warranted, open questions could be used accordingly (e.g., 'can you explain what you mean by this?'). Adopting this process meant that all of the participants engaged in a similar questioning procedure, allowed for further investigation of the participants' answers, and allowed the participants to expand and give information rich answers (Patton, 2002). It was thought that as a consequence of using an interview guide, the flow of the interview would be enhanced and the topics discussed during the interview could be controlled across the sample (DiCicco-Bloom & Crabtree, 2006).

A pilot interview, with a matched participant (e.g., a SPC), was conducted to test the efficacy of the interview guide in relation to the aims of the study as well as improve the interviewer's (author two) familiarity with the process of questioning and making use of appropriate probes. Following this process, minor modifications to the interview guide to enhance the data collection process were made (e.g., minor rephrasing and ordering of questions). The final guide consisted of five sections, including: (a) introductory comments and information (e.g., the need for honest answers, participant rights); (b) the development of coping strategies (e.g., how do you feel you have developed the coping strategies that you use?); (c) impact on practitioner and practice (e.g., what impacts can coping/not coping have on consultancy practice?); (d) implementation into future training programs (e.g., how can future SPCs be more prepared to cope with the stressors of consultancy?); and, (e) closing conclusive questions (e.g., did you feel I led your answers in any way?).

Procedure.

From those participants who provided contact details following completion of the online MCOPE in study one a random sampling technique was adopted. This involved giving each person in the population an equal chance of being included in the sample (cf. Teddlie & Yu, 2007). With all of the participants reporting relatively similar scores across each of the three coping dimensions this sampling method was deemed appropriate. Six participants were selected, contacted via e-mail and invited to participate in a one-to-one interview, all of whom accepted. Before the interview, participants were sent a preparation booklet that outlined the topic areas of the interview in an attempt to aid memory recall and the depth of information shared during the interview itself (DiCicco-Bloom & Crabtree, 2006). The interviews were conducted face-to-face at a place and time that each participant deemed comfortable to facilitate a positive experience for the participants (Patton, 2002). The interviews lasted between 45 and 50 min ($M = 46.4$), were recorded via Dictaphone in their entirety, and subsequently transcribed verbatim yielding a total of 88 pages of single spaced text. All participants provided written, informed consent for their participation, the recording of the interview and for the use of anonymized and confidential quotes in the research.

Data Analysis.

With little former knowledge of the phenomenon being researched an inductive content analysis was adopted for the interview data. First, in order for the research team to be fully immersed in the data, each interview transcript was read through and studied several times (Polit & Beck, 2004). Second, the first and second author engaged in three steps of inductive content analysis: (a) open coding; (b) creating categories; and (c) abstraction (Elo & Kyngäs, 2008). However, with each interview split into three sections that satisfied the separate aforementioned aims, this process had to be repeated for each section. Open coding involved highlighting key phrases that were accompanied in the margin by codes and links that each

phrase made to satisfy the overall aim of each section. Once this process was concluded for all six of the interview transcripts, a table was then constructed for each set of similar concepts or codes and included quotations from the interviews of relation to each concept. In line with Miles and Huberman (1994), this process not only provided easier categorization of the data, but also a visual representation that helped when comprehending the relationships between the data and the possible identification of themes from the interviews. When a table illustrated related common concepts between the interviews, themes were generated. Finally, the transcripts were reanalyzed to ensure that nothing had been overlooked or misrepresented so that each emergent theme could be confirmed (Patton, 2002).

Several methods were used to ensure trustworthiness during the data analysis process. Specifically, all participants were given the opportunity to review both their interview transcripts, our analyses of their transcripts, and the final results section within the manuscript in an attempt to ensure the adequacy and accuracy of the information and to protect against potential misinterpretations and researcher subjectivity (Shenton, 2004). Peer-debriefing was also employed between the research team to protect against any bias in the generation of themes. Finally, thick description of the procedures and use of raw quotes from the transcripts have been provided to enhance the dependability of the findings (Shenton, 2004).

Results

Qualitative data were collected in three separate sections in line with the aims of this study and are thus presented in this way. The themes that emerged for each section are titled throughout and are supported with raw quotations from the participants to allow the reader to immerse themselves within the experiences of the participants (cf. Neil et al., 2013).

Development of Coping Strategies.

