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Client-Led Applied Sport Psychology Practitioners' Narratives about Helping Athletes

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We have no conflict of interest to declare.

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Abstract

The current study explored how applied sport psychology practitioners adopting client-led stances described two of their athlete interactions. Applied sport psychology practitioners (8 females and 12 males, mean age = 33.76 years, SD = 4.70) describing themselves as client-led practitioners discussed two athlete consultancies during open-ended interviews. Data analysis involved examining the narrative structure of practitioners' stories and identifying the features of client-led service-delivery present in the accounts. The participants' stories reflected a collaborative empiricism narrative in which they collaborated with athletes to resolve client issues. The stories contained features of client-led Person-Centred Therapy and the use of practitioner-led techniques and interventions. The results point to applied implications, such as providing accounts of service delivery on which practitioners can reflect as they consider the ways they wish to help clients.

Keywords: Applied Sport Psychology, Person-Centred Therapy, Helping Relationships, Practitioner Characteristics, Mental Skills Training, Client-Led

1 **Client-Led Applied Sport Psychology Practitioners' Narratives about Helping Athletes**

2 Most applied sport psychology practitioners state they are client-focused (Keegan,
3 2016). That is, they focus on helping athletes achieve personal goals or resolve issues. When
4 not client-focused, practitioners may be using athlete interactions for some other purpose,
5 such as satisfying their own needs (e.g., fulfilling narcissistic tendencies for power; Andersen
6 et al., 2000). When client-focused, applied sport psychology can be either client-led or
7 practitioner-led (Sachse & Elliott, 2002). Client-led helping is non-directive, encouraging
8 clients to take an active role and determine the course and direction of consultancy, with
9 practitioners providing support to promote progress towards service delivery goals (Sachse &
10 Elliott, 2002). Practitioner-led helping is directive, where practitioners determine the course
11 and direction of consultancy, such as typically seen in psychological skills training (Miles &
12 Hodge, 2020). Practitioners can also use a mixture of these two extremes, for example, when
13 clients direct the content of material discussed and practitioners lead on the process of service
14 delivery. Research in sport psychology focuses primarily on practitioner-led techniques and
15 interventions (e.g., Lange-Smith et al., 2023). To date, sport psychology researchers have
16 provided limited details about client-led service delivery, such as what it looks like, how it is
17 structured, how practitioners ensure they are client-led, or any underpinning theoretical
18 frameworks. Further research will provide knowledge about the features and structure of
19 client-led service delivery that practitioners can use when reflecting on how they would like
20 to help athletes.

21 **Rogers' (1959) Person-Centred Therapy**

22 Non-directive client-led approaches can be traced back to Rogers' (1959) Person-
23 Centred Therapy which he originally called Client-Centred Therapy (Wilkins, 2015). In the
24 current manuscript, we use the term "Person-Centred Therapy" (PCT) when referring to
25 Roger's model, and the phrase "client-led" when discussing this style of helping more

1 generally. PCT is based on the belief that clients can enhance their self-understanding, alter
2 their self-concepts, and determine their self-directed behaviour if six necessary and sufficient
3 conditions for change are present (Rogers, 1957). These conditions include: (a) psychological
4 contact between practitioners and clients, (b) clients who are anxious and in a state of
5 incongruence, (c) practitioners who are congruent in the relationship, (d) practitioners with
6 unconditional positive regard for clients, (e) practitioners with empathic understanding of
7 clients' internal worlds, and (f) clients who perceive practitioners' unconditional positive
8 regard and empathetic understanding. Further, PCT practitioners assume clients possess an
9 actualizing tendency: an inherent inclination towards increasingly complex and complete
10 development or fulfilment of inherent potentialities (Rogers, 1961). Practitioners trust that the
11 actualizing tendency will guide people, even those individuals whose behaviours appear
12 maladaptive. Further, practitioners believe that what they perceive as maladaptive, strange, or
13 futile behaviour (e.g., self-handicapping), represents clients' best attempts to become
14 themselves or protect their sense of self-worth (Rogers, 1961).

15 In Rogers' original PCT, practitioners avoid directing the content of sessions,
16 undertaking formal psychological assessment, or offering clients solutions for their issues
17 (Raskin et al., 2019). Many PCT practitioners, however, deviate from Rogers on this idea,
18 because they suggest solutions, use assessment techniques, or direct the content of sessions
19 (Sanders, 2012). Offering solutions, assessment, or steering the content of discussion moves
20 service delivery from being non-directive to being directive and practitioner led (Raskin et
21 al., 2019). Within PCT, practitioners vary in their interpretation of what it means to be non-
22 directive (Sanders, 2012).

23 Rogers (1959) described why PCT is effective in helping clients resolve their issues.
24 First, as clients perceive practitioners' unconditional regard, they prize themselves and
25 develop a self-caring attitude. Second, as clients receive practitioner empathy, they start to

1 listen, hear, reflect on, and understand themselves. With self-acceptance and self-awareness,
2 clients become congruent, genuine, and real. They have greater freedom, have more self-
3 control, and are true to themselves, becoming a fully functioning person (Rogers, 1959).
4 Supporting Rogers' claims, multiple lines of evidence show that PCT is effective in helping
5 clients. For example, multiple meta-analyses demonstrate that empathy, unconditional
6 positive regard, and congruence predict client outcomes in psychotherapy (Elliott et al., 2018;
7 Farber et al., 2018; Gelso et al., 2018; Kolden et al., 2018) and have among the strongest
8 effect sizes of all predictors (Wampold, 2015). From an alternative stance, the strongest
9 predictor of outcome in psychological service delivery is client engagement (Bohart & Wade,
10 2013; Duncan et al., 2004), a key feature in PCT.

