Learning Experiences Contributing to Service-Delivery Competence in Applied Psychologists: Lessons for Sport Psychologists
Abstract

The purpose of the present study was to compare learning experiences perceived to contribute to service-delivery competence in sport, clinical, and counseling psychologists. Twenty psychologists (11 female, 9 male, 28-70 years of age) participated in semistructured interviews. All participants emphasized the role of client interactions in learning service-delivery processes. In addition, clinical and counseling participants reported personal therapy and supervision as influential experiences. Applied implications for training include: (a) regional supervision networks comprising peers and elders, (b) university-based sport psychology clinics, and (c) personal and professional development groups.

Keywords: professional development, applied psychology, training
Learning Experiences Contributing to Service-Delivery Competence in Applied Psychologists: Lessons for Sport Psychologists

In many places around the world, the professional status of sport and exercise psychology has advanced to the point that national licensing and registration schemes have arisen through legislation. For example, in the UK the Health and Care Professions Council (HCPC) has been responsible for the regulation of practitioner psychologists (including sport, clinical, and counseling) since 2009. With these changes, it may be timely to compare the learning experiences of sport psychologists alongside those practitioner psychologists with whom they are regulated (e.g., clinical and counseling). Such examination may optimise education and training for sport psychologists and yield benefits for clients, practitioners, and the discipline’s reputation (Corlett, 1996). Others have also suggested the benefits of learning from the parent discipline of psychology through the cross-fertilisation of ideas, research, and teaching (Moran, 2014). There is evidence of this process already in existence, whereby sport psychology scholars have drawn on theories from clinical and counseling psychology to guide practice (e.g., Martindale & Collins, 2005).

Sport psychology can also gain from the broader professional development literature in psychology to inform sport psychologist training and development. For example, counselor development theory illustrates how people mature as practitioners and identifies phases and themes that characterise development. Parallels have already been found between counselor development theory and sport psychologist development. For example, Tod, Andersen, and Marchant (2009) found that like counseling psychologists, trainee sport psychologists focus on applying interventions in rigid ways with clients, and prefer to learn by imitating mentors. With experience, neophytes feel more competent and less anxious, and become adept at following clients’ needs by applying knowledge. To date, however, researchers have not included sport, clinical, and counseling psychologists in the same study. Doing so may
provide further evidence of parallels in the development of these types of practitioners, and allow researchers to advance knowledge about sport psychologist development.

Applied careers in sport psychology are a relatively new phenomenon in most countries, including the UK where the present study is situated. To advertise one’s self as a psychologist in the UK individuals must be registered, however, training routes to becoming registered differ for clinical, counseling, and sport psychology. Clinical and counseling trainees undertake a three year university professional doctorate; whereas sport trainees complete a professional training qualification typically taking three years post-masters (BPS, 2014). During their training, clinical psychologists work with a wide range of different client groups (e.g., adults and children with mental or physical health problems, people with learning disabilities) using different approaches (e.g., cognitive-behavioral, systemic). Counseling psychologists use similar models (e.g., both are trained in psychotherapy) and often work in similar settings to clinical psychologists. Counseling psychologists tend to create a collaborative relationship with clients that focuses on exploring underlying issues to empower change, rather than the more directive psychopathology model utilized by clinical psychologists (Mayne, Norcross, & Sayette, 2000).

There is a substantial body of research examining counselor and clinical psychologist training (Stoltenberg & McNeil, 2010). Previous research has highlighted the similarities in the daily activities of clinical and counseling psychologists (Mayne, Norcross, & Sayette, 2000) and similar generic professional competences (e.g., the ability to form client relationships, to keep accurate records, confidentially) are required to practice (Jones, 2011). Sport psychologists can be considered helping professionals engaged in the process of psychological service-delivery similar to clinical and counseling psychologists. Many have advocated that sport psychology learn about professional development from clinical and counseling psychology as there are similarities in these roles (Pack, Hemmings, Arvinen-
Barrow, 2014; Tod & Lavallee, 2011). Sport psychologists’ work involves listening and talking to clients, forming relationships with them, and exercising specialised training, skills, and knowledge with clients. The purpose of training for the helping professions is to enable practitioners to develop service-delivery competence (SDC). SDC can be summarised as the application of suitable psychological theory, through the use of appropriate skills and interventions, in a therapeutic relationship to meet a client’s needs and expectations, with routine reflection by the practitioner on how they have influenced the process of service provision (Tod et al., 2009). Cropley, Hanton, Miles, and Niven (2010) proposed that Tod et al.’s definition may improve understanding of the determinants of effective practice and encourage practitioners to think about the competences required to be effective. The processes described in the definition above identify what the practitioner is trying to do to be effective. Comparing the experiences that contribute to SDC across sport, clinical, and counseling psychology may inform theoretical understanding regarding sport psychologist training, clarify the training processes that influence effectiveness, and yield applications for educators and supervisors. Such data might strengthen the justification for using clinical and counseling psychologist development theory to inform sport psychologist training.

