

SHARING GOOD PRACTICE



Title: Sharing good practice in sport and exercise psychology

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DOI:

Reference: McCormick, Alister, Coyle, Melissa and Gibbs-Nicholls, Sophie (2018) *Sharing good practice in sport and exercise psychology*. Sport & Exercise Psychology Review, 14 (1). ISSN 17454980

26 In the UK, there is a wealth of applied sport and exercise psychology expertise that other
27 practitioners could learn from. In this article, 17 qualified (13 BPS chartered, 10 BASES
28 accredited, six both, 13 HCPC registered) and experienced ($M = 11.6$ years practising, $SD =$
29 6.1) sport and exercise psychology practitioners share a piece of their good practice with the
30 readership. These 17 contributions are open and honest. We close the article by questioning
31 the extent to which good practice is shared within the sport and exercise psychology
32 community and the associated barriers to sharing good practice.

33 *Keywords:* professional practice; reflective practice

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

68 **Contributors**

69 Following ethical approval from the department ethics committee, 39 sport and
70 exercise psychology practitioners in the UK, who were judged to be qualified and
71 experienced, were contacted and invited to complete an online survey. Eighteen (46%)
72 provided a contribution, and 17 were included in this article (the additional contributor did
73 not respond to a request for additional detail). Thirteen are BPS chartered, 10 are BASES
74 accredited, and six are both. Thirteen are on the Health and Care Professions Council (HCPC)
75 register. Eight have experience supervising candidates enrolled on BPS Stage 2 or BASES

76 Supervised Experience, and five have experience as assessors on these qualifications.
77 Including supervised practise, they have been practising for between four and 28 years ($M =$
78 11.6, $SD = 6.1$). Contributors could choose to anonymise their contribution, and one chose to
79 do so.

80 **Contribution Instructions**

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

91 **Chris Wagstaff, Sport and Exercise Psychologist**

92 The sport psychology landscape has changed a lot in the last decade. As the
93 profession has developed, so have the needs of those we work with, and this has required me
94 to adapt and learn new ways of working, with new client groups. In 2009, David Fletcher and
95 I reviewed the emerging lines of inquiry within the domain of organizational psychology in
96 elite sport (Fletcher & Wagstaff, 2009). Fast-forward to 2017 and a recent edited book
97 (Wagstaff, 2017), and forthcoming special issues of both *Journal of Applied Sport*
98 *Psychology* and *Journal of Sport Psychology in Action*, suggest that organizational
99 psychology research has much to contribute to the changing face of elite sport psychology.
100 Similarly, reflections from applied practice (e.g., Jones, 2002; Larsen, 2017; McCalla &

101 Fitzpatrick, 2016) increasingly indicate that cultural, environmental, and organizational issues
102 are fundamental to effective practice in elite sport. Indeed, Jones (2002, p. 279) went as far as
103 stating “organizational issues probably have the biggest impact [of any psychosocial factor]
104 on performance”. Athletes do not operate—or thrive—in a vacuum, so don’t contain yourself
105 to mastering the impartation of a small number of psychological skills, and indirectly
106 perpetuate the fallacy of a “myth of individualism” (Wagstaff, 2017). Collectively then, my
107 advice to others regarding good practice is to seek ways to develop greater expertise in
108 organizational consultancy. Subscribe to wider reading, seek peers and mentors from other
109 disciplines of psychology (organizational, occupational, clinical). What are the main “knotty”
110 challenges or obstacles to sustained success within your sport organization? How equipped
111 are you to advise on such factors? Do not be a slave to psychological skills training within a
112 sport science and medicine department, but—only once you have developed sufficient
113 competency to do so—seek new ways of working, with a broader range of stakeholders.
114 While retaining an ability to provide “bread and butter” techniques allied with basic and
115 advanced psychological skills, I recommend developing further expertise in order to advise
116 on inter alia issues of culture, climate, engagement, commitment, identity, leadership and
117 management, and conflict resolution, across multiple stakeholder groups within elite sport
118 environments. Currently, very few sport psychology courses cover such content, and are
119 biased heavily toward psychological skills training for athletes. Hence, my good practice
120 advice for colleagues at all stages of their career, is to be proactive in adapting to the research
121 and anecdotal evidence that organizational issues are pivotal to effective practice in elite
122 sport, and arguably reflect the best avenue for the future of our profession.