11 **Client-Led and Person-Centred Therapy Literature in Applied Sport Psychology**

12 Currently, reference to client-led approaches and PCT in applied sport psychology
13 varies in breadth and depth. Regarding experimental research, few authors have examined
14 PCT in athletic samples (Patsiaouras, 2008; Patsiaouras et al., 2013), and little can be
15 concluded because of the small number of studies. Also, the publications are brief reports,
16 and it is difficult to evaluate how faithful the interventions were to PCT. In nonexperimental
17 research, authors sometimes make fleeting references to PCT when justifying a study or
18 summarizing results (Chandler et al., 2016; Friesen & Orlick, 2010).

19 Paralleling the empirical research, PCT has traditionally received limited discussion
20 in reflective and professional practice literature. For example, authors of reflective articles
21 typically discuss PCT briefly when discussing their growth as practitioners or attempts to
22 help clients (Collins et al., 2013; Edwards & Edwards, 2016; Holt & Streat, 2001). More
23 recently, in-depth case studies have started to appear detailing how practitioners operate from
24 a PCT perspective (e.g., Black & McCarthy, 2020; Davis & McCarthy, 2022). Sport
25 psychology practitioners give PCT their greatest attention in professional practice articles,

1 although again, the amount of discussion varies widely (e.g., Katz & Keyes, 2020). Often
2 authors mention Rogers' work as part of their discussions on humanistic approaches, service
3 delivery relationships, counselling, communication skills, and the qualities of effective
4 practitioners (Dickinson et al., 2019; Petitpas et al., 1999; Poczwardowski, 2019; Tod &
5 Andersen, 2012; Walker, 2010; Watson et al., 2017). People reading the sport psychology
6 literature, however, might believe there have been greater references to PCT and client-led
7 service delivery than there is currently, because the terms "person-centred", "client-led" and
8 their derivatives are not restricted to describing PCT or an approach to helping athletes. For
9 example, practitioners might describe themselves as person-centred, but be operating from
10 another theoretical orientation, or researchers might suggest they are adopting a person-
11 centred approach to their data analysis (Gustafsson et al., 2018). In applied sport psychology,
12 much remains to be learned about PCT specifically and client-led service delivery more
13 generally.

14 In the absence of existing studies, sport psychology practitioners can draw on
15 counselling psychology research to decide what investigations will advance knowledge (Tod
16 et al., 2011). As mentioned above, counselling psychology research demonstrates that
17 empathy, unconditional positive regard, congruence, and relationships are critical
18 components of effective service delivery (Elliott et al., 2018; Farber et al., 2018; Gelso et al.,
19 2018; Kolden et al., 2018). These findings can help researchers identify suitable
20 investigations in applied sport psychology.

21 Although counselling research can inform applied sport psychology, direct replication
22 of existing studies is neither feasible nor likely to advance knowledge greatly. Randomised
23 controlled trials, for example, examining if unconditional positive regard or empathy
24 influence outcomes in applied sport psychology are unlikely to herald significant novel
25 knowledge advances, because counselling psychology already demonstrates that these factors

1 The study was underpinned by an interpretivist philosophy (ontological relativism and
2 epistemological social constructionism) that guided the narrative inquiry methodology we
3 drew on for the current study (Smith, 2010). Our acceptance of the participants' stories or
4 interpretations of their athlete consultations indicates relativism; we did not try to access an
5 objective reality (Yilmaz, 2013). Regarding social constructionism, we acknowledge that
6 participants have co-constructed their stories through interactions with people they have
7 discussed their athlete consultations with, including us (Yilmaz, 2013). Further, in reference
8 to social constructionism, the participants' stories and the meanings in those accounts are
9 situated within a historical, social, and cultural context. Our interest in examining the
10 structure of the participants' stories and our recognition of the cultural and historical context
11 helped us to adopt narrative inquiry as the guiding methodology for the study (Patton, 2015).

12 An interpretivist paradigm is coherent with PCT, because practitioners believe that
13 each person has a unique worldview (paralleling relativism) that emerges from their
14 interactions with their environments (echoing social constructionism; Raskin et al., 2019).
15 The coherence between our philosophical stance and PCT may have enhanced our ability to
16 collect, explore, and interpret the data in ways that best represented the participants'
17 accounts. We chose narrative inquiry as the guiding methodology because we explored how
18 practitioners structured their stories of their athlete consultancies (Riessman, 2008). Within
19 the narrative inquiry methodology, we performed a structural analysis because we focused on
20 the structure of stories (see below; Riessman, 2008). Practitioners' stories allowed them to
21 share with us examples of their athlete consultancies, through which we were able to examine
22 how they enacted their client-led stances.

23 **Participants**

24 Interviewees included females (n=8) and males (n=12) who were qualified as sport
25 and exercise psychology practitioners in the United Kingdom. The participants' mean age

1 was 33.76 years ($SD = 4.70$), and the mean number of years they had been helping athletes
2 was 9.00 ($SD = 3.11$). Of the interviewees, 17 described themselves of British descent and 3
3 stated they were of non-British descent (we have not provided further details to protect the
4 participants' anonymity). All participants had trained and currently worked in the UK.
5 Regarding philosophical approach to helping clients, all participants adopted a client-led
6 stance to the athlete-practitioner relationship. All participants had received registration as
7 practitioner psychologists through the British Psychological Society's route.