Researchers have examined the learning experiences deemed important to graduates and staff of sport psychology master’s and doctoral training programs in Australia (Tod, Marchant, & Andersen, 2007). In Tod et al.’s (2007) study, participants discussed the significance of interpersonal interactions among classmates and teaching staff and the influence of specific events outside of training. These findings echo an earlier study on student counselor development (Furr & Carroll, 2003) providing some evidence that counseling literature is relevant to sport psychology development. Other common themes across the disciplines include the importance of learning directly from those who are qualified practitioners (Fifer, Henschen, Gould, & Ravizza, 2008), and the value of self-
reflection at all stages of development (Cropley et al., 2010). Despite these findings, there is scope for knowledge on sport psychologist development to be advanced. One such way is through interviewing working practitioners from the three disciplines. Much of the literature across the disciplines is focused on trainees or seasoned practitioners (Simons & Andersen, 1995) and typically does not include the years in between. The working years between qualification and retirement are when professional functioning may be undergoing the most change and practitioners are actively reflecting on their training experiences (Skovholt & Rønnestad, 1992). For example, there is movement from received knowledge towards personally constructed knowledge; unauthentic elements of the self may be disregarded because one seeks congruence between personal beliefs and practice behavior, and there is an increased use of experience-based generalisations to guide practice (Skovholt & Rønnestad, 1992).

In summary, including sport, clinical, and counseling psychologists in the same study may help advance knowledge and practice about the learning experiences that contribute to SDC, because these practitioners approach service-delivery in similar ways and draw on similar types of approaches to guide service-delivery, such as cognitive-behavioral theory (CBT). Furthermore, such inclusion might support current UK training and development practices in sport psychology or help reconfigure some aspects of training to assist trainees’ learning. Undertaking qualitative study might also provide data that yields insights relevant beyond the UK context. The purpose of this study, therefore, was to compare learning experiences perceived to contribute to SDC from participants in the sport, clinical, and counseling psychology fields.

**Method**

**Participants**
Participants in this study were 11 female and nine male UK trained psychologists (sport and exercise, \( n = 10 \), clinical, \( n = 5 \); and counseling, \( n = 5 \)) between 28 and 70 years of age who were currently practising and registered with the UK HCPC. Initially 14 participants were purposively identified through the first author’s professional network using the following inclusion criteria. Participants: (a) received their training in the UK; (b) were currently practising; and, (c) were HCPC registered. These criteria helped ensure that although participants had been trained according to different models, they had developed a similar skillset deemed necessary by the same registering body. Snowball sampling was also utilised by asking participants postinterview if anyone in their professional network met the inclusion criteria and would be willing to be interviewed. The initial participants provided the contact details of a further four participants who then provided the details of the remaining two participants. Practitioners’ work experience ranged from 3-24 years posteducation, where five worked in private-practice settings (three part-time; two full-time) and 15 in a public-practice setting (eight part-time; seven full-time). Collectively, they had consulted in various settings with athletes (elite and amateur), children and adolescent mental health service users, and individuals with physical health concerns (e.g., type 2 diabetes mellitus, awaiting organ transplantation).

**Procedures**

After obtaining institutional ethics approval, the first author contacted participants individually by email and outlined the study’s purpose, risks, and safeguards and invited them to participate. Tracy’s (2010) criterion of rich rigor was used as a guiding principle for selecting an adequate number of participants. This criterion required adequate diligence to gather enough data to answer the research question; in the case of the current study, interviewing 20 psychologists was deemed enough to demonstrate that rigor. Including additional participants may have risked compromising the depth of understanding that arises
from including more participants than necessary to answer qualitative research questions (Kvale & Brinkmann, 2009). The setting for the interview was chosen by the participant where six interviews were undertaken face-to-face and 14 were conducted by telephone due to geographical access to the participants. Before participating, individuals provided informed consent to be interviewed and have the interview recorded. The semistructured interview guide described below was used flexibly to allow interviews to feel conversational; the interviewer was receptive to participant responses and adjusted question wording and order accordingly. Interviews ranged in length from 37 to 90 min with an average duration of 52 min.

