ORIGINAL ARTICLE

WILEY

A qualitative analysis of Swedish sport psychology practitioners' experience of a continued professional development program

Johanna Belz[1] ![ORCID] | Göran Kenttä[2,3] | Hayley E. McEwan[4] | Jelena Muetstege[2] | David Tod[5]

[1]German Sport University Cologne, Cologne, Germany

[2]The Swedish School of Sport and Health Sciences Stockholm, Stockholm, Sweden

[3]The School of Human Kinetics, University of Ottawa, Ottawa, Canada

[4]School of Health & Life Sciences, University of the West of Scotland, Paisley, England

[5]Lancaster Medical School, Lancaster University, Lancaster, England

Correspondence
Johanna Belz, Institute of Psychology, German Sport University Cologne, Am Sportpark Müngersdorf 6, D-50933 Cologne, Germany.
Email: j.belz@dshs-koeln.de

Abstract

Although sport psychology practitioners and researchers acknowledge the importance of continued professional development (CPD) for professional effectiveness and excellence, few studies have explored the influence of CPD activities on the practitioners' practice and thinking. This study examined qualified Swedish sport psychology practitioners' experiences of engaging in a CPD program and how it impacted their professional development. The Swedish Sports Confederation offers a CPD program that targets performance enhancement services and psychotherapy for sport psychology practitioners. We explored the influence of this CPD program on the professional development of 13 graduates (five females; age in years: $M = 41.2$, $SD = 8.3$) via semi-structured interviews. Our stance involved a realist ontology and constructionist epistemology. We followed the six-step Reflexive Thematic Analysis procedures to analyze data. We identified four themes of CPD: (1) *Critique* (participants decided to do the CPD program because of perceived gaps in their knowledge and skills), (2) *Change* (participants discussed several changes as a result of the CPD program), (3) *Context* (participants discussed the aspects of the CPD program that promoted change), and (4) *Challenge* (participants mentioned issues related to having completed the program). The study provides insights into the value of CPD activities for sport psychology practitioners, advances current knowledge on practitioner maturation, and illustrates how CPD fits within a practitioner's lifelong learning. Future research could investigate the professional development of mid-career sport psychology practitioners engaging in other CPD programs to confirm or extend this work.

KEYWORDS
cognitive behavioral therapy, continued professional development, continuing education, lifelong learning, psychotherapy, sport psychology practitioner

1 | INTRODUCTION

In recent years, researchers and practitioners alike have acknowledged the importance of the continued professional development (CPD) of sport psychology practitioners to maintain professional effectiveness and excellence.[1,2] CPD of sport psychology practitioners is seen as essential "in upholding the highest standards of competence and ensuring the knowledge required for the provision of services."[2(p91)]

CPD can be divided into continuing education and lifelong learning. Based on a Delphi study with experienced sport psychology professionals, Quartiroli et al.[1] described continuing education as engagement in structured and formal activities to support a meaningful, ethical, and effective career and enhance services to clients and the profession. Continuing education activities include participating in training programs/workshops, attending conferences, participating in peer consultations, or a combination of these activities. Further, Quartiroli et al.[1] suggested that lifelong learning reflects sport psychology practitioners' desires to engage in ongoing information-seeking and self-reflective activities to meet their curiosity and self-development needs. Engaging in continuing education programs is regarded as a cornerstone of practitioners' lifelong learning. Despite its acknowledged importance, there is a noticeable absence of research on continuing education activities and lifelong learning within sport psychology, as Quartiroli et al.[1] and Wylleman[2] noted.

CPD has been described as a necessity in sport psychology because practitioners work in complex, dynamic environments requiring adaptive expertise.[3] Continued education and lifelong learning support the development of adaptive expertise by helping practitioners adapt to new situations, generate learning, and cope with challenges in the work context.[3] Although sport psychology practitioners acknowledge the benefits of continued education and lifelong learning,[1,3] few studies have explored the influence that such activities have on professional development.[2] One way to extend knowledge is to examine qualified practitioners' experiences of engaging in a formal and structured CPD activity and explore how it has changed their practice and thinking about applied sport psychology. Such research may also provide practitioners with information to help them make decisions about the value of CPD activities and how best to include them in their professional lives. Professional bodies could use such research to help them structure, offer, and evaluate CPD programs and justify financial commitment. Supervisors could also use the results of such research to encourage their supervisees to access suitable opportunities for self-development.

Representing a novel CPD program in Sweden, the Swedish Sports Confederation developed "an educational initiative that aims to improve the connection between performance enhancement and clinical support to provide a broader sport psychology support system and to decrease the need for referral to other professionals."[4(p69)] This program's central aim is to provide knowledge about sport psychology theories and interventions as well as key models of psychology and psychotherapy. To better understand the elite sport setting in Sweden, there are three umbrella organizations: the Swedish Sport Confederation's elite sport department, the Swedish Paralympic Committee, and the Swedish Olympic Committee. Each of these three organizations employs sport psychology practitioners trained in performance enhancement and psychotherapy to provide sport psychology services to elite athletes.[5] Sport psychology practitioners who complete the Swedish CPD program qualify to be employed by any of the three Swedish umbrella organizations in elite sports.

The Swedish CPD program enables sport psychology practitioners to develop, train, and maintain sport psychology services that Herzog and Hays[6] propose within their psychotherapy-mental skills training continuum. On one end of the hypothetical continuum lies psychotherapy, and on the other, educational mental skills training. Historically, mental skills training, also known as psychological skills training (PST),[7] was developed to identify techniques and strategies to improve mental skills thought to facilitate athletic performance. A key premise of PST is that athletes are inherently mentally healthy.[6,7] Psychotherapy is defined as the "psychological treatment of (diagnosed or diagnosable) mental or emotional disorders, to assist in relief from symptoms, return to previous functioning, or improve daily functioning".[6(p487)] The service of counseling is positioned in the middle of the continuum and aims to help people cope with their everyday problems and opportunities.[8] Herzog and Hays[6] point out that sport psychology practitioners rarely deliver services only from one end of the continuum. Instead, they commonly find themselves within the blurred boundaries of the psychotherapy-mental skills training continuum.