8 **Authors' Backgrounds**

9 Three of the authors are sport and exercise psychology practitioners and regularly
10 engage in applied practice with athletes from various sports, as well as having academic roles
11 in UK universities. The three individuals draw on PCT when working with athletes with a
12 particular emphasis towards Rogers' original non-directive approach and conduct research on
13 applied sport psychology service delivery. The backgrounds of these three individuals
14 sensitised them to the client-led aspects of the participants' stories. The fourth author is a
15 coach and an academic in a UK university. The fourth author acted as a critical colleague to
16 help expose unexplored biases from the first three authors.

17 **Data Collection**

18 After obtaining institutional ethical approval, we contacted potential participants via a
19 snowball sampling strategy (Patton, 2015). To use snowball sampling, we asked colleagues in
20 our personal networks to suggest the names of practitioners who would be information rich
21 regarding the research question. We did not interview people in our personal networks. When
22 contacting practitioners, we explained the study's purpose, risks, and safeguards, and invited
23 them to participate. Once individuals provided consent, we arranged times for telephone
24 interviews, which lasted approximately 45 minutes. With participants' permission, we audio
25 recorded and transcribed the interviews. During transcription we included the interviewee's

1 and interviewer's dialogue, noting words, extended pauses, partial utterances, and speech
2 repairs (Emerson & Frosh, 2004). The geographical spread of participants meant that
3 telephone interviews were the most feasible method to collect data (Sturges & Hanrahan,
4 2004). Although the visual and nonverbal cues that facilitate data collection are inaccessible
5 over the telephone, interview mode (telephone versus face-to-face) does not necessarily
6 influence the breadth or depth of data collected during interviews (Sturges & Hanrahan,
7 2004). Instead, offering people a convenient interview method may enhance participation
8 rates (Sturges & Hanrahan, 2004). In the current study, the use of a convenient interview
9 mode outweighed the loss of visual and other nonverbal information.

10 **Narrative Interviews**

11 We interviewed each person once, and conversations followed Jovchelovitch and
12 Bauer's (2000) interview guidelines. During the interviews participants shared two athlete
13 consultancy stories. One story focused on a consultancy participants believed had been
14 effective. The second story focused on an ineffective consultancy. For each story, the
15 interviewer asked an open-ended question inviting participants to share a story about an
16 athlete consultancy they believed had been effective (or ineffective). For example, "please
17 tell me about an athlete consultancy you thought was effective in as much detail as you
18 wish". The interviewer also asked participants to explain their criteria for calling it effective
19 or ineffective (e.g., "can you explain why you thought it was effective?"). We focused on
20 participant-generated criteria because we wanted to understand their stories from their
21 perspectives. Participant-generated criteria also contributed to the stories' internal coherency
22 between consultancy processes and outcomes. The interviewer then let participants relay their
23 accounts without interruption, beyond minimal prompts and reflections designed to
24 encourage continued narration (e.g., "can you say more about that?"). After participants told
25 their stories, the interviewer asked broad questions designed to fill in details of the stories

1 (e.g., “in what ways did other factors influence the consultancy?”). These questions sought
2 clarity on personal and environmental factors present in the events being discussed. The
3 interviewer adjusted the wording and order of these broad questions so that interviews flowed
4 like conversations. After participants shared their stories, the interviewer debriefed and
5 thanked participants for their involvement. The interviewer piloted the interview structure
6 with two registered sport psychology practitioners. The practitioners provided feedback that
7 improved the interviewer’s ability to ask open-ended questions and follow the interviewee’s
8 lead. The structure of the interview did not change. Pilot interview data have not been
9 included in the write-up.

10 *Narrative Analysis*

11 Of the multiple forms of narrative analysis, we conducted a structural analysis
12 (McGannon & Smith, 2015; Parcell & Baker, 2018). We undertook a structural analysis
13 because it was coherent with the focus of the research question. Also, it is within the ways
14 that stories are organized and structured that people make sense of their experiences, generate
15 meaning, and share their reality with others (Busanich et al., 2014; Smith, 2010). To assist
16 our structural analysis, we adhered to Hinchman and Hinchman’s (1997) definition of stories
17 as “discourses with a clear sequential order that connect events in a meaningful way for a
18 definite audience and thus offer insights about the world and/or people’s experiences of it”
19 (p. xvi).

20 The data collection, transcription, and analysis phases occurred concurrently. Further,
21 we adopted an abductive approach, using both deductive and inductive reasoning
22 (Timmermans & Tavory, 2012). Reflecting Patton’s (2015) guidelines, we first analysed the
23 data at the individual participant level, after which we performed a cross-case analysis. Data
24 analysis at the individual level allowed to us understand how participants structured their

1 effective and ineffective athlete consultations. The cross-case analysis helped us explore
2 similarities and differences across the participants.