**Interview Guide**

The semistructured interview guide was developed from the professional development literature (e.g., Skovholt & Rønnestad, 1992). The interview guide began with general questions to collect information about the participants’ education, consultancy history, and current working role. The guide then contained questions related to participants’ views on learning experiences perceived to contribute to SDC. These topics included: processes that develop psychologists’ skills, influences on the development of SDC, learning experiences, developmental tasks, and obstacles. For example, participants were asked: “Who are or have been your significant influences as an applied psychologist, and how do they influence your service-delivery?” The first author piloted the interview guide with an academic, and a practising applied psychologist, and an additional question was added after the pilot study to ask first what the participant understood SDC to mean. The interview guide is available from the first author on request.

**Data Analysis and Presentation**

The data were analysed according to Patton’s (2002) guidelines including data preparation, description, and interpretation. In data preparation, the first author transcribed
the interviews verbatim and then repeatedly read the transcripts whilst listening to the digital
recordings of the interviews. During data description, the content of the transcripts were
thematical analysed to identify patterns and themes. This process was conducted after each
interview to allow the initial formation of the classification system. First, participants’
responses were placed into broad themes, each with a label reflecting the content. Seven
themes were developed reflecting the transcript content. Subsequent analysis involved
assigning and reassigning individual text units to subthemes within the broader themes.
Themes were revised and renamed and data was reassigned, where appropriate, to new
themes and subthemes throughout data description to ensure the research question was
answered. For example, data regarding peer interactions was initially placed under a theme
termed *formal service-delivery experiences* to denote experiences that occurred in the class
room. Formal experiences did not emerge from the data on sport psychologists so the word
formal was removed to represent a generic theme encompassing all data. *Peer interactions*
was initially placed under the *service delivery experiences* theme however participants
discussed this experience in relation to reflecting with peers so this subtheme was moved
under *reflective learning* to present a more coherent presentation of results. Throughout data
interpretation, the classification system was reviewed in reference to established theory and
as part of the audience review process (described below) to identify the relationship between
findings in the current study and previous work. In keeping with Krane, Andersen, and Strean
(1997), data analysis involved both deductive and inductive procedures.

**Research Credibility**

Triangulation was employed in the study design to enrich and improve the
understanding of the findings (Patton, 2002). Specifically data source triangulation involved
collecting information from multiple informants and from various contexts (e.g., public
versus private practice settings). Analyst triangulation was undertaken through two sport
psychology educators and practitioners reviewing earlier drafts of the manuscript and transcripts to query interpretations and offer possible alternative accounts that may have not been considered (Patton, 2002). Based on analyst feedback, further commentary was added to explain contextual differences. Member checking allowed confirmation of each individual’s account by means of participants reviewing their own transcript, a draft of the findings, and interpretations. Nine participants responded confirming the accuracy of their transcripts and all nine stated that the findings resonated with their experiences. Of those who responded, no participants disagreed with the interpretations, and five provided additional data to elaborate on their earlier interviews. Finally, two trainee sport psychologists, and two educators were invited to review the findings (audience review). Through the process of audience review, trainees reported that they would find the research more useful if there was further explanation of what they could do as a result of learning what other types of psychologist do. Similarly, an educator reported that to ensure sport psychologists do not appear as the ‘poor cousins’ of the profession, a rationale for the current status of sport psychology training would add context to the findings.

**Results and Discussion**

To represent that description and interpretation of data occur simultaneously, the results and discussion sections have been integrated. In examining the variations in psychologist SDC learning experiences, three themes emerged, along with five subthemes. The themes are discussed with supporting participant quotations with the aim of providing insight into psychologists’ learning experiences. It is recognised that the findings among the subgroups of psychologists are not generalizable statistically to all psychologists. The purpose of the study, however, was not to generalise back to a population, but to identify themes that inform theoretical advancement (e.g., identify aspects contributing to development within and across the three disciplines).
Service-Delivery Experiences

Participants emphasized experiential learning in SDC development as illustrated by the following participant quote: “…being out in the world, doing client work in a range of different places, there is just no other way of learning other than to do it ultimately.” All participants emphasized that their learning about service-delivery primarily came from client interactions. Clinical and counseling psychologists highlighted role-plays and structured placements associated with their postgraduate training as significant learning experiences.

The finding that participants learned through interactions with clients, peers, and supervisors, accords with previous research and theory (Tod et al., 2007). People who pursue careers in the helping professions typically prefer working with others to practice their skills and generate and exchange new ideas (Kolb, Boyatzis, & Mainemelis, 2001).