Understanding how CPD supports sport psychology practitioners to be flexible across the continuum could foster the promotion of ethical, effective, and competent practice. Currently, research on sport psychology practitioner's CPD focuses on the behavioral, emotional, and cognitive transformations experienced by practitioners over time, often shaped by their experiences with athletes and collaborative exchanges with colleagues and supervisors.[9] These transformative changes include adopting a less directive approach, experiencing heightened confidence coupled with reduced anxiety, and transitioning toward a more client-centered focus.[10]

A distinguishing feature of our investigation is the emphasis on sport psychology practitioners' experienced CPD after engaging in a formal and structured CPD program designed to enhance the interplay between performance enhancement and clinical/counseling support. To date, the sport psychology literature lacks adequate research on CPD based on continuing education activities, as highlighted by Quartiroli et al.[1] and Wylleman.[2] By examining the CPD and the challenges and benefits experienced by graduates of the aforementioned Swedish program, our study adds to the broader comprehension of the impact of tailored CPD initiatives within a defined professional and cultural context. This newfound knowledge holds practical implications, offering valuable insights for informing the development, implementation, and evaluation of CPD programs addressing performance enhancement and counseling/clinical psychology support for sport psychology practitioners. The study also sheds light on the specific aspects of the CPD program that influence practitioners, providing practical guidance for designing effective programs. Theoretically, our research enriches the psychotherapy-mental skills training continuum framework,[6,7] illustrating how sport psychology practitioners navigate the blurred boundaries within this proposed continuum.

By departing from the predominant focus on neophyte practitioners,[1,10] our research addresses a significant gap by exploring the experiences of seasoned individuals. The insights gained from the CPD experiences of mid-career Swedish sport psychology practitioners with five to 25 years of experience offer a nuanced understanding of ongoing professional development and challenges encountered in the mid-to-late stages of their careers.

This study aimed to explore mid-career Swedish sport psychology practitioners' experiences with a formal and structured CPD program, seeking to enhance the connection between performance enhancement and clinical/counseling support. Specifically, the study focused on the reasons the participants enrolled in the CPD program, its influence on how they work with athletes, the aspects of the program that helped them learn, the challenges they faced in their work since their participation in the program, and how the program fitted within their broader professional development.

2 | MATERIALS AND METHODS

2.1 | Philosophical stance

Our stance involves a realist ontology and constructionist epistemology.[11] Regarding a realist ontology, we consider that a reality exists independent of ourselves as researchers.[12] In this reality, the participants completed a CPD program. Further, in this study, we focused on what Basch[13] termed manifest content (the spoken rather than the unspoken content). The data consisted of words that were spoken in an interview. Although the participants completed the CPD qualification and we interviewed them, we realize that their knowledge of the program (and ours) is constructed and theory-laden, reflecting a constructionist epistemology.[12] Our knowledge is incomplete because we, as researchers, and our methods are imperfect and influenced by the context and our own backgrounds. For example, the results of this study exist in a specific time, place, and culture. It is possible that the participants' knowledge and experience of the program may alter with time and as their lives change.

2.2 | Context: The CPD program

The Swedish Sports Confederation offers a CPD program that targets performance-enhancement services and psychotherapy.[4] This training program is offered for practitioners already working in applied sport psychology who have previously received an academic degree specializing in sport psychology. The program involves distance education with a half-time working schedule taking four semesters to complete. In addition to their self-study at home, students meet together with their lecturers about once a month for two full days of in-person teaching. Supervision occurs every second week for half a day in smaller groups. The training program's central aim is to provide knowledge about key models of psychotherapy, psychology, and sport psychology. Furthermore, the students gain a deeper understanding of mental health disorders particularly prevalent in the elite sport setting (e.g., anxiety, depression, eating disorders). As a central part of the training program, participants conduct psychotherapy sessions, focusing on Cognitive Behavioral Therapy (CBT) frameworks and interventions. Transitioning from sport psychology counseling and performance enhancement to addressing mental illness and engaging in psychotherapy leads practitioners into the realm of healthcare, a domain that is formally regulated within the Swedish healthcare system. After completing this CPD program, participants are eligible to work with psychotherapy and health care, but only under supervision by a licensed psychotherapist or licensed psychologist.

2.3 | Participants

The first and fourth authors invited all of the most recent graduates to participate at the time of data collection of

the CPD program via email. Before participating, the participants received written explanations of the study's purpose, risks, and safeguards. Those accepting the invitation provided informed consent before being interviewed. Thirteen recent graduates agreed to participate, and the final sample included eight male and five female graduates with a mean age of 41.2 years ($SD = 8.3$). At the time of the study, the participants' applied sport psychology work experience ranged from 5 to 24 years ($M = 12.6$, $SD = 5.8$). Table 1 provides an overview of the demographic characteristics of the study participants.

2.4 │ Study procedures

Before data collection, the ethics committee of the second author's university approved the study design. Data were collected in the form of semi-structured interviews, a mode of data collection that allows researchers to capture how participants perceive their own world and provides rich and in-depth data,[14] and was thus deemed suitable for the study objectives. Interviews were selected as they are reflective of the ways sport psychology practitioners already communicate in their roles. For example, we engaged in collaborative, semi-structured conversations reflective of a meeting between a practitioner and a client. This approach allowed participants to describe their experiences of the CPD program reflective of the research question. Specifically, the collaborative semi-structured interviews helped the participants share their reasons for undertaking the program, its influence on how they worked with athletes, the aspects of the program that helped them learn, the challenges they faced in their work since their

participation in the program, and how it fitted within their broader professional development. Collaborative interviews ensured participants were free to direct the conversations and focus on information they deemed relevant rather than render them hostage to our agenda.[15] As such, collaborative interviews reflected our constructionist epistemology and focus on manifest content. Interviews were conducted up to 2 years after graduation, providing participants with sufficient time for professional development and personal reflection.