123

124 **Jenny Smith, Sport and Exercise Psychologist**

125 Practice what you preach! Six months ago I attended my regular peer-led applied
126 CPD group meeting, and as part of this, two of my colleagues were about to attend a six-
127 week mindfulness course. They sounded excited about the prospect as it had been
128 recommended to them. Our process is to always provide three key learning points after each
129 meeting and one of mine was to explore mindfulness courses. I knew I had a challenging
130 event coming up over the summer in the form of a round of In Vitro Fertilisation (IVF) and
131 thought that would be a perfect time to complete a mindfulness course. There is some
132 evidence that mindfulness-based interventions increase mindfulness, self-compassion, and
133 fertility quality of life (Li, Long, Liu, He, & Li, 2016) and decrease depressive symptoms,
134 internal and external shame, entrapment, and defeat (Galhardo, Cunha, & Pinto-Gouveia,
135 2013) in IVF patients. Having researched mindfulness courses, I signed up. In week three of
136 the course, part of one of the meditation tasks was to allow my mind to wander, and as I was
137 mid IVF round (following an unsuccessful IVF round), there was plenty that my mind was
138 wandering about! One of the meditations encouraged me to view each thought as if I was
139 watching it on a screen. Unfortunately, one of my most regular thoughts was (and still is)
140 “what if I never have a child?” The instruction of the meditation encouraged me to view this
141 thought with intrigue and kindness and not to fight it. My previous response to this thought
142 was to try and find evidence that goes against it including “some people get pregnant through
143 IVF”, “the illnesses you have are not that severe” or to justify that life can be happy without
144 children (“I know lots of happy couples that have no children”) akin to the rational emotive
145 behaviour therapy (REBT) disputing stage (Ellis & Dryden, 1987). It took 3-4 weeks of daily
146 attempts at having this thought and trying to be kind to myself whilst having this thought
147 (“it’s natural to think like this”, “this thought will come and go”) but I was eventually able to
148 experience this thought without trying to fight it. This led to me not trying to avoid this
149 thought and also not feeling as upset when I did experience it. Before I had my own

150 experiences of trying to apply mindfulness to some fairly challenging thoughts, I never really
151 understood how, as a practitioner, I was going to be able to help clients with the ‘acceptance’
152 part of some mindfulness practices. Using the technique in a particularly challenging
153 situation was the experience that I needed to move my practice forward. Following this, I am
154 now able to understand how demanding it is to accept a challenging thought and what’s more,
155 I understand the benefits of persevering with regular practice to build up acceptance of
156 thoughts. Finally, it reinforced how important it is to have daily reminders to be kind to
157 yourself when having challenging thoughts (it’s easy to forget to be kind and start disputing)
158 and that this needs to be built into any work I do with clients.

159 **Tim Holder, Sport and Exercise Psychologist**

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

162 About 20 years ago, a client in a squad I was working with at the time responded to
163 my input in a respectful but largely superficial manner — familiar territory for most
164 practitioners! My impression was that the impact I had on his performance and overall
165 approach was minimal at best. He admitted to me at the time that he enjoyed what we did but
166 felt that it wasn't worth prioritising into his game. At the time the client was 14 years old.
167 Fifteen years later and the client is now a respected coach and was a candidate on a Level 3
168 coaching award for which I was one of the tutors. At the end of a weekend of work he
169 approached me and stated rather dramatically to me that “you changed my life”. I was
170 bemused and astounded by such an extraordinary and grand statement. He explained that all
171 of the work that we did had been central in influencing how he worked as a coach. He
172 bemoaned the fact that he may have achieved more of his potential as a performer had he
173 applied to himself what he now used so effectively within his coaching.

174 This substantially delayed impact of our work together struck me as something that I
175 had not really considered before. It reinforced the importance of the opportunities afforded to
176 practitioners to develop transferable and life skills within the work that we do. In addition,
177 my reflections on this encounter led to much more proactive interactions with clients about
178 the nature of their experiences in the consultancy process and “checking in” with
179 stakeholders more regularly in order to ascertain progress (or an absence of it!). This reflects
180 Anderson, Miles, Mahoney, and Robinson's (2002) suggestion of monitoring and feedback
181 loops within the consultancy process. The method I most regularly use is a “Start, stop,
182 continue” analysis where the client identifies: what we aren't addressing that they want to
183 address; aspects of the consultancy process that they are not getting anything meaningful
184 from; and what is going well that they want to keep doing. Such a simple but effective
185 framework for gathering client feedback provides valuable monitoring and planning activities
186 for the ongoing consultancy relationship.