Role play. Although not pleasant at the time, role-plays provided transformative learning, as a clinical participant recalled: “the teaching that I remember as most helpful was the most practical, like role-plays, although hellish…you’d sit there hoping not to be chosen, although looking back I think that helped clarify what we were being taught.” Role-plays were also viewed as useful learning experiences by clinical and counseling psychologists due to the cognitive engagement in the activity. For example, a participant described:

You bring a client that you are a bit stuck with and you role-play the client and somebody plays you and it helps you see things from the client’s point of view in a way that you hadn’t appreciated before and you take on-board their personality.

Interactive activities such as role-play provide support for trainees to learn how to deliver service to a client (Skovholt & Rønnestad, 1992) and have previously been found to engage learners due to their emotional influence (Furr & Carroll, 2003). Clinical and counseling participants described gaining knowledge of the ‘helping’ process by roleplaying and were supported in making meaning of the experience through class, actor, and supervisor
Previous research on sport psychologist training found that some Australian trainees used role plays to refine their service-delivery skills (Tod et al., 2007). Similar to the clinical and counseling participants in this study, participants in Tod et al.’s (2007) research were trained in a postgraduate program where structured learning opportunities such as role plays were provided. The current research extends previous findings by suggesting that sport psychologists trained outside of a structured program may benefit less from practice experiences because there are fewer opportunities to engage in such methods. If opportunities for deliberate articulation of learning are missing then knowledge may remain abstract at a non-conscious level. Sport psychologists in the present study confirmed that they had used role play minimally, if at all, during training because they were not in regular contact with other trainees, or supervised in groups where role plays were usually practiced.

**Work-based learning.** Contextual differences emerged concerning the structure of supervised service-delivery experiences. For example, clinical and counseling psychologists experienced various work-based learning placements built into their training. In contrast, trainee sport psychologists typically had to create their own supervised experience opportunities and reported that “athletes are hard to come by.” Similarly, Eubank and Hudson (2013) described attaining enough hours with clients as the main challenge trainees faced and trainees may rely on their supervisor to provide clients. This expectancy was highlighted by a sport psychology participant: “supervisors may not have enough athletes and access to athletes to support the people they are supervising.”

Currently, UK sport psychology trainees complete a masters’ degree primarily focused on theory, after which they must create their own placement opportunities or rely on the goodwill and contacts of sympathetic supervisors. In contrast, clinical and counseling
psychologists received their supervised experience as part of their doctoral programs and had access to both internal (university) and external (placement) supervision. Sport psychology participants typically had just one supervisor and were exposed to one approach (typically CBT-based). As one implication of a lack of structured programs, sport participants’ development may have been limited by a lack of long-term access to clients. For instance, short-term opportunities may encourage a directive approach such as mental skills training, whereas a trainee may develop more long-term collaborative approaches (e.g., person-centred) to their practice if sustained access to a client-base were available. The current training model in sport psychology may not allow trainees to learn the relationship building skills needed to provide athlete-centred services (Tod & Lavallee, 2011). Also, being exposed to just one approach may limit SDC; if practice and supervision are embedded in just one model, then professional growth and effectiveness with clients may be limited by the reinforcement of the same model (Andersen, 2012).

Differences may exist because sport psychology is a new discipline relative to clinical and counseling psychology, and sport training pathways are still developing in the UK and elsewhere. Additionally, where training programs are government funded and linked to career paths, such as clinical psychology is in the UK, there may be ready made accessible opportunities for placement. For example, clinical trainees typically cover three psychological approaches, with a six month placement in each, and access weekly supervision. This ensures trainees are familiar with a wide range of psychological models, interventions, and client groups, and they are ready for work in the National Health Service (NHS).

The discrepancy regarding ease of access to clients and placement opportunities is not unique to the UK, and has been reported elsewhere (e.g., Tod, Marchant, & Andersen, 2007). A recurring theme in sport psychology literature has also been the low number of placement
hours compared with other psychology disciplines (e.g., Van Raalte & Andersen, 2000). A low number of hours is both a quantitative and qualitative issue: in such situations, trainees may receive limited training opportunities to work with the breadth of clients needed to survive in the profession. The increase in hours is not the sole answer, however, as also indicated in the current results; it is also how those hours are spent with a range of clients, peers, and supervisors engaging in meaningful discussions and reflections.