2.5 │ Interview guide

The interview guide was based on the sport psychologist professional development literature (e.g.,[9,16]) and encompassed questions regarding the reasons why the participants enrolled in the CPD program, the influence it had on how they provide services to athletes, the aspects of the program that helped them learn, the challenges they faced in their work since their participation in the program, and how the program fitted within their broader professional development. The interview questions can be accessed in Appendix S1. As Patton[17] suggested, the semi-structured interview guide used open-ended, non-leading questions to involve the respondents in the interview process.

2.6 │ Interviews

The first author conducted six, and the fourth author conducted seven interviews. Both authors had several years of

Gender	Age (years)	Academic background	Athletic background	ASP experience (years)
Female	34	MSc Sport Psychology	Athlete + coach	5
Female	35	PhD Sport Psychology	Athlete	NA
Female	52	Physical Therapist	Athlete	16
Female	58	BA Physical Education	Athlete + coach	24
Male	32	PhD Sport Sciences	Athlete + coach	5
Male	34	BA Sport Psychology	Athlete + coach	10
Male	38	Licentiate Sport Sciences	Athlete + coach	12
Male	38	PhD Sport Sciences	Athlete + coach	14
Male	43	MSc Sport Psychology	Athlete	10
Male	43	BA Sport Psychology	Athlete + coach	12
Male	44	MSc Sport Psychology	Athlete + coach	NA
Male	51	BSc Psychology	Athlete + coach	18
Female	33	BA Physical Education	Athlete	NA

TABLE 1 Participants' demographic details.

Abbreviations: ASP, applied sport psychology; BA, Bachelor of Arts; BSc, Bachelor of Science; MSc, Master of Science; NA, no answer; PhD, Doctor of Philosophy.

experience in applied sport psychology at the time of the interviews. Still, they were not attached to or involved in the CPD program, thus ensuring impartiality. The third and fifth authors, experts in professional development research within sport psychology, also maintained no connection or familiarity with the CPD program. The second author contributed to the development and implementation of the CPD program while holding a joint position bridging academia and the role of head of sport psychology at the Swedish Sport Confederation. Notably, the second author actively participated in the CPD program as a student, offering a well-rounded perspective, fostering a contextual understanding that proved invaluable in collaboratively evaluating and interpreting the findings alongside the other authors. Due to logistical and geographical constraints, six participants were interviewed in person, and seven were interviewed via telephone. The in-person interviews took place in a location most convenient for the participants. When comparing interview transcripts of telephone and face-to-face interviews, Sturges and Hanrahan[18] found no significant differences, concluding that phone interviews can be used productively in qualitative research. Participants had the option to interview in the language of their choice. Consequently, all six face-to-face and five telephone interviews were conducted in English; two were in Swedish.

Before the interviews commenced, the participants provided written consent to be interviewed, to have the interview recorded, and to allow the data to be analyzed and anonymously published by the researchers. The interviews were conducted flexibly, enabling the interviewers to change the questions' sequence and wording to make the interviews more conversational. Probes for elaboration and clarification were employed throughout the interviews to provide an in-depth follow-up to the participants' responses.[17] Elaboration probes were used to encourage the interviewees to continue talking about a topic and included nonverbal (nodding) and verbal cues (e.g., "Can you elaborate on that further?"). Clarification probes were utilized when more information was needed or the responses were ambiguous (e.g., "When you talk about receiving support during the education, whose support are you referring to?"). The interviews lasted between 23 and 56 min ($M = 38.1$, $SD = 9.9$).

2.7 | Data analyses

The first and the fourth author followed the six-step Reflexive Thematic Analysis (RTA) procedures to analyze data.[19] According to Clarke and Braun,[19] RTA is "a theoretically flexible method [for] developing, analyzing, and interpreting patterns across a qualitative dataset".[19(p4)] RTA allowed us to interrogate the transcripts and create the themes that answered the research question from participants' experiences. Also, RTA recognizes the role of researcher reflexivity in data analysis and supported our attempts to engage in both inductive and deductive reasoning that reflected our constructivist epistemology. During analysis, we moved backward and forwards among these steps and did not follow them in a linear fashion. In step 1, familiarization, we read and reread the transcripts, immersing ourselves in the data. As we read, we made notes and created one-page summaries for each participant to help us become acquainted with their words. In step 2, generating codes, once comfortable with the transcripts, we generated codes to cluster text units around meaning patterns. Working both inductively and deductively, we initially developed semantic codes that stuck to the explicit meaning in the data. We also generated latent codes that focused on conceptual meanings as we proceeded. In step 3, constructing themes, after coding, we constructed candidate themes or patterns of shared meaning organized around a core idea and tested them in two ways. First, we assessed whether a theme was a meaning pattern rather than a feature of the data. Second, we explored how candidate themes related to each other. We acknowledged that these tests are based on our perceptions rather than objective rules. In step 4, revising themes, we checked the themes against the dataset. There are no clear boundaries between constructing and revising themes. In addition to the two assessments above, we continued reflecting on the themes against the dataset, keeping those that best reflected the participants' words and discarding those we could not justify. In step 5, defining themes, we defined the retained themes and described their core ideas. We followed Braun et al.'s[20] advice, labeling themes with phrases rather than single words to express the key features. Peer review and member reflections with participants helped us assess the adequacy of our analysis and uncover our biases (see below). In step 6, producing the report, we found that drafting the report was another test of our analysis. As we wrote, we reflected on the findings and considered the literature to help us interpret the results. Guiding questions included: do the themes make sense given the broader knowledge base? Are there enough data to support the themes? Do the collective themes make a coherent set of findings? Do the results add to the discipline? Can we derive applied implications from the findings?