3 **Individual Level Analysis.** When exploring participants' transcripts, we followed
4 Riessman's (2008) suggestions, and the analysis began with us transcribing the interviews
5 and then reading the transcripts several times. Then, we analysed the structure of the stories,
6 arranging these sections in separate columns of an Excel spreadsheet. We had columns
7 labelled *lead characters*, *lead characters' goals*, *obstacles*, and *outcomes*. These columns
8 helped us identify the structure of the stories. We took these labels from literary theorists'
9 descriptions of narrative plots (Bell, 2004; Yorke, 2013). Analysing the structure of the
10 stories helped us identify the core narratives participants were sharing (Riessman, 2008).
11 Once we had identified possible narratives, we re-read the transcripts to find quotes that
12 either contradicted or supported the narratives. We moved between the transcripts and the
13 spreadsheet until the narrative plots represented the data coherently. Our analysis resulted in
14 one-page summaries we shared with other practitioners and researchers for peer review, and
15 with participants as part of the member reflections (available from the first author upon
16 request). For example, we presented the one-page summaries (along with de-identified
17 quotes) to trainees and experienced practitioners in small group discussions and invited them
18 to offer their interpretations of the data. These small group discussions helped us reflect on,
19 and where suitable, revise our interpretations. For example, during one of these discussions
20 we gained greater insights into the features of client-led and practitioner-led practice we
21 believed were present in the participants' stories. Data analysis was not linear, and we
22 oscillated between the transcripts and one-page summaries to create, evaluate, and modify the
23 narrative structure and themes.

24 **Cross-Case Analysis (Patton, 2015).** During the cross-case analysis, we aligned the
25 one-page summaries alongside each other to form a matrix whereby each column represented

1 a participant, and each row had a plot label (e.g., character, goals, obstacle, outcomes). As we
2 undertook the cross-case analysis and exposed our work to peer review, we realised that the
3 stories had strong parallels with Rogers' six conditions and the mental skill training literature
4 in sport psychology (e.g., Weinberg & Williams, 2021). Again, we moved back and forth
5 among the transcripts, one-page summaries, and the overall results to evaluate and refine the
6 findings. We also reflected on the findings by considering the sport and counselling
7 psychology literature to help us interpret the results (e.g., Black & McCarthy, 2020; Bohart &
8 Wade, 2013). Guiding questions included: do the stories and their structure make sense
9 considering current knowledge? Are the findings novel? Are there enough data to support
10 their inclusion? How does the structure make a coherent narrative? Do the findings add
11 something to the discipline? The first part of the results section presents the structure of the
12 participants' stories. The second part of the results details evidence that both client-led (e.g.,
13 Rogers' six conditions) and practitioner-led (mental skills training techniques and
14 interventions) features were present in the participants' accounts.

15 **Research Rigour**

16 Consistent with relativism and social constructionism, we identified credibility criteria
17 to guide the study that reflected our aims and values (Sparkes & Smith, 2014). We aimed to:
18 (a) ensure we understood participants' stories, (b) show them we cared about them, (c)
19 advance knowledge, (d) provide results that resonate with readers, (e) uncover our
20 assumptions and biases, and (f) detail information useful for practitioners. Based on these
21 guiding aims and values, the relevant criteria we addressed included credibility, rich rigor,
22 resonance, and significant contribution (Sparkes & Smith, 2014). We met these criteria by:
23 (a) interviewing qualified practitioners, (b) building trust and rapport with participants prior
24 to and during the interviews (e.g., adopting active listening skills, demonstrating an interest in
25 the participants and their stories, being open about the study's purpose and procedures, and

1 inviting questions), (c) engaging in member reflections with participants to allow for
2 additional opportunities where we could reflect on their stories together (Tracy, 2010), (d)
3 keeping a reflective journal we referred to alongside data analysis, (e) sharing results with
4 colleagues (as illustrated above in our example of sharing findings in small group
5 discussions) to expose our thinking to peer review, (f) presenting the results in academic
6 circles for critical feedback, and (g) discussing the results with trainees and practitioners to
7 ensure the applied value of the results (as illustrated above in our example of sharing findings
8 in small group discussions).

9 **Results**

10 The results section is divided into two parts with each reflecting one of the two
11 specific aims of the overall research purpose. The first part details the structure of the
12 participants' stories which we argue mirrors collaborative empiricism from Cognitive-
13 Behavioural Therapy (CBT) and is based on a common storytelling template. The second part
14 describes the features of client-led service delivery present in the participants' accounts.
15 Together, the two parts indicate that participants' descriptions contained features of both
16 client-led service delivery (e.g., the six conditions of PCT) and practitioner-led helping, as
17 evidenced by their use of CBT-style mental skills training assessment and intervention
18 techniques.

19 **Part A: Collaborative Empiricism**

20 The participants' stories reflected a *collaborative empiricism* narrative. Collaborative
21 empiricism, a term from CBT, refers to practitioners and clients (a) working together and (b)
22 drawing on the clients' material to help understand their experiences and facilitative
23 improvement in their issues (Kazantzis et al., 2013; Tee & Kazantzis, 2011). Both aspects of
24 collaborative empiricism emerged in participants' stories. Their stories told of how they and
25 the athletes shared the work (i.e., collaborated) to help the athlete overcome obstacles (in the

1 form of a psychological issue) and realise a goal or achieve change in their issues, as
2 illustrated in the following quote:

3 *Before one [event] where they're [the athlete] feeling a bit negative . . . and it was*
4 *their preparation [that worried them], they had been ill before, so they were*
5 *concerned that they hadn't prepared properly, and so I went through the process of*
6 *actually identifying the debilitating thoughts that were [hindering the athlete], and*
7 *getting [athlete] to rate how much she actually believed those thoughts, and that was*
8 *just one of those CBT techniques that I thought was quite useful because it forced her*
9 *to be more specific with and actually realise, "ok well, if I actually look at it I don't*
10 *believe that 100% you know and it might have been I believed 90%". And we worked*
11 *at, "well ok, what would it take to decrease that to 40%?" And then, "what can we*
12 *replace that with and that sort of thing?" The level that I went into it with her with*
13 *really helped, and also it was quite helpful that she is a very bright athlete. She said*
14 *that she felt better afterwards and felt positive afterwards to a couple of days before*
15 *the race, and she said that she was keeping things in perspective.*

16 In this story, the practitioner and athlete shared the work. For example, together they
17 identified dysfunctional thoughts, with the practitioner guiding the process and the athlete
18 self-reflecting. The exercise was focused on the athlete's experience and resulted in a positive
19 outcome.