For example, a participant described the catalytic effect of work-based learning. One clinical psychologist stated: “the primary one [experience] from which all others flow is to gain and be exposed to a wide variety of individuals with a wide variety of presenting problems in order to build up high levels of competence and confidence clinically.” The focus here is on the quality of the experience but also that the experience has to be used to grow. This study confirmed previous research (e.g., Owton, Bond and Tod, 2014) on emphasising reflection on practical experiences as a tool for professional growth. A sport psychologist demonstrated how his professional experience was made richer: “the most important process is being able to talk through your decision-making… the complexities and idiosyncrasies of each case and have that discussion with your supervisor…to understand the ‘why’ not just the ‘what’ and the ‘how’.” Experiential learning, such as in the example, encourages the practitioner to examine professional decision making where movement is encouraged away from tacit knowledge based upon trial and error and towards skilful reflection that purposefully examines thinking and actions (Martindale & Collins, 2005). By examining professional judgement and decision making a trainee can also be supported in critically reflecting on their theoretical paradigm concerning behavior change and subsequent actions based on these beliefs (Collins, Evans-Jones, O’Connor, 2013). For example, a clinical psychologist described how reflection on her worldview helped her decide which theoretical aspects to keep and which to discard: “I’ve always been quite a political person…
I’ve always had an awareness of social inequalities and I think that’s a big influence on how I practice… I mean my orientation is social-constructionist.” Similarly, Owton et al. (2014) found that reflecting on applied experiences raised trainee’s awareness of their ambivalence between the way they worked with clients and the trainee’s personal suitability to the approach. Part of the process of developing personal and professional congruence is “having a sensible model to work from that is suited to their [trainees’] personality” as stated by one sport psychology participant. This sport psychologist alluded to finding authenticity as a practitioner by working with clients in ways that are underpinned by their personal beliefs and values – a process which supervisors can support their trainees in (Collins et al., 2013).

The learning experiences described above demonstrate that all participants identified interactions with clients as the primary teachers for understanding the service-delivery elements of relationship skills, understanding clients through a psychological model, and applying psychological interventions to a client’s needs. Experience alone however, is not enough. Professional experience is used as a guide to competence by the presence of a deliberate practice feedback system: interacting with a client and then engaging in active reflection, supervision and peer group supervision as explained by the following theme (Ericsson, Krampe, & Tesch-Römer, 1993; Rønnestad & Skovholt, 2013).

Reflective Learning

Practice-reflection-practice helped participants to internalize the information they found relevant from theory, research and practice (Knowles, Gilbourne & Niven, 2011). Participants reported that learning from practice was assisted by reflective interactions with peers, supervisors, and personal therapists. All participants reflected both publicly (with others) and privately. Sport psychologists reported individual reflection during supervisory meetings, interactions with sport scientists, and personal self-reflection (e.g., thinking about client interactions, writing journals), whereas clinical and counseling psychologists also
learned through peer interaction. Clinical and counseling participants described how regular peer interactions during role plays and group supervision facilitated reflective learning. A counseling psychologist stated: “sometimes a bit of competition with classmates, so somebody’s better, so it’s perhaps when you thought ‘oh that person has designed a very clever intervention…or a beautiful formulation’… and you just want to improve.”

Clinical and counseling psychologists described multiple opportunities built into their programs that encouraged reflective learning. Previous research has found that sport psychology training programs include reflective practice as something to ‘be done’ as part of the training requirements with trainees leading and facilitating this process (Cropley et al., 2010). The current research concords with this finding as sport psychologists described having to be proactive in seeking out reflective learning opportunities to discuss client work with relevant peers and mentors because they were not surrounded by colleagues in their training environments, a theme that echoes the above discussion on role-plays.

**Peer interactions.** Clinical and counseling psychologists emphasized the value of formal group sessions to reflect on current work with peers and colleagues. A counseling participant illustrated how group reflection helped her conceptualise new ideas: “to hear someone talk about a case and to hear how they’ve done things differently, it stimulates you, it makes you grow.” Participants also found that being surrounded by colleagues stimulated unplanned reflective conversations. For instance: “sometimes other clinical psychologists discuss something and it… raises issues, or thoughts or experiences that I’ve had recently and creates an opportunity to talk things through informally.” The use of external support from peers is in agreement with Tod et al.’s (2007) study of Australian sport trainees. Sport psychologists in the current study found the process of sharing experiences with peers to be useful; however they reported having to take a more proactive approach in seeking external support (e.g., telephone or planned meetings) as contact with peers was less organic.
Participants from across the subgroups reported that reflective conversations offered the opportunity to gain greater awareness of skills and limitations, and compare one’s own approach to work with that of others. The process of transforming previous knowledge into new formats is enhanced through peer interaction (Cropley et al., 2010). In the absence of other reflective opportunities (e.g., lifelong supervision) meaningful collegial interactions described by the seasoned practitioners in Simons and Andersen’s (1995) study may be helpful for sport psychologists posttraining. Findings from the present study support previous research suggesting that sport psychologists rely on informal peer networks where available, but mostly upon themselves for self-insight (Winstone & Gervis, 2006). Concerns exist, however, that isolated reflection can lead to negative outcomes, such as self-doubt and negative self-focus (Bennett-Levy, 2003). Group reflective processes can alleviate the isolation practitioners may experience (Tod & Bond, 2010).