2.8 | Research credibility

Consistent with a non-foundational approach,[21] we identified credibility criteria consistent with our aims and values. We aimed to (a) ensure we understood participants' experiences; (b) demonstrate to them we cared about them and

their experiences; (c) advance knowledge; (d) provide results that resonate with readers' experiences; (e) uncover our assumptions and biases; and (f) detail information practitioners would find helpful. Based on these guiding aims and values, the relevant criteria we addressed included credibility, rich rigor, resonance, and significant contribution.[21] We ensured we met these criteria by (a) interviewing qualified practitioners with at least five years of client experience who had completed the CPD program; (b) building trust and rapport with participants before and during the interviews (e.g., adopting active listening skills, taking and demonstrating an interest in the participants and their stories, being open about the study's purpose and procedures, and inviting questions); (c) engaging in member reflections with participants during data analysis to allow for additional opportunities where we could reflect on their stories together[22]; (d) keeping a reflective journal throughout the project; (e) regularly sharing results and our progress with colleagues to expose our thinking to peer review; (f) presenting the results in academic circles for critical feedback; and (g) discussing the results with trainees and experienced practitioners to ensure the applied value of the results. The member reflections helped us clarify our understanding of participants' experiences, highlight features we overlooked during analysis, and discuss components we missed during interviews. When presenting our results to colleagues, other researchers, and practitioners, we asked these individuals to act as critical friends.[23] These people gave us feedback helping us to review our interpretations, suggested theoretical frameworks that helped us explore alternative ways of interpreting the data, and quizzed us on our interpretations to help uncover our biases.

3 | RESULTS

The data congealed around four themes that we have summarized as the four Cs of CPD. Specifically, the four Cs include *Critique* (participants perceived gaps in their competencies before the CPD program), *Change* (participants experienced several changes due to participating in the program), *Context* (certain aspects of the CPD program influenced their professional development), and *Challenge* (issues arose for participants due to participating in the CPD program). In the following sections, we describe the four Cs and provide illustrative quotes.

3.1 | Critique: Participants perceived gaps in their competencies

Participants decided to participate in the CPD program because of gaps in their knowledge and skills, as the

following quote illustrates: "I am not gonna be able to work proficiently with clients just by knowing what I know about sports psychology. I need more. So that is why I initially started with the CBT [cognitive behavioral therapy] course." Another participant explained: "Of course, I used the PST [psychological skill training] skills and so on. But I was always a little bit insecure. Because I didn't have the recipe for how to fit pieces together." One participant discussed the difficulty of applying sport psychology theories to applied practice:

> I learned, of course, about theories like self-efficacy and especially self-determination theory and achievement motivation theory, and motivation theories in general. I really like theories, and in the back of my head, I of course, have a lot of theories, but I wasn't very loyal or faithful to the theories. Basically, most theories are quite hard to work with applied, I think. In general, I think that the sport psychology theories are very good theories when you look in general on groups and stuff like that, but applied, I had a hard time to use the theories.

Another reason for their perceived deficiencies related to their observation that traditional sport psychology techniques did not always help clients: "I was quite critical before [I started the CPD program] to the mental skills approach. I saw that it was not working very well."

3.2 | Change: Participants discussed changes they experienced from the program

3.2.1 | Participants gained a broader theoretical perspective

Participants benefitted from expanding their theoretical knowledge of clients' presenting issues, as illustrated: "It was really good to get a theoretical background to various conditions and diagnoses because you can know a little bit about depression or anxiety and so on, but it was good to really go in-depth." Another participant said: "It is the clinical perspective that actually takes sport psychology further." As another example of a broadened theoretical perspective, participants mentioned how learning about CBT enhanced their understanding of applied sport psychology. One participant said: "The knowledge about sports psychology is very important to me in my work, but it is mainly CBT knowledge I use."

3.2.2 | Participants increased their range of methods

Interviewees valued how the program helped them increase their range of interventions, including exposure therapy, motivational interviewing, mindfulness, and acceptance and commitment therapy. One frequently mentioned method was functional analysis. Functional analysis, within the context of CBT, refers to a systematic assessment and examination of the functional relationship between behavior and its environmental context. It involves identifying a specific behavior's antecedents (triggers or stimuli) and consequences (reinforcements or outcomes). The goal of functional analysis is to understand the factors that maintain or contribute to the occurrence of a behavior. After determining why and how a behavior is created, the therapist/practitioner and client can change parts of the behavior chain to achieve a different outcome.[24] "I think that behavior analysis or functional analysis is crucial for all work within sport psychology or applied psychology. And if you don't know that, you shouldn't be working in sport psychology." One participant further explained:

> In the beginning, after the CBT course... the one thing I liked about CBT is the functional analysis because it is so applied. I sit down with my client or my athlete and say, 'please tell me about your situation, give me information'. And you find the structure about it, and it is so easy for me to understand, and it is so easy for the client to understand. So, it is really, really practical. And focusing on the behaviors rather than the cognitive part of the CBT, I find it really helpful and really practical.

Reinforcing the above view that learning about CBT extended applied sport psychology knowledge was the belief that functional analysis supplemented applied sport psychology methods: "I can still use applied sport psychology theories and methods, but I do my functional analysis first, and that's my base."

3.2.3 | Participants supported clients with more issues

To illustrate, one participant stated: "Most of the athletes come to me as they want to get help with the sport psychology. But most of them have some kind of subclinical issues that we have to work with, so we work with both

sport psychology enhancement things and also subclinical issues." Another participant stated: "So from the top of my head, I would say about 10% [of athletes I work with] have clinical issues." Clinical issues encompass mental health concerns that meet the criteria for a formal diagnosis of a mental disorder, as outlined in diagnostic manuals such as the Diagnostic and Statistical Manual of Mental Disorders V,[25] including Major Depressive Disorder or Generalized Anxiety Disorder. In contrast, subclinical issues involve symptoms that may be distressing but do not meet the full criteria for a formal diagnosis of a mental disorder. Examples of subclinical issues are disordered eating and distress resulting from competitive anxiety. Although participants discussed how the program helped them become more aware of the issues athletes experienced, they acknowledged that lines between clinical and subclinical issues were blurred: "I'm more aware of the clinical side and where the borderline is between the clinical and non-clinical. It's very grey, and it's not a clear line, but I'm more aware of potential problems."