20 The participants' collaborative empiricism narrative echoes a common and longstanding
21 storytelling plot, one that appears in the earliest stories recorded (York, 2013). In this plot,
22 the main protagonist (i.e., athlete) undertakes a journey towards self-improvement,
23 overcoming obstacles along the way, and is frequently supported by a knowledgeable mentor
24 (i.e., practitioner). Key features in the participants' rendition included a collaborative
25 relationship, psychological interventions, and a focus on sporting achievement. Also evident

1 in the stories was the presence of features from both client-led and practitioner-led service
2 delivery (shown in the above example) as explained in the next part of the results.

3 Participants used outcome as the criterion by which they evaluated their consultancies
4 as effective or ineffective. In the effective consultancies, for example, the athletes' issues
5 were resolved positively. In the ineffective consultancies, however, the issues were not
6 settled. Further, participants drew a similar set of reasons for why issues were, or were not,
7 resolved. These reasons typically stemmed from the presence or absence of the six necessary
8 and sufficient conditions. To illustrate, participants talked about being empathetic during the
9 effective consultancies, but sometimes admitted to struggling with empathy during the
10 ineffective cases. Due to space restrictions, we have not discussed effective and ineffective
11 stories separately, but we have drawn on both to provide a succinct answer to the specific
12 research questions.

13 **Part B: Features of Client-Led and Practitioner-Led Service Delivery**

14 *Client-Led Service Delivery Features: Rogers' (1957) Necessary and Sufficient Conditions*

15 As participants elaborated on their accounts, their stories included PCT's six core
16 conditions (Rogers, 1957), as outlined next.

17 **Two people in psychological contact.** As one example, several participants discussed
18 how they had existing relationships with athletes, as illustrated: "*I'd worked with him on a*
19 *regular basis for quite a while really, when this sort of problem had started to occur.*"

20 Another example arose when participants mentioned that they had started working with the
21 athletes because they were both in the same sporting network, thereby facilitating contact.

22 Existing relationships or being part of networks helped athletes feel comfortable working
23 with the consultant, as highlighted in the following statement: "*I was working with this*
24 *athlete on a long-term basis so that we knew each other well*".

1 **Client Incongruence.** The participants' stories involved clients who were unhappy
2 with their sporting participation: "*he experienced that after making a series of mistakes he is*
3 *more likely to repeat the same mistake time and time again. So that was his concerns*". In
4 Rogers' (1961) terms, athletes' self-descriptions did not overlap with their experiences. In the
5 current study, some athletes lacked awareness of the reasons for their incongruence.

6 Participants described how they helped athletes develop their self-awareness, as illustrated
7 (using a practitioner-led intervention):

8 *I took a box of paper clips into the next session, and I said whenever I hear you say*
9 *something negative, I am just going to pass you a paper clip and by the end of the*
10 *session he had got all the paper clips and he was reaching for them himself.*

11 Other clients came to consultancy understanding their difficulties. One practitioner
12 mentioned: "*he felt he was overanalysing his goal kicking, he felt he was thinking about it too*
13 *much, and as a result of thinking about it too much, he was losing some of the fluidity and*
14 *automaticity*". Other reasons athletes sought help included injury, selection, negative self-
15 talk, and inferior performance.

16 **Practitioner Congruence.** As the stories unfolded, participants described how their
17 levels of congruence influenced relationships with clients (e.g., they were open and avoided
18 facades). When talking about the effective athlete consultancy, one consultant stated that:

19 *I probably declare things about myself quite quickly so that they [athletes] feel that*
20 *I'm not secretive. . . I try and make them understand quite quickly, or to feel quite*
21 *quickly that this isn't just a job for me, this isn't just about me getting paid, this is*
22 *about something that I love doing, so I would probably be doing it regardless, so I*
23 *feel that it's quite important that they don't feel like a number, that they feel like a*
24 *person.*

1 Another participant detailed feelings of incongruence during the ineffective athlete
2 consultancy:

3 *I almost felt as though I have got to have the answers there and then, and it's only*
4 *recently, well over the last year or so, that you start to understand [that] you are never*
5 *going to have the answers to all of these sort of problems that face you in applied*
6 *sport psychology and I think you can almost build up a better rapport if you are*
7 *actually more honest with your athletes.*

8 In both quotes, participants connect their congruence with developing an open and real
9 relationship with clients. According to Rogers (1957), practitioners displaying congruence are
10 role models and help clients learn to trust themselves and be genuine in their relationships.