**Supervision.** Sport psychologists differed from clinical and counseling psychologists as they had not continued to be supervised formally after completion of training. One sport participant alluded to how a lack of regulation affected his engagement with supervision in stating: “I have a supervisor, but the process isn’t recognised in any capacity by the BPS [British Psychological Society] or BASES [British Association of Sport and Exercise Sciences] as far as I know. It’s just something I value from time-to-time.”

Sport psychology participants who worked in academia reasoned that their current CPD activities (e.g., conference presentations on applied work, peer and client feedback, publications in peer-reviewed journals) allowed them to function in their role as a sport psychologist and had not considered undertaking formal supervision. One sport psychologist said: “it’s publish or perish, not practice or perish.” This quote illustrates the reward system imbalance between research and practice in academic jobs in the helping professions; practice, scholarship, and teaching are not equally valued.
One full-time sport psychologist highlighted some of the problems in gaining supervision and her solution: “organisations [employers] don’t understand supervision… [or] the skillset required… my line manager was assigned to supervise me: obviously a conflict of interest.” She further described how she had refused her line manager’s supervision and sought a supervisor from outside her organisation by theoretical orientation and skillset rather than discipline, stating supervision was “… psychology, not just sport psychology, it’s about helping me reflect and manage.” During training, sport participants emphasized that their supervisor was the main person whom they referred to for discussing all elements of their training program, whereas clinical and counseling participants had multiple supervisors and colleagues, such as health care professionals to refer to whilst on placement.

Similar to previous findings (Watson, Zizzi, Etzel, & Lubker, 2004), sport psychologists in this study did not engage in formal supervision posttraining, and viewed other professional activities as comparable to supervision. Peer consultation regarding case studies is one means by which Sachs (1993) advocated practitioners receive support after training, however he also advised experienced sport psychologists continue to be supervised. Sport is unlike clinical and counseling psychology where supervision is a mandatory, life-long requirement to practice (Jones, 2011). Tod, Andersen, and Marchant (2011) also found that some of their participants did not maintain supervision posttraining, reasoning that cost and time were the main barriers. Cost implications of paying for supervision may dissuade sport psychologists, especially when an hour with a supervisor could be a billable hour with a client. Similarly, sport psychology trainees may often pay for supervision personally, unlike UK clinical trainees who receive supervision and a salary during training as part of their sponsored NHS program (Jones, 2011).

Clinical and counseling psychologists continued to be supervised throughout their careers and reported reflecting during supervision on the activity undertaken, the self,
professional issues, and the context in which the activity took place. For example, one participant stated that her supervisor helped raise “an awareness of the social factors that can contribute to people’s distress”, and that supervision was useful for “reflecting on the differences between their lives [psychologists] and clients’ lives.” Similarly, a counseling psychologist demonstrated reflection on self in stating, “It helps with self-insight… to see blindspots… there’s something interesting about saying something out aloud which makes you think differently.” Many of the clinical and counseling participants acknowledged that supervision gave them a place to make sense of their experiences with clients. This process of reflective learning helps people to construct and reconstruct knowledge based on the hours of experience and material accumulated (Cropley et al., 2010). A cognitive map is developed from the experience which can then be used to inform the trainee’s perceptions and understanding of subsequent situations.

These differences in supervision experiences between the disciplines are likely related to those that emerged with respect to ease of placement access, and hint at possible structural implications for training and development that will be presented below, such as clinics and formal university based educational programs (e.g., professional doctorates).

**Personal therapy.** Many clinical and counseling participants confirmed that personal therapy provided an opportunity to reflect on personal and professional development. One participant who undertook therapy stated that it helped him acknowledge his “own messiness and what it brings to the [client] relationship.” Personal therapy also created an opportunity for the practitioner to reflect on “what it feels like to be on the other side of the fence,” allowing the practitioner to understand the dynamics of the practitioner-client relationship.