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

193 **Brendan Croyley, BASES Accredited Sport and Exercise Scientist**

194 Working in elite youth football creates a number of applied issues for practitioners
195 (e.g., appropriate access to players; navigating the complex micro-political environments that
196 characterise professional football clubs). Indeed, others have referred to the traditionally
197 ‘close-minded’ and ‘institutionalised’ industry of football that has perhaps stifled the
198 application of sport psychology to support the growth of youth players (cf. Harwood, 2008).

199 Whilst this is changing, I have found that some clubs pay lip-service to the potential of sport
200 psychology services in order to meet the requirements of the English Premier League's Elite
201 Player Performance Plan (see www.premierleague.com/youth/EPPP). As a result, practice is
202 often limited to short, classroom-based workshops focusing on basic psychological skill
203 development, the effectiveness of which being largely dependent on the support and attitudes
204 of the coaching staff who have a significant influence on player perceptions.

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

224 the practitioners who have to remove personal agendas and bias in order to ensure that the
225 collaboration leads to the anticipated positive outcomes.

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

234 **Sarah Murray, BASES Accredited Sport and Exercise Scientist**

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

246 As Ravizza (1988) argued, sport psychology practitioners face barriers due to the
247 negative perception of the term *psychologist*. Despite things having moved on since 1988, the
248 FA only introduced its football psychology strategy to clubs in 2003. The reality of the last

249 four years has been very different to the somewhat naïve expectations I may have had about
250 what the role of a sport psychology practitioner looks like in elite football. The knowledge
251 base of the staff I was working with was limited as to what my role was and how I could
252 support players and performance, which is in line with the findings of Pain and Harwood
253 (2004). Something huge I have learnt is about where you “put” a sport psychology
254 practitioner within an organisation departmentally. I was initially employed as part of the
255 sport science and medicine team but as the years have gone by, my daily ‘world’ is that of the
256 coaches in the academy. Upon hours of personal reflection, I believe it is my own person-
257 centred style of working that has led to my work moving away from the sport science
258 department and towards the coaches. The process of supporting coaches to integrate
259 psychological knowledge into their coaching processes can lead to enhanced adherence to the
260 area and, in turn, can have positive outcomes on both the coach and those athletes they are
261 working with (Camiré & Trudel, 2014). At the time of writing this, I am now focusing on
262 working with coaching staff to develop not only their knowledge of putting psychology into
263 their coaching drills which can influence performance (Diment, 2014), but also using a
264 humanistic approach to work with the coach on self-development. I am using a mixture of
265 self-awareness/language diaries, observations, coach reflection and player reflection to
266 support the work of several of the academy coaches. The aim is to work collaboratively with
267 coaches and players, with the outcome being increased awareness of how mindset can affect
268 performance and how to effectively deal with this.

269 In summary, the role of an applied practitioner is ever evolving. It is important to
270 reflect on your position within the organisation or sport you work with and to gain role clarity
271 as early as possible by communicating effectively with key stakeholders regarding their
272 expectations being aligned with your own. From my experience in the applied field, sport
273 psychology delivery is not sitting in an office for hours on end talking with an athlete; some

274 of the best work is done far more informally in a practical setting. Within my environment,
275 coaches are key to this being successful. It is about ‘working’ with them rather than ‘dealing’
276 with them.

277 **Rebecca Symes, Sport and Exercise Psychologist**

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

293 Another key consideration for practitioners is that they often don’t have as much time
294 as they would like and this is especially the case when employed on a limited number of days
295 with a particular sport. In those instances, it is really important to agree with the performance
296 director/head coach about where the priority lies and focus on putting your time into those
297 areas. Quite often in those scenarios, work with coaches/support staff is just as important as
298 with athletes because they are the ones spending the most time with athletes. Therefore,

299 working with them and through them can be most impactful. Priority of your service can also
300 become a really tough area at an Olympics/Paralympics, if you are working with a sport
301 where athletes will get knocked out at different points during the competition. Whilst a
302 natural desire might be to provide support to athletes who have not achieved what they set out
303 to achieve, sport is a harsh world, and ultimately you have to focus your attention on those
304 athletes still in contention for medals. That's not to say you ignore the other athletes(!), but
305 how you manage the process is something to consider and something that was a big learning
306 curve for me at my first Games.