11 **Unconditional Positive Regard.** In addition to congruence, participants also
12 mentioned that they wanted to show they accepted athletes unconditionally. For example,
13 when talking about a player who decided to use an unusual cue word, the practitioner said, "*it*
14 *was very important for me just to make sure that he was crystal clear that I am not judging*
15 *him, it is purely about performance and trust and confidentiality*". Some participants
16 discussed how unconditional positive regard did not occur automatically, but they sometimes
17 needed to learn about their clients and their backgrounds, as illustrated in the following
18 quote: "*I try to be sensitive in terms of, and respectful, in terms of their culture and so forth*".
19 The quote illustrates that the three practitioner conditions (empathy, congruence, positive
20 regard) are not independent of each other, and how empathy helped the practitioner accept
21 the client unconditionally.

22 **Practitioner Empathy.** Empathy emerged from both the effective and ineffective
23 narratives. For example, when describing the effective story, one practitioner indicated it had
24 been successful because: "*I think by understanding the client. We had a long period of time to*
25 *work, I had a lot of time to get to know the client and we developed an excellent sort of*

1 *rapport*". Another participant said, "*I think I'm quite user-friendly, and I think I'm quite*
2 *receptive to how people feel*". A key principle in PCT is that people live situated lives: to
3 have empathy for individuals, practitioners need to appreciate the contexts within which
4 clients live (Tolan & Cameron, 2017). The lack of knowledge about client's situations or
5 cultures threatens practitioners' empathy, as voiced by one participant when describing an
6 ineffective story: "*I was extremely naive about the sport, and again the culture, not naive,*
7 *ignorant is a better word*". Another practitioner confessed:

8 *I suppose I should have maybe got to know the athlete a little bit more. It would have*
9 *been better for me to extend this time when we got to know each other a little bit more*
10 *rather than address the issues of her performance.*

11 **The practitioners believed the client perceived their unconditional positive**
12 **regard and empathy.** One practitioner remarked: "*[clients] would probably say of me that*
13 *they feel quite comfortable with me quite quickly*", revealing a belief that athletes would see
14 the individual as empathetic and non-judgemental. Another practitioner highlighted an
15 experience where the context hindered the clients' perceptions of empathy and unconditional
16 regard. The practitioner had a dual role in a sports team, as a practitioner and an educator, and
17 said:

18 *I think the two roles got crossed, I don't think I did enough to help them understand*
19 *that I wasn't there to tell them off if they were messing about, I wasn't there to make*
20 *them do work because they had work, I was there as a support role to help them and*
21 *train mental skills for them to make them better [athletes].*

22 The athletes were enrolled on a mandatory educational course their club provided. The
23 consultant both taught them on the course and acted as their sport psychology practitioner.
24 Occupying multiple roles hindered the relationships with the athletes. The players were
25 unable to distinguish between the consultant's educator and sport psychology practitioner

1 roles. When clients do not perceive practitioner empathy and unconditional positive regard,
2 then the therapeutic relationship may not yield benefits.

3 ***Practitioner-Led Service Delivery Features: Mental Skills Training Assessment and***
4 ***Intervention Techniques***

5 All participants reported using mental skills training assessments and interventions
6 with the athletes, such as performance profiling, self-talk, goal setting, imagery, and stress
7 management techniques. Participants, however, varied in the way they introduced assessment
8 techniques and interventions to athletes. For example, one individual indicated that “*I*
9 *suggested we use self-talk*”, and another said, “*we decided that was the way to go*”. The
10 participants’ directive use of assessment techniques and interventions violates Rogers’ (1961)
11 assertion that therapy should be non-directive. Practitioners adhering to PCT debate the
12 directive use of interventions and assessment, because doing so strikes at the heart of the
13 approach (Tolan & Cameron, 2017). Traditional PCT is non-directive, and practitioners trust
14 clients’ actualizing tendencies to stimulate growth, provided the necessary and sufficient
15 conditions are present (Raskin et al., 2019). Practitioner-led assessment and interventions are
16 antithetical to a non-directive approach because they limit client autonomy and display a lack
17 of empathy and unconditional positive regard (Moon & Rice, 2012). PCT has evolved,
18 however, into various sects (Sanders, 2012), and some practitioners adopt a mixture of
19 directive and non-directive stances. For example, these individuals might believe that
20 unconditional positive regard, empathy, and congruence create a relationship within which
21 they can suggest, offer, and trial directive assessments and interventions, if they respect client
22 autonomy, as reflected in the following quote:

23 *I tried to let [athlete] drive the process quite a lot, once we had hit upon the idea of*
24 *self-talk . . . then from that point, very much it was a diary that I gave her, and she*
25 *would go away and fill it in once or twice a week usually after matches and sort of*

1 *and try and gradually pick up a good habit of self-talk . . . [Also,] I tend to use*
2 *physical cues with self-talk quite a lot and so we often used things like wrist bands or*
3 *writing on your own wrist tape using physical cues to remind yourself and they*
4 *weren't in the least bit worried about that or embarrassed.*

5 Sometimes clients asked the practitioners for information, an intervention, or a
6 solution. Client-led practitioners respond to these requests out of respect and acceptance of
7 clients' right to steer the direction of the relationship (Raskin et al., 2019). One way to
8 navigate such requests is described in the following participant quote:

9 *It wasn't me coming up with this particular phrase, it was him and I think that was*
10 *absolute key for the effectiveness of this positive self-talk, you know, and so two things*
11 *right, is that he wasn't afraid of coming up with this phrase even though it may have*
12 *sounded silly, and secondly, it was entirely the product of his imagination and effort.*

13 The practitioner ensured that the client developed the specifics of the intervention. In doing
14 so, the practitioner demonstrated unconditional positive regard and empathy, by
15 acknowledging the athlete's effort and respecting the client's courage for creating an
16 intervention that others may have viewed as silly.