This section of the interview focused on how the participants had developed their coping strategies. Four themes emanated from the interviews: (1) stressful life experiences; (2) consultancy experiences; (3) formal education and continual professional development (CPD) experiences; and, (4) reflective practice.

Stressful life Experiences.

Participants suggested that stressful life experiences played a significant role in the learning and development of the coping strategies that they use in their day-to-day lives. For example, one participant outlined, "Both of my grandfathers died when I was 13, so I think my experiences of dealing with that and experiencing post-traumatic growth from that time has influenced my traits but also my coping strategies as well." Another participant indicated, "All the challenges that life throws at you... you have to learn to cope with those. Certainly, I'm a different practitioner now than I was ten years ago, prior to having children and a family and mortgages and things like that."

Further, one participant acknowledged that the coping strategies learned from significantly stressful situations can be used to cope with stressors in their personal and professional life, "I've also learnt lessons from coping and not coping with significantly stressful situations throughout my life and that has certainly contributed to the way in which I cope today, personally and professionally."

Consultancy Experiences.

Through a process of familiarization, consultancy experiences were also highlighted as important to the development of participants' coping strategies. For example, one participant stated:

There's just the familiarity of it (the consultancy environment), once you've been in a situation once and you've managed it...it's that kind of reappraising the demand, viewing it not as threat but as a challenge as if it were, so yeah the familiarity of it becomes normal and once things become normal they become easier to cope with.

This quotation highlights how familiarization may help in rationalizing and coping more effectively with the effects of consultancy stressors. In addition, participants also referred to how becoming aware of and familiar with the unpredictability of the consultancy environment may lead to the development and utilization of coping strategies that aid better preparation for the stressors that may arise. This is best summarized in the following participant quotation:

I was thrown into really some quite fortunate environments as a neophyte practitioner and I probably didn't know how to cope too well. In terms of how I now prepare over time, I don't go in at all with an agenda in terms of what I'm trying to do, I'm certainly more open to being led by the client...further to that I'm quite a big one for making sure I do my homework, homework about the performer, homework about the environment, homework about how they are performing. I try and make sure that I collect data about them from significant others as well where possible. So I try to pre-empt the coping or I try to cope by pre-empting the things that are going to come out.

In relation to both of these findings, one participant referred to the importance of experiencing a variety of consultancy situations, as these may lead to learning a range of coping strategies, "So being exposed to a variety of clients and consultancy situations certainly helped me develop a greater range of coping strategies and helped me manage future consultancies."

Formal Education and CPD Experiences.

Participants discussed how formal education and more informal CPD experiences had played a significant role in the development of coping strategies. One participant outlined:

I started to look outside of sport psychology at different workshops and different CPD training that I

thought could help improve me as a consultant...it (learning skills relevant to practice) was preparing me to become more effective and if I felt more effective, then I coped better with some of the stressors imposed upon me.

Many of the participants also referred to how engaging in counseling training helped them further understand the issues that may arise during consultancy and manage them more effectively. For example, one participant said, "I do have a counseling training background and that's very fundamental to what I do, how I engage with athletes, and how I cope with consultancy situations." In addition to the development of skills and the further understanding of practice, participants also referred to how education enabled them to generate a better understanding of their past experiences of coping. For example, one participant said:

So that [reflecting on experiences] sort of fed forward into my learning later on as a student when I learnt about, 'Oh OK, so that's emotion-focused coping, that's problem-focused coping, that's avoidance coping, and now I realize why that's maybe a better thing to do in that situation' and so I guess my explicit education was putting a label to the things that I already did.

Reflective practice.

The participants referred to reflection as being the critical link between the types of experience discussed previously, learning, and the development of coping strategies. The importance placed on learning from experience via reflection on the development of coping strategies was best summarized by one participant who said, "I think that you do develop your coping strategies by reflecting on what you've done and taking the lessons in terms of moving forward, implementing them the next time, and then reflecting again." Throughout, the participants referred to how reflection linked to the further understanding of practice and coping strategies used and therefore to an increase of self-awareness. For example, one participant stated:

I'm a big one for reflection. I'd talk into it [a Dictaphone] about a particular situation that I found myself in and I'd always question myself, 'why did I do that? That was really useful because...' So I used to debrief myself through discussion with myself and I'd reflect on that and say, 'OK, so if I was going to do that again what would I do?' And for me that was part of my planning process.