3.2.4 | Participants were more client-centered

One participant said: "It's not me-centered, it's client-centered". Another participant added: "You have to adapt the treatment or the intervention based on the person's problem." One participant gave insight into how being client-centered had led to changes in the way they operated:

> I think I am more observant of the behaviors during the session and see more things when I sit with them [clients]. They don't have to tell me everything, I can see things. And you know what to look for and react to the client and so on. It struck me a few days ago when I was sitting with a client. Maybe half of the analysis with the client was based on what I saw, not what they told me. It is difficult to explain, but I think I have shifted, I am not writing down as much as I did then, I figure it out together with the client.

3.2.5 | Participants found it easier to assess the quality of their athlete interactions

Participants reported that before the program, they experienced difficulties assessing the effectiveness of their work, as one participant suggested:

It was really hard, actually. I tried the methods like the toolboxes, and sometimes they worked, and sometimes they didn't. So basically, I was never sure that I did good. My athletes usually rated me quite good on sort of a rating scale, how they felt about my counseling, but I couldn't be sure of the effects.

After the CPD program, however, they found it "easier to follow up and measure." An enhanced ability to assess the effectiveness stemmed from the CBT functional analysis they acquired from the program: "From the CBT perspective, it is quite clear: When we have worked through the problem, we are done with the problem and then connect it to a behavior goal. So, when you can do this, we are basically done." One participant further suggested: "If the [functional] analysis is right, I will have an effect of my work. And if I don't get the effect, I have done the wrong analysis."

3.2.6 | Participants reported increased confidence and humility

As a result of the CPD program, participants reported "increased confidence" in their competence. Along with enhanced confidence, however, participants also admitted to greater humility: "If a person wants to change his or her behavior, I am very confident that I can help with that. But also, you need to be quite humble with it because the key is that the person actually wants help." Increased humility also emerged from the participants' realization that: "there is so much more to learn, so I guess the humbleness for working with people, understanding that I have these sets of skills. And they can go a long way, but it's really important to refer when it's outside of my area." As further discussed, the program helped participants realize the limits of their knowledge:

> The biggest lesson... How little we know. That we don't know so much. You are thinking of things. It is a huge world with a lot of theories and thinking and ways to act. But then, when you are there, you understand that you are kind of scratching the surface sometimes.

3.3 | Context: Participants discussed the aspects of the program that helped them change

When discussing the components of the CPD program that helped their learning, participants mentioned

their supervisors and peers, being filmed working with athletes (i.e., their clients), and undertaking personal therapy.

3.3.1 | Participants learned from their supervisors and classmates

Supervisors provided "great help" and "guidance" both during and after their CPD program. All 13 participants revealed they were still in regular contact with their supervisor from the CPD program. According to one participant: "The supervisors we had were also very skilled and very good to talk to when you needed some advice." Supervisors helped when participants struck novel or challenging clients:

> But when you find yourself with a clinical problem, then it's important to get, to understand what you are dealing with. And then there, I used my supervisor to help me, guide me right. Because then you sometimes feel a bit unsure about yourself.

Supervisors also challenged participants: "I'm very fortunate to have a supervisor. She is just throwing me out there and makes me try new things." Another participant said: "I had my supervisor on my shoulder, and I still do. I kind of enjoy it, I kind of enjoy having a reminder of the potential that I have to develop those things that I am not good at."

Just as all 13 participants have continued to be mentored by their program supervisor, they also have stayed in regular contact with their classmates: "I still have my colleagues with me, and we still have our networks where we can talk about [issues of] clients, confidential of course, and we tend to help each other." Peers have allowed them to "exchange ideas", "receive support", and "vent about problems."

3.3.2 | Participants benefitted from being filmed working with athletes (i.e., their clients)

Although participants admitted to being anxious, they discussed how they benefitted from having their interactions with athletes filmed and then scrutinized by peers and supervisors, as indicated:

> And in the beginning, still in the course, it was really stressful. Because I don't like seeing myself. But also, it's so good for you. It is so obvious, 'Ok, here I don't know what I am

talking about', and 'When I talk like that, the client can't follow me anymore', and stuff like that.

3.3.3 | Participants learned from undertaking personal therapy

Participants undertook personal therapy as part of the CPD program and reported finding it helpful:

> We had to work with ourselves to go to therapy for 50 hours. And now that I do the step 2 [step 2 program of becoming a psychotherapist in Sweden], we have to have another 60 hours of our own therapy. And for me, it has helped me a lot, of course, to understand yourself more, what happens in the interactions with other people, and if things come up, how I behave in situations. So, I think that for me, it has been very, very important; it has helped me a lot in many situations.

3.4 | Challenge: Participants mentioned issues related to completing the program

Completing the CPD program also raised career issues and challenges for the participants. These issues included the perceived need for lifelong learning, knowing what they could call themselves, and integrating their new knowledge.

3.4.1 | Participants realized the need for lifelong learning

Participants reported that completing the program led to enrolling in other CPD activities because "there is a lot more out there to understand and know." One participant said: "I take workshops, and you know, I think that you should never stop taking courses or try to learn more within your area, if you do, that's when you stagnate." Participants, however, were unsure what future CPD activities they might need to undertake:

> So, I can't tell you right now, in this or that direction, it's more like I am sitting with this education and keeping aware of what is going on, and as things pop up or problems arise, it's like 'that would be good to get more training in', so yeah. That is part of what keeps it interesting, I think, to keep growing and learning,

and following that creative path of what seems important or useful.