307 **Joanne Hudson, Sport and Exercise Psychologist**

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

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

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

346 **Martin Turner, Sport and Exercise Psychologist**

347 The piece of good practice I will share with my fellow practitioners is to enjoy
348 discovering the genesis of the techniques we apply with athletes. By this I mean, it is

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

374 adopt an eclectic approach, consider whether you are mixing approaches within one
375 intervention, or whether you have a number of approaches at your disposal and can select the
376 right one of the right case.

377 **Matthew Cunliffe, Sport and Exercise Psychologist**

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

394 I started this development through an initial 5 days of training, as a basic grounding
395 on the key tools from CBT (an introduction course, Socratic questioning, and formulations).
396 This training then expanded to CBT for groups, addiction, depression, anxiety, OCD, PTSD,
397 and more training in how CBT is applied to specific problems. I also spent many hours
398 reading, researching, and watching how CBT is applied by other practitioners from clinical

399 and sport psychology. Further to this, I engaged in supervision with an experienced colleague
400 in application of the model to my clients. The reason for all of this skill acquisition, training,
401 and practice was to develop knowledge, but more importantly to ensure that the process is
402 applied with integrity to each client that I work with.

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

413 Whilst no psychotherapeutic model is better than another, and not one has the full
414 ‘truth’ on behaviour change, models of psychotherapy allow for clarity on how problems
415 develop and how they can be mediated. The Qualification in Sport and Exercise Psychology
416 discourages the use of the ‘eclectic’ approach to psychology. To me, an eclectic approach is
417 one where a psychologist chooses a technique solely on the basis that it works. Whilst this
418 might be adequate for behaviour change, I believe a psychologist must do more than this, and
419 therefore should aim to underpin their work with theory, a good formulation, and solid model
420 of practice. Other practitioners may refer to themselves as integrative which in itself is not
421 problematic. However, there are a number of levels of integration. Firstly, common factors
422 are factors that are shared by most if not all psychotherapeutic models (e.g., the therapeutic
423 relationship, Weinberger, 1995). The second level is assimilative integration in which

424 techniques are used but grounded in one theoretical approach (e.g., using a miracle question
425 from solution-focused therapy in a cognitive-behaviour therapy formulation). The third level
426 is a full theoretical integration, in which two models of practice, their concepts, and their
427 techniques are brought together to achieve behaviour change (e.g., humanistic and cognitive-
428 behavioural approaches being merged). This level of integration is most difficult to achieve
429 and, without extensive experience and knowledge in both theoretical models, it can be
430 challenging to even begin.

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

442 **Helen O'Connor, Sport and Exercise Psychologist**

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

445 When I read accounts of applied practice or sport and exercise interventions during
446 my training, I received the impression that almost every practitioner/researcher (even if they
447 were a trainee), kept to the script of the intervention, delivered it with skill, and it was well-

448 received by the client/participant. My Spidey-sense told me that this could not always be the
449 case and my own experiences proved my point.

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

461 An important psychotherapy and clinical psychology tool that influenced my
462 development as a more effective practitioner, and improved how I evaluated the processes of
463 my work, was the ‘treatment integrity’ (or treatment fidelity) measure. These measures
464 enable a practitioner to be evaluated in terms of how consistently and how competently they
465 apply the intervention or therapeutic/counselling style they are claiming to be using. This
466 includes the appropriate, skilled use of the intervention-specific ‘ingredients’ that are
467 hypothesised to bring about change (according to that framework), and covers practitioner
468 competencies, specific techniques, or adherence to a particular process or intervention
469 manual. These tools are also used to provide a measure of internal validity in intervention
470 research and can be applied to process research investigating the critical elements and causal
471 mechanisms within an intervention. Treatment integrity measures have been developed for a
472 range of intervention frameworks, including those that sport and exercise psychologists might

473 use, such as CBT (e.g., Padesky, Kuyken, & Dudley, 2011), REBT (e.g., Dryden, Beal,
474 Jones, & Trower, 2010), and solution-focused brief therapy (e.g., Lehmann & Patton, 2011).
475 Recommendations that sport and exercise psychologists evaluate intervention fidelity and
476 competence have been made in the past (Breckon, Johnston, & Hutchison, 2008; Meyers,
477 Whelan, & Murphy, 1996), but this aspect of practice is still rarely discussed or reported.