Further, another participant alluded to the importance of reflecting, and how it may lead to learning from both positive and negative experiences of coping and suggested, "There can be really good examples of when you've coped really well and if you don't spend time contemplating that then it can be lost. Reflection can therefore help you learn coping strategies from both positive and negative experiences."

Impact on the Practitioner

In relation to the potential impact that coping (or not) had on the participants and their service delivery, two themes emerged: (1) positive affect; and (2) negative affect.

Positive Affect.

Participants referred to a number of feelings and behaviors related to positive affectivity when successfully coping with the stressors that they experience in their day-to-day lives. One example is illustrated in the following quotation, "Coping strategies that I have learnt over time certainly encourage me to largely be quite positive, quite optimistic, and be quite a planner and a listener. Certainly more orientated to being proactive and a problem solver." Further, the participants mentioned how coping leads to other feelings that have also been associated with positive affect and how it translates to effective practice:

"Coping has helped me become more effective. Primarily because I feel more confident, have better communication, I'm in control of my emotions and my thoughts and sometimes it helps me to be totally realistic about what I'm trying to achieve."

Negative Affect.

In contrast, participants referred to a number of behaviors and consequences related to negative affectivity when unsuccessfully coping with the stressors in their day-to-day lives. One participant illustrated such consequences and how it impacted upon their practice:

When I haven't got it right and I've over-cooked myself, there was probably one situation about 18 months ago where I felt pretty burnt out... I was not being effective in my practice and I certainly found myself being less empathetic to my clients' needs, not being forward thinking, not reflecting enough, and so the stressors of my personal and professional life impacted on my effectiveness as a practitioner.

Further, one participant suggested:

"If you don't manage that (emotionally challenging consultancy experiences) and the emotions that arise from those situations then you can become pretty distressed, you feel incompetent, and you can automatically see that you're just not as effective within your work."

The participants also referred to feelings associated with negative affectivity (e.g., distraction) and how this may impact their lives away from consultancy. For example, one participant stated, "Yeah you can have sleepless nights, I can find that I am at university and I am not doing my proper job because I am distracted by things that I'm trying to deal with." One participant alluded to the impact of not coping with a client that had severe issues and how this impacted upon his thoughts, feelings, and personal life. For example, "You feel pretty down, I was constantly thinking about the client's well-being and so by not coping with that it was negatively impacting the way I was behaving in my personal life and in personal relationships."

Professional Development Implications.

In considering how practitioners may be better prepared to cope with the stressors of practice, four themes emerged from discussions with the participants in this study: (1) sharing experiences; (2) on-going supervision; (3) increased practitioner focused research output; and, (4) case study exploration workshops.

Sharing Experiences.

One practice that the participants believed may help SPCs further understand and manage the demands of ASP practice was the sharing of experiences (e.g., within support networks, supervisors to supervisees, and experienced practitioners to neophyte practitioners). In referring to learning coping strategies from others, the value of sharing experiences in support networks can be seen in the following participant's quotation:

"...but having networks somehow, whether its three or ten people, having more people you can draw from as a resource and more people you can share experiences and learn from...there's value from seeing what other people have done and learning from that."

Further, participants referred to the importance of supervisors sharing their experiences with supervisees and how this may help supervisees be more cognizant of, and cope with the stressors of practice. For example, one participant suggested, "There is a role of the supervisor in terms of sharing experiences and being empathetic to the supervisee... also to share experiences and give some guidance in terms of how to cope more effectively." Finally, participants referred to how experienced practitioners should share more of their experiences and how it would help neophyte practitioners understand and cope with the stressors that they will encounter. In referring to this, one participant stated:

Willingness for experienced practitioners to be open and show what they do in their applied work. Whether that be communicating that through an applied practice article, through running network group meetings, just through that willingness to share because it's only from that that you know that it's not just you stressing about these things.

Ongoing Supervision.

Another consideration raised by the participants that could help future SPCs manage the demands of ASP practice is for SPCs to engage in formalized supervision post training. One participant highlighted this in the following quotation:

It [ASP] is unlike other psychology disciplines where peer supervision after qualification is mandatory, you have to do it and have supervision about case load etcetera. That's how we learn, rather than trying to make sense of what we're doing, we share that with sometimes a more experienced colleague or another colleague, and in doing that we develop coping

resources and strategies with managing the situation we are in.