3.4.2 | Participants had difficulties defining themselves professionally

One participant summed up this challenge, saying:

> I feel quite certain and confident with my knowledge and how I define my work for myself. But it is not very easy to explain it because we don't have a license, we are not sport psychologists. You can actually not say that I am a psychotherapist either, because it is also a title that is protected. So, it is quite hard.

Several participants mentioned that it is "a great debate in Sweden, what you call us." Completing the CPD program appeared to exacerbate the challenge around titles and competence, as explained:

> Some things are still unclear, and I think the practical side of it [the CPD program] was really, really good, but some of the ethical issues: when you are done, and you have your diploma, can you work with clinical cases or can you not? And how am I supposed to present myself? Am I a therapist or am I a sport psychological advisor? I think both for the people going through the course and the rest of sport psychology of Sweden and maybe the world and also for the 'buyers', the athletes and clubs and coaches. We need to have a more clear statement of what a person can and cannot do and stuff like that. But it's a big question, and it's a hard question. And I think the people that led the course they tried to help us figure this out during the course, but they couldn't quite do it.

3.4.3 | Participants had difficulties integrating their new knowledge

As one participant said: "One challenge was to figure out how the pieces are fitting together from the traditional sport psychology work and the CBT". Another participant explained:

> Somehow, I am more insecure now because I am more secure, but I am also more

insecure, which is quite funny. I know that I know so much more now. And I can see so much more, but it was also quite good not to know those things because then it was quite easy to work. Now it's so much more complex, and it's so much more to screen for and look for and try to fit together. So, on one hand, it's really good that I have so much more knowledge now because I am secure that I do good work. On the other hand, I am so much more insecure because it is now really, really complex.

The participants suggested that integrating their new knowledge may influence how they work:

[Right after the CPD program] I was like, 'Shit, here I have to walk carefully'. And the whole time, this balance between the old knowledge and the new knowledge. Above all, try to relate to it. Again, that is a bit tricky. But I think I'm trying to be more observant of what I'm doing.

4 | DISCUSSION

This study aimed to explore mid-career Swedish sport psychology practitioners' CPD experiences with a formal and structured CPD program, seeking to enhance the connection between performance enhancement and clinical/counseling support. Results indicated that: (a) before the CPD program, participants perceived gaps in their knowledge that the program would address (*Critique*); (b) they developed along several lines (*Change*); (c) the CPD program helped them learn via supervisors, peers, personal therapy, and reflecting on recordings of their interactions with athletes (i.e., their clients during training; *Context*); and (d) issues arising from the CPD program included realizing the need for lifelong learning, uncertainty regarding titles and competencies, and difficulties in integrating two bodies of knowledge (*Challenge*).

These results add to the knowledge on CPD in sport psychology practitioners in the following ways. First, these results fill a critical gap by scrutinizing the influence of a specific continuing education activity on the CPD of sport psychology practitioners, a realm that has been notably overlooked and criticized in prior literature.[1,2] Moreover, the investigation of continuing education activities in sport psychology is still in its early stages, with recent efforts, such as Quartiroli et al.'s[1] exploration of the definition and future trajectories of CPD, continuing education and lifelong learning in the discipline.

As a second contribution, the current study supports findings from research conducted in other parts of the world (e.g., UK), where practitioners attributed their development to less formal, unstructured CPD. Study findings parallel results from other investigations.[9,16,26] For example, the current findings on how participants changed (theme *Change*) echo similar ideas from longitudinal research with experienced professionals.[9,27] Another parallel is the observation (theme *Context*) that supervisors, colleagues, and personal therapy influence learning.[9,27,28] Altogether, similar themes in professional development are emerging from different samples and cultures, supporting the transferability of knowledge in the area. More broadly, we can assume that the data from this study and the other investigations provide an informed representation of the sport psychology practitioner professional development.

As a third, and novel, contribution, the current study illustrates how CPD fits within a practitioner's lifelong learning. First, the study highlighted that reflection, critique, and dissatisfaction led to practitioners enrolling in the CPD program (theme *Critique*). They perceived gaps in their knowledge that arose out of their athlete collaborations. Such a finding reflects individuation or the process whereby practitioners make choices about how they are going to improve the fit between (a) their knowledge, skills, and career goals and (b) their clients and work settings.[9,28,29]

The theme of *Challenge* reflects a contribution from this study. Specifically, participants revealed that engaging in the CPD program, which integrates both performance enhancement and clinical/counseling support, brought to light or intensified certain professional development issues. Notably, practitioners expressed uncertainties about their appropriate titles and the boundaries of their practice. For instance, they discussed the challenge of delineating their role from that of a licensed psychotherapist, leading to questions about their professional identity. These experiences may lead practitioners to reassess who they are (e.g., their beliefs and values) and their engagement with work (e.g., exploring new ways of working). Self-analysis catalyzed by challenges to professional identity can fuel the individuation process. When practitioners align who they are with their preferred ways of working and the environments they want to work in, they may experience clarity regarding their identity. Importantly, a clear identity helps practitioners respond appropriately to ethical dilemmas and reach decisions.[28] Additionally, participants acknowledged their ongoing need for learning and development. These aforementioned admitted challenges from experienced practitioners are valuable information for novice practitioners, as they openly acknowledge that even seasoned professionals admit to ongoing challenges

and learning curves. This acknowledgment fosters an environment where novice practitioners accept and manage difficulties and doubts about themselves and their role while working in their professional roles.

To date, no research has been devoted to sport psychology practitioners' experience related to integrating performance enhancement and psychotherapy in their applied work. Further investigation of these identified challenges will be beneficial because, within their applied work, the graduates of the Swedish CPD program will continuously be confronted with clients within the blurred boundaries of performance enhancement and psychotherapy.[6] Despite the experienced challenges, the CPD program was perceived as one stepping stone along the professional development journey, a finding reinforced by the participants' acknowledgment that they still needed to learn and develop.