The personal therapy theme did not emerge from any of the sport psychologist interviews, perhaps because personal therapy is not part of sport psychologist training unlike clinical and counseling training. Previous research has suggested that sport psychologists do not
commonly use therapy for personal or professional support and findings from the present study also reflect this (Winstone & Gervis, 2006). The process of therapy is costly in time, energy, and money and without a clear career structure to support sport psychologists, they may be less inclined to engage with therapy. Clinical and counseling participants who engaged in personal therapy identified similar benefits to the sport psychology participant discussed by Tod and Bond (2010). For example, personal therapy provided self-understanding, in addition to increasing awareness of the therapeutic process.

### Applying Theory and Research to Clients

Service-delivery experiences provided the opportunity for participants to apply theory to practice with this process allowing for knowledge to be personalised. Clinical and counseling participants reported practicing a variety of theoretical frameworks (e.g., CBT, psychodynamic, family systems) taught during their postgraduate programs, whereas sport participants reporting being exposed to mainly CBT (although humanistic approaches were peripherally mentioned) training obtained from their supervisor. One clinical psychologist demonstrated the breadth and depth of training by stating: “we are taught right across the board: it’s not just child [psychology]. It’s good in terms of developing your skills as a therapist, not just a psychologist.”

Clinical and counseling psychologists were taught different psychological approaches during lectures, seminars, and role plays that they subsequently applied during work-based learning. Sport psychologists predominantly used the CBT model during training, and guidance was provided through supervision and reading. A sport participant described how this was initially useful: “it [CBT model] gives you something to work on with athletes before you realise it’s about building relationships.” When asked about the developmental activities in which a trainee should engage, a counseling participant explained: “a trainee needs multiple opportunities to work with the real public…and built into the program there
needs to be the tensions over different theories…and the time to develop under supervision…to develop a worldview.” Some counseling and clinical participants recalled an overemphasize on CBT, for example: “… they [university departments] are a bit evangelical about CBT…one of the things I’ve learned is that you can’t stick to the model of CBT… it’s about adapting to the needs of the client…”

All types of psychology participants referred to their dissatisfaction with the CBT model in reference to the process of internalising knowledge. Similar to clinical psychology, the CBT model is used by most practitioners in sport psychology (Van Raalte & Andersen, 2000). CBT may be the dominant model in clinical and sport psychology training because it is perceived as an evidence-based therapy, and results can occur quickly due to a specific focus on strategies (Jones, 2011). Clinical psychology participants referred to perceived pressure to reduce waiting lists and discharge clients quickly. CBT may be the model expedient to enabling these objectives. Similarly, in the high pressure world of performance sport where results are demanded instantaneously, CBT in its amended psychological skills training form may meet this need. To overcome one-dimensional practice, however, which is unlikely to meet a range of client needs, and for practitioners to find congruence, exposure to a variety of theoretical frameworks through teaching, peer encounters, supervision, and training is necessary (Stoltenberg & McNeil, 2010).

**General Discussion and Applied Implications**

Credibility is lent to the themes in the present study because findings parallel other informal feedback from UK sport psychology trainees and supervisors (Eubank & Hudson, 2013). The current study has extended the literature on sport psychology training by providing empirical data on learning experiences from comparative fields of psychology to learn new ideas and confirm existing practices. For example, based on the findings from
clinical and counseling participants, implications will be discussed as to how sport trainees may be supported in obtaining appropriate applied practice with clients.

Although one possible limitation of the present study might be that the educational pathway in the UK has changed since some of our participants graduated, recent indications are that trainees are still finding difficulties networking, obtaining placements, and supervisors, and they will likely benefit from formal events that facilitate such interaction (Eubank & Hudson, 2013). Tod et al. (2007) previously highlighted that training programs without regular opportunities for collegiate interactions might be denying students a necessary constituent of their development and placing a limitation on learning.

The current results give rise to a number of applied implications. One theme in the current study was the difficulty sport psychologists reported in securing placement opportunities. Creating access to work with clients is an area of potential development for sport psychology; however it is also the quality of experience that matters if it is to be beneficial for trainees, educators, clients, and supervisors. For example, institutes of sport could enter into joint initiatives with universities to provide work experience where instruction on theory and research is provided by the academic supervisor and real-world training and supervision is shaped by the institute supervisor. Partnerships would reduce the pressure on academics to be both teachers and supervisors (and avoid ethical complications associated with adopting dual roles), allow institutes to develop their own practitioners, and provide access to real-world applied experiences for trainees whilst athletes would have increased access to sport psychology support. Within such partnerships, individuals who have completed their university-based education (e.g., those people who have completed stage 1 in the UK) could still gain consulting experience (e.g., complete stage 2 in the UK).