Further, in discussing the current absence of on-going supervision in ASP and its potential implications on the well-being of SPCs, one participant stated, "Too much time is spent on making sure the client is well and serviced and we don't spend a lot of time thinking about our own mental health and physical health."

Practitioner-Focused Research Output.

Participants referred to how an increased research output that focuses specifically on the practitioner within practice would possibly help neophyte practitioners understand and cope with the stressors that they will encounter. The following participant's quotation highlights the current dearth of practitioner-focused research and how this may be a limiting factor in SPC development:

There's a lot of stress to coping literature within the athlete and the coach literature but nothing in the practitioner literature. You have got to think how many publications are there, how many journals are there, how many editions per year, and how many are dedicated to professional practice? How many are about what practitioners actually do or how they respond to particular situations? I find it bizarre that maybe we haven't got that many opportunities to learn what others have been through to help them develop.

The participants placed importance on this and its implications for future practitioners by suggesting, "There isn't a good deal of explicit knowledge on how consultants can manage stress" and that, "If people are going to be applied practitioners they need to know what the world they are entering is like, and I think we need to prepare them for the realities of that."

Case Study Exploration Workshops.

Finally, participants highlighted the potential value of case study exploration workshops during ASP training programs in helping neophyte practitioners being better prepared for the possible issues and stressors that arise in consultancy practice. The possible application of such workshops and how they may benefit SPCs can be illustrated in the following participant's quotation:

If you have them [neophyte practitioners] for a day or a couple of days like a proper workshop or training event, you could give them case studies. What would their preference be or how would they maybe respond to them situations and give them a go. 'Alright now go from alternative approaches...Did that feel more comfortable? What would the preference be?' And even from that early stage they have an idea of, 'well in that situation this is probably the framework that I'll adopt.'

Discussion

The ASP literature has hitherto provided limited insight or advice for SPCs about how to manage the stressors in their lives (cf. Fletcher et al. 2011). In an attempt to address this, Study I initially attempted to gain a greater perspective on the current landscape of approaches to coping used by practicing SPCs, and found that they generally use problem-focused coping strategies over emotion-focused and avoidance coping strategies to cope with the stressors of their day-to-day lives. Previous research into coping effectiveness has suggested that problem-focused coping strategies lead to more beneficial outcomes (cf. Kaiseler, Polman, & Nicholls, 2012). However, others have indicated that the use of problem-focused coping strategies are only more effective when there is the potential for personal control, whereas emotion-focused coping strategies are more effective during encounters of little personal control (cf. Nicholls & Polman, 2007). With the current study assessing the general coping strategies that SPCs use, high scores of problem-focused coping strategies may be influenced by SPCs managing the controllable aspects of their lives (e.g., workload) rather than the unpredictable nature of consultancy. This may provide support for why planning was the highest scoring strategy across all dimensions. This may also explain why the emotion-focused coping strategy of seeking emotional social support scored relatively highly in this study. With the inability to fully control all the potential issues that may arise during consultancy, SPCs may deem this particular emotion-focused coping strategy as the most effective at coping with such stressors. Further, despite relatively low scores for the participants' use of avoidance coping strategies, one participant suggested, "A coping strategy is sometimes withdrawal, it's helping you because you're not going to do something effective in the situation." Therefore, despite problem-focused coping strategies being the most prevalently used, developing a range of coping strategies may better prepare SPCs to cope with the multifarious and unpredictable nature of consultancy.

The first aim of Study II was to gain insights into how the participants believed they had developed the coping strategies that they use. The findings indicated that reflecting on, and learning from a range of experiences (e.g., life experiences, consultancy experiences, and educational experiences) underpinned this process. The reference to learning from stressful life experiences may be supported by the resilience literature, which suggests that individuals may positively adapt to stressful life experiences or adversity (Fletcher & Sarkar, 2013). Although experiencing adversity has traditionally been associated with negative consequences (e.g., impeding psychological growth), research (e.g., Seery, 2011) suggests that some life adversity may predict lower levels of distress and lead to a greater propensity for positive adaptation through mechanisms including the fostering of feelings of control and belief to successfully manage future stressors. Indeed, this supports the suggestions of the

participants who referred to learning and developing coping strategies from negative stressful life experiences. It is important to note that the participants also referred to positive stressful life experiences (e.g., having children) and their effect on the development of their coping strategies. While the term "adversity" is related to negative consequences from negative situations, ostensibly positive life experiences that may have desirable outcomes still require individuals to positively adapt to increased levels of stress (Sarkar & Fletcher, 2014). Therefore, through mechanisms that influence positive adaptation, SPCs may reflect and learn from positive and negative stressful life experiences and consequently feel more prepared to cope with future stressors.