4.1 | Study considerations

We acknowledge that the study findings are situated in a specific time, place, and culture (as is the case in all qualitative research). Although reflecting a Swedish context, the parallels between this study and others support the transferability of the findings.[30] The homogeneous sample allowed for rich data to be collected and consisted of a group of individuals who support committed high-performance athletes with performance, mental health, and well-being issues. These types of individuals exist in countries around the globe, including Asia, the Middle East, the Americas, Oceania, and Europe, who may share similar experiences of completing CPD programs. As another consideration, we acknowledge that our backgrounds may have influenced the findings. Collectively, we (the authors) have experience as applied practitioners working in elite settings and as academics tasked with teaching and supervising trainees. Our background will have helped us collect and analyze the data in useful and meaningful ways (e.g., we spoke the same jargon as participants), but will have also created possible blind spots to other interpretations. The research rigor techniques discussed in the method section helped us identify potential biases.

4.2 | Research implications

Our study enriches the psychotherapy-mental skills training continuum framework[6] by providing authentic narratives that illuminate how sport psychology practitioners navigate the intricate boundaries within this proposed continuum. It unveils both the perceived benefits and challenges that arise after acquiring competencies in performance enhancement, counseling psychology, and psychotherapy. As professional development is lifelong, it would make sense for future research to follow up by interviewing practitioners months and years after they have engaged in formal CPD activities to examine those competencies in context. This exploration would allow the integration of theory to context-specific practice and examine the effects of CPD over time. Another avenue of future research in the field is to explore through a narrative approach how practitioners negotiate the boundaries in the continuum and their roles and titles post-CPD.[31] Narrative research would be relevant in this example as it is a method of inquiry that can capture and transfer knowledge in a context-sensitive way (e.g., from country to country). The use of stories as data could serve as CPD for practitioners offering valuable insights through the accounts of participants.

4.3 | Practical implications

Practitioners are encouraged to analyze the four Cs (*Critique*, *Change*, *Context*, and *Challenge*) regarding their own CPD. Regarding the theme *Critique* (i.e., perceiving gaps in one's competencies), practitioners could reflect on what they know, what they can do, and who they are.[32] Consequently, they could identify knowledge, skill, or personal development opportunities. Awareness of gaps and limitations benefits practitioners in two ways. First, individuals might identify potential CPD opportunities (e.g., courses on mental health in athletes). Second, this awareness might inform practitioners that certain clients might need to be referred to other professionals with a different or extended skill set (e.g., psychotherapy).

To address the *Change* theme (i.e., changes experienced due to CPD), practitioners may consider how CPD has changed them as individuals and communicate these changes (i.e., elaborating their theoretical orientation, toolbox, or service-delivery style) in support of peers. Fellow practitioners might benefit from hearing about the influence of CPD on development, in turn promoting the lifelong approach to learning. Furthermore, sport psychology practitioners are encouraged to explore which CPD program professional bodies of their respective countries recommend for their profession.

Third, regarding the *Context* theme (aspects of the CPD program that promoted change), practitioners could reflect on who (e.g., clients, professional elders) or what (e.g., psychotherapy) advances their CPD. In particular, it may be helpful for practitioners to identify and plan for the roles (e.g., mentor, supervisor, teacher, consultant) they engage with during their careers that fuel professional growth.

To address the final theme of *Challenge* (i.e., issues related to the CPD program), graduates of CPD programs might need support from program organizers, educators, or professional bodies regarding integrating theoretical and technical aspects of work with their personal characteristics.[33] Professional bodies might also lobby to create protected titles and communicate to potential consumers. Practitioners engaging in CPD may take comfort in knowing that change and development come from discussions with others and reflections on the self about who I am and who I am becoming. Therefore, practitioners should identify who (e.g., peers, elders) can support them in discussing their professional identity development.

4.4 | Perspective

The participants in this study believed that they had benefitted from the CPD program but also realized they had much more to learn. They understood that they were not polished experts. Expertise in applied sport psychology, however, is not a characteristic that practitioners possess. Instead, practitioners display expertise when collaborating well with athletes and reaching therapeutic alliance goals. Although practitioners may have useful knowledge and skills, expertise results from the interactions among practitioners, clients, and the contexts in which they connect. Athletes and their circumstances change continuously, as do practitioners. To display expertise throughout their careers, practitioners must constantly develop, reconfigure, and change their knowledge and skills to match their clients' needs and circumstances.[1,2,28] The label "expert" is only a static temporary title for a dynamic process. CPD is a vehicle for helping practitioners ensure they can meet the needs of an evolving client base and display expertise. When practitioners engage in CPD, they uphold the ethical principle of remaining competent and contributing to providing services that will help ensure their continued employment and enhance the discipline's reputation in a competitive, market-driven industry.

CONFLICT OF INTEREST STATEMENT
We have no conflict of interest to disclose.

DATA AVAILABILITY STATEMENT
The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT
This study received ethical approval from the second author's university.

CONSENT
The participants provided informed consent before study participation.