17 More broadly, participants discussed how they had sought to share their power
18 (resulting from their role as practitioners) with the athletes, as illustrated: "*I tried to let*
19 *[athlete] drive the process quite a lot*". For example, participants discussed attempting to
20 encourage their clients to draw on their knowledge and expertise in the sport, to find their
21 own solutions, or make decisions about how the consultancy would proceed. These
22 participants' attempts to share their power echo the definition of client-led consultancy
23 presented above, and shares similarities with Rogers' (1961) non-directive model.

24

General Discussion

1 In this study we explored descriptions of sport psychology consultations from
2 practitioners who adopt a client-led approach to helping clients achieve performance-related
3 goals or resolve personal issues. Specifically, we examined the structure of those accounts
4 and the presence of features associated with client-led service delivery. The results indicated
5 (a) a common plot we labelled as collaborative empiricism and (b) the presence of both
6 client-led and practitioner-led service delivery features.

7 The current results provide novel findings that extend current literature, offering
8 greater depth of understanding of how practitioners perceive what client-led service delivery
9 involves in an applied sport psychology context. There is limited discussion of client-led
10 service delivery in the literature. To illustrate, in the existing empirical research, authors
11 sometimes make brief references to Rogers' (1961) work when justifying a study or
12 summarizing their findings (e.g., Chandler et al., 2016; Friesen & Orlick, 2010). In our
13 investigation, we described how sport psychology client-led service delivery stories
14 contained the various features of PCT, such as empathic understanding, positive regard, and
15 acceptance. In sport psychology reflective and professional practice articles, authors may
16 briefly overview PCT when discussing topics, such as practitioner growth, client
17 relationships, counselling approaches, and communication skills (Collins et al., 2013;
18 Edwards & Edwards, 2016; Holt & Streat, 2001; Petitpas et al., 1999; Tod & Andersen,
19 2012; Watson et al., 2017). These reflective and professional practice articles detail client-led
20 service in the absence of research conducted in the sport psychology context. The current
21 study parallels these reflective and professional practice articles, providing empirical
22 evidence illustrating how practitioners describe client-led service delivery in the sport
23 psychology context.

24 The current results revealed that a collaborative empiricism narrative underpinned the
25 stories told by participants who operate from a client-led perspective. The term, collaborative

1 empiricism, originated with Aaron Beck (Beck et al., 1979), the founder of Cognitive
2 Therapy. It is unsurprising that practitioners who adhere to a client-led approach would
3 describe their work in ways resembling collaborative empiricism. The active engagement of
4 both practitioners and clients working together, while focused on the clients' experiences and
5 issues, is a pan theoretical idea that appears in many approaches, including PCT. Although
6 the term, collaborative empiricism, seldom appears in PCT literature, the idea is inherent to
7 its structure. The effectiveness of PCT relies on both practitioners and clients collaborating
8 and contributing to the relationship. For example, practitioners who do not provide an
9 empathetic and accepting relationship prevent clients from self-exploring and healing.
10 Equally, clients who do not share their reflections and experiences hinder practitioners from
11 building empathy and congruence. Collaborative empiricism provides an idea that can help
12 practitioners adhering to a client-led approach reflect on the components and interactions that
13 enhance service delivery.

14 The current results also highlight that sport psychology practitioners adopting client-
15 led approaches may deviate from Rogers' (1961) non-directive model by drawing on features
16 of practitioner-led techniques and interventions. The participants' use of both client-led and
17 practitioner-led features echoes a debate among PCT practitioners who have differing views
18 on the role of practitioner-directed interventions (Tolan & Cameron, 2017). PCT has
19 fragmented into different tribes (Sanders, 2012), with some practitioners adhering to a non-
20 directive viewpoint and others believing that it is possible to intervene in clients' lives while
21 continuing to provide Rogers' (1957) six conditions.

22 The way the current participants melded a non-directive stance with a directive
23 framework may have allowed them to thrive within a performance-focused setting such as
24 sport. To help illustrate, we draw on Mack et al.'s (2019) trellis analogy. Applied sport
25 psychology provides a framework or trellis within which different plants or ways of helping

1 athletes may grow. The trellis is built to suit the sporting context. Sport is a competitive
2 results-driven arena, and performance enhancement is a major reason why sport psychology
3 practitioners obtain employment (Brady & Maynard, 2010). Also, sport psychology
4 practitioners often compete with the other helping disciplines (e.g., strength and conditioning)
5 for its presence on the scientific support stage because of limited resources, and they need to
6 justify their contribution (Anderson et al., 2002). Coaches and athletes often evaluate
7 practitioners on the (measurable) contribution they can make to performance (Chandler et al.,
8 2016). They may not always understand or appreciate the benefits of a non-directive
9 approach, unless practitioners have been able to communicate what these might be clearly
10 (Nesti & Ronkainen, 2020). Athletes and coaches likely believe greater benefits result from a
11 directive approach (e.g., mental skills training), similar to the strength and conditioning coach
12 providing a training programme where reports of “interventions” are readily seen (Nesti,
13 2004). Given the trellis, practitioners subscribing to client-led approaches may need to plant
14 or use practitioner-led techniques to help them meet clients’ expectations and needs. The
15 trellis example shows that there is not one way to help athletes, that client-led and
16 practitioner-led practices can complement each other when used in suitable contexts (Mack et
17 al., 2019).