Consultancy experiences, through a process of becoming familiar with potential stressors that may occur, were also highlighted as playing an important role in the development of participants' coping strategies. In support of this process, Hanton, Cropley, Neil, Mellalieu and Miles (2007) suggested that gaining experience through reflective practice enables performers to familiarize themselves with stressors and rationalize their effects, allowing them to cope more positively in similar stressful situations. Further, Hanton, Cropley and Lee (2009) suggested that the participants in their study were able to use past experiences as a reference point for action behavior in similarly stressful situations. Hence, it may be reasonable to suggest that providing SPCs learn from their stressful consultancy experiences via reflective practice, the more familiar they might become with such phenomena, and, in turn, the less similar situations will be perceived as novel and uncertain. It is also well-documented in the ASP literature that reflecting on practicum experience can benefit SPCs by enhancing their self-awareness and helping them to gain a deeper insight into their practice (Cropley, Hanton, Miles, & Niven, 2010). Although reflecting on practicum experiences does not lend directly to the development of coping strategies, it may help a SPC understand what strategies did/did not work and what strategies may be used in similar stressful consultancy situations. Neophyte practitioners should be encouraged to gain a variety of experiences that place different demands on them professionally, personally, and emotionally so that they have the opportunity to practice coping and reflecting on their experiences. Indeed, reflection should be purposeful (Hanton et al., 2009) and therefore reflecting on coping provides an excellent focus and purpose for a SPCs reflective practices.

Finally, participants highlighted the importance of formal education and CPD experiences on the development of their coping strategies via learning skills relevant to practice and gaining a deeper understanding of coping. While learning skills led to increased feelings of preparation, the latter supports contentions that learning should be considered as a dynamic process by which an individual connects new information with prior knowledge to attain greater understanding (Mesquita, Ribeiro, Santos, & Morgan, 2014). In doing so, reflective practice has been suggested to help SPCs develop increased understanding of

the difficult situations that arise in practice by creating links between professional knowledge (e.g., theory) and *knowledge-in-action* (e.g., tacit or craft knowledge) (Knowles, Gilbourne, Copley, & Dugdill, 2014). In support, a neophyte practitioner in Tod and Bond's (2010) study highlighted how reflecting on formal education (e.g., university courses) impacted her practice by increasing her awareness of her influence during practice and broadening her theoretical orientation. This further highlights how, through reflection, the interaction between experience and the theoretical concepts of coping may contribute to a better understanding of coping that can be used in future situations.

Participants referred to *reflection* as being the link between experience, learning, and the development of coping strategies. Providing particular support for this, SPC's accounts of their practice have accentuated how reflection is influential in examining the "self", learning from experience, and exploring new ways of behaving (Copley et al., 2010). Further, research has highlighted the importance of developing the self-aware SPC through reflective practice, and how this may lead to benefits in self-management, personal growth, and effective practice (e.g., Owton, Bond, & Tod, 2014). In light of this, enhancing self-awareness by reflecting on an experience may be essential in helping SPCs understand their coping needs and seek new ways to cope in future stressful situations. Indeed, in spite of the link between reflective practice and the development of coping strategies needing further exploration, this finding has potential implications on the training of future neophyte practitioners and its impacts upon their well-being and practice. For example, despite reflective practice being assimilated into ASP training programs (e.g., BASES), Copley et al. (2010) expressed their concerns over its integration with little guidance and how as a result, it may lead to practitioners feeling it is something to 'be done' rather than for its benefits on SPCs and their practice. We therefore need to ensure that neophyte practitioners have the skills and understanding to be able to engage in reflective practice in a meaningful way, so that they can transform their experiences into better practice and potentially better methods of coping.

The second aim of Study II was to explore the impact that coping (or not) had on the participants and their practice. The findings indicated that the implications of coping (or not) linked to feelings and behaviors associated with positive and negative affect. Positive affect refers to an individual's level of enjoyable interaction with their environment and is associated with feeling highly energetic, enthusiastic, active, and having the ability to concentrate fully (Duffy, Ganster, & Shaw, 1998). In contrast, negative affect results in an individual viewing the world in negative light, being increasingly sensitive to negative situations, and can result in distress, dissatisfaction, and self-recrimination (Herscovis et al., 2007).