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

494 I adopted a similar strategy when I used a single-case efficacy design methodology to
495 investigate the causal intervention processes linked to client change of an integrated MI-CBT
496 intervention (Naar-King, Earnshaw, & Breckon, 2013) with a retired jockey. Adapting a
497 treatment integrity scale for MI-CBT (Haddock et al., 2012), alongside other psychotherapy

498 research tools, I learnt more about which elements of the MI-CBT intervention seemed most
499 useful for the client and which ones did not appear to contribute to his changes. I could
500 therefore establish some clearer links between client change and specific intervention
501 processes. I could also see how other extra-therapeutic or non-specific common factors had
502 probably contributed to client change, and therefore ‘held my theories lightly’ regarding the
503 efficacy of this specific intervention and my role in bringing about change.

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

516 **Gregory Daubney, Chartered Psychologist**

517 My advice for sport and exercise psychologists is to find the courage to take control
518 of your applied practice. Throughout my QSEP (Qualification in Sport and Exercise
519 Psychology) training, I was keen to pick up any golden nuggets of advice that might help me
520 bridge the gap between feeling uncomfortable and apprehensive when consulting and that
521 mythical land of assured confidence. My turning point on this road arose mid-way through
522 my second year of QSEP Stage 2 training (I undertook it part-time). I was approached by a

523 beach volleyball team to provide some mental skills assistance over an eight-week period to
524 help them overcome their self-diagnosed mental weakness, which they perceived as
525 preventing them from winning their league.

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

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

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

541 It took several weeks for me to design a full course to implement over an eight-week
542 period with this team. I answered the above questions (amongst many others) as honestly as I
543 could, sometimes forcing myself to reflect deeper on these questions, and sometimes asking
544 colleagues for assistance or to act as a critical friend. As it transpired, the course I designed
545 quickly led me to the mindfulness-acceptance-commitment approach to performance
546 enhancement (Gardner & Moore, 2007), which I subsequently followed. After this
547 consultation, I discovered the more clinically-applied research of acceptance and

548 commitment therapy (Hayes, Strosahl, & Wilson, 2012), which I'm still developing today.
549 However, it was my initial courage to take control of my future by designing my own course,
550 in my own way, centred on what I truly wanted my practice to look like, that changed
551 everything for me.

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

556 **Carla Meijen, Sport and Exercise Psychologist**

557 Two years ago, I reflected on the 'gems' that were shared by experienced practitioners
558 (McCormick & Meijen, 2015). For me, a key reflection was developing your identity as a
559 practitioner and seeking information and using resources from areas outside of sport
560 psychology. To elaborate on this, for me it is about being flexible, as the world of sport is
561 constantly evolving and so am I as a practitioner with every new experience. To put it slightly
562 bluntly, don't stick to an approach just because you have always done it and it makes you feel
563 good. It is about the person(s) you are working with after all. What I would like to add to this
564 is that if you are intending to implement a new approach, do make the time and effort to
565 understand why you take on this approach, and try it out yourself if you can. How does it fit
566 within the context you are working with, for example when considering the different
567 demands of the context? In my previous contribution, I also spoke about reflection. For me,
568 an important part of reflection is about understanding your values and using your values to
569 put your experiences into context. I have used and adapted the values exercise in the book
570 *The Upside of Stress* (McGonigal, 2015) to help me with this reflection. At a time when I feel
571 frustrated about a particular session, in addition to asking myself questions about the
572 experience ("Was it because I didn't feel I made a difference?", or "Perhaps I didn't appear

573 ‘clever’ enough?”), I also reflect on my core values to help me put the session in perspective.
574 I feel that it has made me a better listener as it takes the pressure off me and it also helps me
575 to figure out what it is that gets in the way of a person-centred approach especially when
576 working in a (high) performance context with competing demands.