UK sport psychology supervisors mostly work in universities, where there is likely to be access to student athletes, and they may find it beneficial for their supervisees to establish
university sport psychology clinics. In addition to gaining client experience, working within a specific project may provide multiple opportunities to observe and discuss applied work with peers at different stages. For example, one trainee might work with the attacking players in a soccer team and another student might work with the defenders, whilst their supervisor oversees the program of support as well as offering group workshops to the team and some opportunities for trainee one-to-one observation. These interactions create learning experiences where trainees can react effectively to realistic client situations, practice their counseling skills, as well as learn about themselves and the profession for which they are preparing. Such structured work-based learning would provide strong professional networks supportive of service-delivery improvements and reassuring trainees that they are practicing in an ethical, safe, and effective manner (Tod & Bond, 2010). These types of programs would gain universities a bold reputation and might attract students to ensure financial viability. These two suggestions imply the creation of training programs that are housed within a university (e.g., professional doctorate) rather than leaving students to create their networks and training opportunities.

Results indicated ways that the use of experiential and reflective learning could be optimised in sport psychology training. To improve trainees’ abilities to grasp experience, supervisors could form regional network groups for their own professional development and to facilitate opportunities for supervisees to have regular contact with their peers. Professional networking can encourage fresh conceptualisations by providing alternative viewpoints on client work. In such group settings, the trainee has the opportunity to present anonymised client material to a number of people and to receive feedback and support from a range of perspectives. If multiple supervisors facilitate a regional network, diverse theoretical responses may be presented as well as a shared workload amongst supervisors if this operated
on a rotational basis. Such networks could also result from university based qualifications and partnerships with institutes.

Sport psychologists recognised that access to supervision posttraining was a barrier, and access could be improved by those with supervisory skills joining the BPS register of applied psychology practice supervisors (RAPPS). In recent years, the BPS and other organisations globally have been working to establish minimum standards for supervision and supervisors. Evidence exists of attitudes and practices expressed in the current study changing over time as professional organisations educate people about the role of supervision in service-delivery. For example, currently, there are 49 sport and exercise psychology supervisors on the RAPPS compared to 18 in 2013. It is not known how many of these 49 practitioners are currently supervising; there are 35 trainees presently enrolled on the BPS Qualification in Sport and Exercise Psychology demonstrating that there may be enough supervisors for trainees but access to experienced approved supervisors postqualification may be limited.

Clinical and counseling participants found personal therapy beneficial during training. Although it may be difficult to implement mandatory personal therapy during training, a counseling participant advised that “personal development groups” were embedded in his program to facilitate trainee personal and professional growth. Such a group approach can offer the opportunity for sport trainees to learn about themselves and themselves in relation to others (Stoltenberg & McNeil, 2010). Material could be discussed with a personal and professional perspective. For example, in sport psychology, if a group of trainees were to discuss boundaries, the supervisor might begin by talking about his or her personal boundaries with examples before discussing boundaries in practice or providing case study examples in which different boundary situations are considered.
One suggestion for future research is that quantitative surveys are undertaken to examine the generalizability of the themes suggested in this study. Future research could also examine how many sport trainees complete training in the minimum time and the reasons for current completion rates. Also, tracking graduates after their training across their careers may help inform education. Furthermore, if trainees have difficulty securing opportunities to practice, then longitudinal examination of trainees’ experiences of gaining and retaining clients during training might provide useful information for educators and supervisors. For example, research could examine how trainees identify, approach, and develop relationships with potential clients. Finally, future research could examine the provision of supervision in the UK including the barriers to becoming a supervisor and models of supervision used and why they have been chosen.

In conclusion, participants in this study valued learning through active engagement with clients to apply psychological models, deliver evidence-based services, and practice service-delivery skills. Clinical and counseling psychologists’ training environments were structured to allow for multiple, diverse training experiences surrounded by peers and access to multiple supervisors often with diverse theoretical approaches. Sport psychologists trained in more solitary and idiosyncratic ways where reflective learning with peers and supervisors was not as spontaneous or accessible, and they had to be proactive in seeking out clients, peers, and supervisors. Sport psychologist training may be optimized by learning from the experiences of clinical and counseling psychologists. In particular, sport psychology educators, supervisors, and trainees may wish to consider multiple, diverse opportunities for experiential and reflective learning. These may include regular supervision from various individuals throughout training, engaging in self-analysis through personal development groups or personal therapy, and networking with peers to develop service for a range of clients. Supervisors and educators may consider how the provision of work experience
through active partnerships with sports organisations can help trainees gain necessary applied experience, provide diversity of supervision and service-delivery models, whilst allowing supervisors to maintain connections in real-world sport for applied practice or research purposes.
References