ORCID
Johanna Belz https://orcid.org/0009-0001-0287-9990

REFERENCES
1. Quartiroli A, Wagstaff CRD, Herms M, Kemmel C. The future of continuing education and lifelong learning in sport psychology professionals: a Delphi study. *Prof Psychol Res Pr.* 2021;52(2):173-185. doi:10.1037/pro0000362
2. Wylleman P. An organizational perspective on applied sport psychology in elite sport. *Psychol Sport Exerc.* 2019;42:89-99. doi:10.1016/j.psychsport.2019.01.008
3. Cruickshank A, Martindale A, Collins D. Raising our game: the necessity and progression of expertise-based training in applied sport psychology. *J Appl Sport Psychol.* 2020;32(3):237-255. doi:10.1080/10413200.2018.1492471
4. Moesch K, Kenttä G, Kleinert J, Quignon-Fleuret C, Cecil S, Bertollo M. FEPSAC position statement: mental health disorders in elite athletes and models of service provision. *Psychol Sport Exerc.* 2018;38:61-71. doi:10.1016/j.psychsport.2018.05.013
5. Kenttä G, Hyland K. Establishing a mental health clinic for elite sports: the Swedish model. In: Larsen CH, Moesch K, Durand-Bush N, Henriksen K, eds. *Mental Health in Elite Sport: Applied Perspectives from across the Globe.* Routledge; 2021:57-67.
6. Herzog T, Hays KF. Therapist or mental skills coach? How to decide. *Sport Psychol.* 2012;26(4):486-499. doi:10.1123/tsp.26.4.486
7. Vealey RS. Future directions in psychological skills training. *Sport Psychol.* 1988;2:318-336.
8. Murphy SN, Murphy AI. Attending and listening. In: Hanrahan SJ, Andersen MB, eds. *Routledge Handbook of Applied Sport Psychology.* Routledge; 2010:12-20.
9. McEwan HE, Tod D, Eubank M. The rocky road to individuation: sport psychologists' perspectives on professional development. *Psychol Sport Exerc.* 2019;45:101542. doi:10.1016/j.psychsport.2019.101542
10. Fogaça JL, Quartiroli A, Wagstaff C. Professional development of sport psychology practitioners: from systematic review to a model of development. *Psychol Sport Exerc.* 2023;70:102550. doi:10.1016/j.psychsport.2023.102550
11. Elder-Vass D. *The Reality of Social Construction.* Cambridge University Press; 2012.
12. Ronkainen NJ, Wiltshire G. Rethinking validity in qualitative sport and exercise psychology research: a realist perspective. *Int J Sport Exerc Psychol.* 2021;19(1):13-28. doi:10.1080/1612197X.2019.1637363
13. Basch MF. *Doing Psychotherapy.* Basic Books; 1980.
14. Smith JA. *Qualitative Psychology: A Practical Guide to Methods.* Sage Publications; 2003.
15. Bochner AP, Herrmann AF. Practicing narrative inquiry II: making meanings move. In: Leavy P, ed. *The Oxford Handbook of Qualitative Research.* Oxford University Press; 2020:285-328.

16. Fogaca JL, Zizzi SJ, Andersen MB. Walking multiple paths of supervision in American sport psychology: a qualitative tale of novice supervisees' development. *Sport Psychol*. 2018;32(2):156-165. doi:10.1123/tsp.2017-0048

17. Patton MQ. *Qualitative Research & Evaluation Methods: Integrating Theory and Practice*. Sage Publications; 2015.

18. Sturges JE, Hanrahan KJ. Comparing telephone and face-to-face qualitative interviewing: a research note. *Qual Res*. 2004;4(1):107-118. doi:10.1177/1468794104041110

19. Clarke V, Braun V. *Thematic Analysis: A Practical Guide*. Sage Publications; 2021.

20. Braun V, Clarke V, Hayfield N, Terry G. Thematic analysis. In: Liamputtong P, ed. *Handbook of Research Methods in Health Social Sciences*. Springer; 2019:843-860.

21. Sparkes AC, Smith B. *Qualitative Research Methods in Sport: from Process to Product*. Routledge; 2014.

22. Tracy SJ. Qualitative quality: eight "big-tent" criteria for excellent qualitative research. *Qual Inq*. 2010;16(10):837-851. doi:10.1177/1077800410383121

23. Smith B, McGannon KR. Developing rigor in qualitative research: problems and opportunities within sport and exercise psychology. *Int Rev Sport Exerc Psychol*. 2018;11(1):101-121. doi:10.1080/1750984X.2017.1317357

24. O'Donohue WT, Fisher JE, eds. *General Principles and Empirically Supported Techniques of Cognitive Behavior Therapy*. John Wiley & Sons; 2009.

25. American Psychiatric Association, ed. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. 5th ed. American Psychiatric Association; 2013.

26. Haluch P, Radcliffe J, Rowley C. The quest for professional self-understanding: sense-making and the interpersonal nature of applied sport psychology practice. *J Appl Sport Psychol*. 2022;34(6):1312-1333. doi:10.1080/10413200.2021.1914772

27. Tod D, Andersen MB, Marchant DB. Six years up: applied sport psychologists surviving (and thriving) after graduation. *J Appl Sport Psychol*. 2011;23(1):93-109. doi:10.1080/10413200.2010.534543

28. Tod D, McEwan H, Chandler C, Eubank M, Lafferty M. The gravitational pull of identity: professional growth in sport, exercise, and performance psychologists. *J Sport Psychol Action*. 2020;11(4):233-242. doi:10.1080/21520704.2020.1825024

29. Rønnestad MH, Orlinsky DE, Schröder TA, Skovholt TM, Willutzki U. The professional development of counsellors and psychotherapists: implications of empirical studies for supervision, training and practice. *Couns Psychother Res*. 2019;19(3):214-230. doi:10.1002/capr.12198

30. Smith B. Generalizability in qualitative research: misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qual Res Sport Exerc Health*. 2018;10(1):137-149. doi:10.1080/2159676X.2017.1393221

31. Smith B, Sparkes AC. Narrative analysis and sport and exercise psychology: understanding lives in diverse ways. *Psychol Sport Exerc*. 2009;10(2):279-288. doi:10.1016/j.psychsport.2008.07.012

32. Tod D, Hutter RIV, Eubank M. Professional development for sport psychology practice. *Curr Opin Psychol*. 2017;16:134-137. doi:10.1016/j.copsyc.2017.05.007

33. Verner D, Chandler C, Clarke P. Exploring the contribution of personal qualities to the personal and professional development of trainee sport psychology practitioners' within the individuation process. *Phys Cult Sport, Stud Res*. 2021;92(1):43-54. doi:10.2478/pcssr-2021-0024

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.