Participants referred to a number of positive affective states when successfully coping with the stressors that they

experience in their day-to-day lives. In particular, the participants seemed to refer to an increase of problem-focused coping strategies (e.g., planning) and cognitions associated with positive affect (e.g., optimism). This reflects the current findings in the sporting literature that suggest that attempting to manage/control the factors that cause stress predicts a more positive experience (e.g., Hadd & Crocker, 2007). In remaining with positive coping experiences, despite research suggesting that regulating emotions can be associated with negative affect (e.g., Gaudreau & Blondin, 2002), Hadd and Crocker (2007) found there to be a positive relationship between emotion-focused coping and positive affect. With the unpredictability and the severity of client issues that SPCs may have to cope with and the participants scoring highly in some emotion-focused coping strategies (e.g., seeking emotional social support), it is reasonable to suggest that they may also be effective strategies of coping with such issues and therefore translate to positive affect.

When not coping with the stressors of their day-to-day lives, participants particularly referred to the feelings and negative consequences (e.g., burnout) associated with negative affect, and the effects it had on their practice with clients. In support of these claims, the negative emotions as a consequence of negative affect have previously been shown in the sport literature to be related to burnout (Gould, Udry, Tuffey, & Loehr, 1996) and to negative performance (Graham, Kowalski, & Crocker, 2002). It therefore seems that not coping with stressors may have negative implications on both the personal well-being and professional practice of SPCs. Based on the hedonic dimension, Diener and Lucas (1999) suggested that well-being can be defined by pleasure or happiness resulting from high positive affect and life satisfaction and low negative affect. Consequently, an inability to cope may affect the long-term well-being of a SPC. In support, Gould and Whitley (2009) stated that an inability to cope with stressors can lead to strain, reduce well-being, and lead to burnout. In light of this, it appears that those responsible for the training and development of SPCs should place a greater emphasis on helping practitioners to develop appropriate and effective coping strategies that allow for more positive responses to the stressors they experience. Further, practitioners must understand that self-practice is apposite and necessary for self-regulation in the face of the plethora of stressors associated with their roles (cf. Pack, Hemmings, & Arvinen-Barrow, 2014).

The final aim of Study II was to explore ways in which future and extant SPCs may be better prepared to cope with stressors. The participants suggested that the sharing of experiences may help SPCs further understand and manage the stressors that they will encounter. Participants placed particular importance on doing this through the development and participation in peer support groups. Research suggests that SPCs mainly rely upon themselves for self-insight (e.g., Winstone & Gervis, 2006), which can potentially lead to the negative outcomes of isolated self-reflection (e.g., negative self-focus and self-doubt) (Bennett-Levy, 2003). However, group reflective

processes (e.g., sharing experiences) can allay feelings of isolation that practitioner might face (Tod & Bond, 2010) and provide reassurance to neophyte practitioners about their practice and the way in which they have coped/might cope with a stressful situation. Further, sport, clinical, and counseling psychologists in McEwan and Tod's (2015) study advocated the benefits of sharing experiences with peers, and suggested that reflective conversations with peers helped in them becoming more aware of their skills and limitations. Sharing experiences via peer interaction may therefore stimulate new ideas for SPCs about how to manage and cope with their stressful consultancy situations.

Participants in this study also called for supervisors to be more open about their own experiences of coping (or not) with consultancy situations. In support, an ASP supervisor in Eubank's (2013) study referred to how sharing experiences with their supervisees has helped the supervisees make sense of their own development and expand their knowledge. Through sharing these experiences supervisors may provide supervisees with extra insight into potentially new methods of coping and supervisees may take confidence from significant qualified others having similar negative experiences of coping in stressful consultancy situations. Participants also referred to how experienced practitioners could share their experiences and provide 'top tips' that will help neophyte practitioners cope with the stressors that they will encounter. There are articles that have adopted an approach of experienced practitioners sharing advice for neophyte practitioners (e.g., McCormick & Meijen, 2015) but are limited in number. Consequently, it may be worth considering ways in which experienced practitioners may give back to the profession and help others to become better prepared to cope with the stressors of ASP practice.