577 **Melissa Coyle, Sport and Exercise Psychologist**

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

588 The good practice I feel I have developed and experienced has been based on sharing.
589 I developed a trusted, respected, and professional peer group during my training that I still
590 use to this day. This group is used reciprocally to share professional experiences, to discuss
591 specific cases ethically, and to talk through challenging clients, coaches and managers, or
592 sporting environments. One of the most beneficial uses of the group sharing is to discuss
593 ethical issues and situations not found in textbooks, of which there are many. A personal
594 example was a child welfare issue with a parent at home. This involved the school welfare
595 officer who then contacted me, as directed to by the athlete, as well as social services, all
596 unknown to the parent. This was my first experience of such a situation, and I didn’t know
597 quite what to do. I felt anxious in ensuring I made the correct professional judgement given

598 the sensitivity and ethical considerations of the situation. You don't always have all the
599 answers and it's ok not to have all the answers, it's part of the learning and developmental
600 process. The use of the group for this particular ethically-challenging example was
601 invaluable, demonstrating the use of sharing and group support to facilitate knowledge and
602 experience. The group facilitated a safe space to confidentially share the current situation and
603 discuss what I thought would be the best professional course of action to take and how to
604 move the situation forward. Thus giving me the confidence in my decision making process,
605 and ensuring I was safeguarding both myself and the athlete.

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

611 **Anonymous, Sport and Exercise Psychologist**

612 When I was working with an individual athlete for a period of two years, one of the
613 main things I was able to learn and understand more clearly was the need for a sport
614 psychology practitioner to create a safe space for athletes to be able to discuss whatever they
615 like, while putting aside their own prejudices and feelings about what was being discussed.
616 One particular experience I had was when working with a former Olympic athlete, and they
617 were discussing mental health issues they had at the end of the Olympic Games, particularly
618 anxiety and depression. Prior to working with this athlete, I was often reluctant to engage in
619 conversations with athletes on mental health issues as it made me feel very uncomfortable
620 due to having had many personal experiences of mental health issues in the past, with family
621 members having experienced both anxiety and depression. I would, therefore, often refer
622 these on to what I considered to be more 'qualified' individuals, someone with clinical or

623 counselling based training. However, with this client, after suggesting I would like to pass
624 them on to a more qualified individual, they responded by saying ‘do you not care?’. In other
625 words, we had been working together for two years and now, and when the situation became
626 more challenging, I was going to pass the client on to someone else to deal with. I reflected
627 upon my handling of this situation and started to realise that the only reason I was
628 uncomfortable was because of my own perceptions and understanding of what was being
629 discussed — not what was actually being discussed. On the back of this situation, I have
630 changed my common practice to align more closely with anyone I refer to, ensuring that I
631 continue to keep in touch with the client and, where necessary, work with them and the
632 practitioner I have referred to in a group setting. I often look back now and wonder what
633 other clients I have referred must have thought — did they all think that I ‘didn't care’?! My
634 advice is don't ignore your own prejudices, but be aware of them and how they may impact
635 your practice. The work of Anderson, Knowles, and Gilbourne (2004) and Cropley, Hanton,
636 Miles, and Niven (2010) can help in this regard, offering practitioners guidance on how to
637 develop greater self-awareness of their own thoughts and feelings and their impact on service
638 delivery.

639 **Laura Houghton, BASES Accredited Sport and Exercise Scientist**

640 Refer where needed and do not be afraid to ask for advice or draw on the expertise of
641 others! In my final few months as a probationary Sport and Exercise Scientist on the BASES
642 SE programme, I was working with a number of families from an area of high socio-
643 economic deprivation on a project that aimed to enhance their understanding of health and
644 make positive health changes. This involved working with clients on both a one-to-one and
645 group basis. While the rapport developed with clients on this project was central to its success
646 in keeping clients engaged and promoting behaviour change, this brought with it numerous
647 challenges. In particular, as trust built between myself and the parents on the project, they

648 often began to divulge personal information such as relationship troubles or parenting issues.
649 This is reflective of the importance of gaining an understanding of the importance of ethical
650 issues encountered by researchers or practitioners (McEvoy, Enright, & MacPhail, 2017;
651 Roberts, Faull, & Tod, 2016). On the whole, these discussions were non-sensitive and did not
652 raise any issues of an ethical nature. During one group session, however, a client opened up
653 to me and another client about how she had suffered with bulimia in the past. She was
654 concerned that this would return, since the only person who had helped her to manage the
655 condition previously was her Mother who had since died.