A further consideration raised by the participants that may help future SPCs manage the demands of ASP practice is for SPCs to engage in formalized supervision posttraining. Despite being highlighted by previous research, sport is still unlike its allied professions (e.g., clinical and counseling psychology) whereby supervision is a mandatory part of lifelong practice (Jones, 2011). However, 'expert' practitioners have strongly advocated for how useful supervision can be for SPCs and their development as practitioners posttraining (see McCormick & Meijen, 2015). With benefits including helping SPC's understand their strengths and weaknesses and helping them manage stressful consultancies, on-going supervision may be a practice worth instilling into the field of ASP to help SPCs cope with the demands associated with practice.

Participants in this study suggested that a number of learning opportunities could help to better prepare practitioners for the demands that they might encounter. Specifically, participants called for an increase in practitioner-focused research that considers the demands and coping strategies that accredited practitioners have experienced. Elsborg, Diment, and Elbe (2015) recently explored the challenges SPCs faced at the London Olympic Games and supported the claims that researchers should

consider the coping strategies that SPCs use as it would provide valuable practical knowledge for neophyte practitioners. Indeed, researchers should focus on the experiences of SPCs as it may facilitate greater context-specific learning and decision making in ASP (cf. Pack et al., 2014). Participants also highlighted the potential value of implementing case study exploration workshops into ASP training programs, and how it may help neophyte practitioners to be better prepared for the possible issues and stressors that may arise in practice. Integrating such workshops into ASP training programs may provide greater perspective on the range of stressful situations that may occur in ASP practice, provide the opportunity to explore and seek the most fitting ways of managing those situations, and as a consequence, preparing neophyte practitioners to cope more effectively with similar stressful situations should they arise in their practice.

Summary and Future Directions

The findings of Study I and II contribute to the existing literature that focuses specifically on the way in which UK-based SPCs may cope with the stressors they are exposed to. These findings present specific implications that may enhance the well-being and quality of the professional practice of SPCs in the UK, and therefore should be afforded consideration by the field. First, neophyte practitioners should be encouraged to engage in a variety of challenging practicum experiences as it may facilitate the learning of strategies that can be used to specifically cope with the range of stressors they might face as SPCs. Second, with reflection underpinning the process of learning, and developing coping strategies from experience, ASP training programs should place importance on reflective practice and provide support on how neophyte practitioners may reflect in a more meaningful way for its benefits on SPC well-being and practice. Finally, with not coping related to negative affect and its possible detrimental effects on SPC well-being and practice, the UK-based professional bodies have to do more in attempting to prepare its practitioners for the demands (personal, organizational, and professional) that they might experience.

In consideration of the current study, a number of avenues for future research have been identified. For example, the participants in Study I and II were all UK-based SPCs and therefore the findings might not be representative of the experiences of practitioners working in other countries and cultures. Future research may, therefore, wish to consider the similarities and differences of these findings with SPCs working in other countries. In addition, with the relatively low sample size in Study I, future research should attempt to sample a greater proportion of the population to support, add to, and allow for a greater generalization of the findings. Further, with Study I assessing the general coping strategies UK-based SPCs use, it may be beneficial for future research to build upon the findings of this study and specifically focus on the coping strategies used by SPCs to cope with consultancy-

specific stressors. Finally, while both studies could be considered as preliminary in nature, it is thought that by gaining a relatively unique and in-depth understanding of the general coping strategies adopted by UK-based accredited ASP practitioners it offers valuable insight into factors impacting on their well-being and the quality of their service delivery. It is clear that practitioners experience a multitude of demands that emanate from a variety of sources and failure to cope with these has the potential to not only have a significant impact on the practitioner but also their clients and the field itself. The health and well-being of SPCs should therefore be afforded increased attention in the ASP literature and by the professional bodies of the field.

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Table 1 Mean Scores of Each Individual Coping Strategy

Problem-Focused Coping		Emotion-Focused Coping		Avoidance Coping	
Strategy	Means	Strategy	Means	Strategy	Means
Increased Effort	4.05	Seeking Emotional Social Support*	3.26	Behavioral Disengagement	1.22
Active-Coping Planning*	4.14	Venting of Emotion	1.70	Denial*	1.43
Suppression of Competing Activities	4.38	Humor	1.53		
	2.84	Wishful Thinking	1.99		
Seeking Informational Social Support		3.23		Self-Blame	2.78

*Denotes highest scoring coping strategies for each dimension.