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

664 I think the biggest challenge for me as a practitioner during this situation was to
665 ensure that I was supportive, did not break the participant's trust, yet still ensure that the
666 information was passed on for ethical/referral purposes. Given the sensitive and serious
667 nature of the disclosure, I did this by making the client aware that I would need to speak to
668 my supervisor and escalate the disclosure onto the departmental ethics representative, but
669 also offering re-assurance and opportunities for further discussion prior to the referral
670 process. As a BASES SE student, I was fortunate to have my supervisor on-hand to speak to
671 about any issues, however, I do not think that accreditation or completion of training should
672 lead to the termination of this relationship and support network. Therefore, if the same

673 situation was to arise again post-training, I would not think twice about seeking advice and in
674 some cases support from (my now former) supervisor and those around me with more
675 experience in sport and exercise psychology. This experience has also reinforced the
676 importance of referral when clients present issues outside my area of competence,
677 particularly related to mental health. It has also prompted me to begin to build up a list of
678 more personal local contacts and services, which could be offered to clients experiencing
679 issues in the future.

680 **Jessica Brainch, Sport and Exercise Psychologist**

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

691 My initial reaction was to continue with sessions and avoid talking about my own
692 experience with cancer. The client was unaware of my diagnosis and treatment. On reflection
693 after the session, I questioned whether without a disclosure, I could continue working with
694 the client, knowing that I could relate to some of what he was sharing. Would I be too
695 distracted questioning whether I should or should not disclose? Or if I did disclose, would I
696 be too wrapped up in my own narrative, taking away from his needs and the focus of our
697 sessions?

698 After reading about self-disclosure and engaging in long conversations with my
699 supervisor, we developed an action plan. In the next session, I would self-disclose, and offer
700 the client time to ask me any questions he may have about my situation. After which, I would
701 re-focus the session back on to him and present three options. The client could:

- 702 1) Continue working with me;
- 703 2) I could refer him on to another psychologist or;
- 704 3) We could meet with my supervisor to ensure the focus of the sessions had not
705 transferred on to me.

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

716 **Mikel Mellick, Sport and Exercise Psychologist**

717 My sport psychology practice philosophy is about the development of the whole
718 person. It provides a safe, trusting and appropriately challenging environment that actively
719 acknowledges that periods of vulnerability are ‘typical’ but ‘manageable’ through effective
720 coping skills and by the use of social support. By creating an environment where
721 vulnerability is actively encouraged and accepted, athletes can learn to feel comfort in
722 uncertainty and use these times to develop positive transferable life skills. This approach

723 emphasises a ‘strength through adversity’ model where vulnerability is seen as manageable,
724 and not as a defining character flaw of the athlete. By enabling self-worth through an
725 environment of genuine acceptance and sense of inclusiveness, I hope to facilitate a shift in
726 mindset away from one characterised by threat, instability, confusion and contradictions to
727 one that promotes and maintains optimism, emotional resilience and ultimately life
728 satisfaction. In essence, my work with individuals is about helping them to (re-)discover a
729 meaning and purpose to life (beyond the athlete identity). My approach to practice is
730 evidence-based and theoretically framed primarily through humanistic/existential and
731 narrative CBT perspectives. My aim is to facilitate (coach) athletes to effectively negotiate
732 key lifespan transitions, major life events and emotional upset by supporting them to live
733 through change positively and to cope, grow and develop.

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

743 This realisation came through a discussion over a coffee with my BPS Stage 2 trainee
744 (Jessica Branch) on the value or otherwise of practitioner self-disclosure in sport psychology
745 practice. As a nurse with an understanding of mental health nursing, and as a sport
746 psychologist with a background in counselling psychology, I was aware of the research in
747 psychotherapy/clinical psychology and counselling supporting the timely and appropriate use

748 of practitioner disclosure as a sophisticated therapeutic influencing skill. Yet it wasn't until
749 the BPS Stage 2 trainee I was supervising asked me, "When was the last time you disclosed
750 your previous experience of mental health difficulty with one of the athletes with whom you
751 were working?". My response, "I haven't!".

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

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

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

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

776 **Concluding Comments**

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

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

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

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