18 The participants’ melding of the client-led and practitioner-led approaches may also
19 reflect sport psychology literature (Vealey, 2007). All participants had extensive exposure to
20 sport psychology literature, as evidenced in their registration as practitioners. In sport
21 psychology literature, authors commonly argue that applied sport psychology practitioners
22 make use of interventions to help athletes attain goals and resolve issues (Vealey, 2007;
23 Weinberg & Williams, 2021). A theme in the literature is that practitioners are directive and
24 provide athletes with solutions to their challenges (e.g., Vealey, 2007).

1 Acknowledging the current study's delimitations helps identify research that would
2 extend the findings. For example, the current study focused on one-to-one athlete-practitioner
3 relationships. Participants' stories may have been different if interviewees had discussed
4 group-based service delivery, workshops, or alternative ways to help athletes. Further,
5 participants were practitioners operating in a British context, a Western individualistic
6 society. Participants from other cultural contexts, such as collectivist societies, may have
7 alternative stories. Research that explores how practitioners describe client-led approaches
8 during alternative ways of helping athletes and in different cultural contexts will broaden the
9 understanding of the topic. Also, researchers who explore athletes' narratives of experiencing
10 client-led services will allow the topic to be examined from multiple perspectives and will
11 deepen knowledge.

12 With this study we illustrated that narrative analysis helps to explore how client-led
13 practice in sport psychology may have parallels with Rogers' (1961) person-centred therapy,
14 and how it might differ. Further narrative research will expand these results and provide
15 greater understanding of client-led applied sport psychology. For example, researchers could
16 explore the possible presence of other story templates about service delivery in sport
17 psychology. Although a collaborative empiricism narrative emerged in this study, other
18 stories may exist. If the collaborative empiricism narrative is dominant, what alternative
19 stories are being silenced or omitted? Whose benefits are being served by narratives focused
20 on collaborative empiricism? Are there benefits of introducing other narratives (see Booker,
21 2004, for examples) in sport psychology practitioner training, such as offering alternative
22 ways to reflect on service delivery? In what ways can professional development be enhanced
23 by encouraging practitioners to become aware of the narratives they tell themselves and
24 others? In what ways do their narratives influence client interactions? There is much to be

1 learned about the ways narratives shape service delivery in applied sport psychology
2 (especially if athletes' narratives are studied).

3 Although narrative analysis helped us make a novel contribution to the literature,
4 other qualitative and quantitative methods will help broaden our understanding of client-led
5 service delivery. For example, other qualitative methods, such as grounded theory,
6 phenomenology, and ethnography, will broaden and deepen understanding and allow multiple
7 perspectives to be constructed. Quantitative methods can also provide knowledge, such as the
8 number of practitioners who proclaim to be client-led and the types of interpersonal
9 interactions that occur during client-led helping relationships, such as how often practitioners
10 talk compared with their athletes and the frequency with which they use specific
11 communication skills including questions, reflections, and summaries. Quantitative research
12 might also examine the magnitude of the influence that client-led relationships have on
13 athletes' lives. Further, mixed-method studies could answer complementary qualitative and
14 quantitative questions. For example, a quantitative study could measure the frequency of
15 practitioners' verbal and non-verbal behaviours and qualitative research could explore
16 athletes' reactions to those communication attempts.

17 The current results have applied value for trainees and practitioners. For example,
18 given that participants' stories were infused with concepts from PCT, trainees and
19 practitioners may benefit from exploring Rogers' (1961) approach. According to Rogers
20 (1939) practitioners can become person-centred practitioners through supervised work
21 experience, undertaking personal counselling, and reflecting on their leadership experiences.
22 Trainees might, for example, reflect on their previous leadership roles (e.g., as coaches or
23 team captains) to gauge their levels of empathy, tolerance, and congruence when responsible
24 for assisting people.

1 As a second applied implication, practitioners can reflect on the results to explore
2 when to be directive with clients and when to be non-directive. Helping relationships are co-
3 constructed (Orlinsky et al., 2004) and effective practitioners are flexible, knowing how to
4 switch between being directive and non-directive to best help their athletes (Tod et al., 2011).
5 One way individuals can reflect on knowing when to switch is to draw on Bordin's (1994)
6 description that effective practitioner-client relationships include shared goals, agreed tasks,
7 and a strong interpersonal bond. Questions that can guide reflection include: what tasks is
8 each person responsible for undertaking? How are shared goals arrived at and what is each
9 person's contribution? What are the contexts and cultures within which service delivery
10 occurs? Practitioners might also find help from literature that provides guidance on how to
11 make suggestions and implement interventions while also respecting clients' autonomy and
12 right to control the helping relationship, such as motivational interviewing (Rollnick et al.,
13 2020; Witty, 2007).

14 **Conclusion**

15 This study offers novel insights into how practitioners structured their stories about
16 their client-led stances to helping athletes. Their stories were structured around a
17 collaborative empiricism narrative. The narrative contained features of both client-led and
18 practitioner-led practices. As well as extending applied sport psychology theory, the findings
19 have applied implications for practitioners. Trainees and practitioners, for example, could
20 reflect on the current findings as they consider the ways they wish to help clients achieve
21 goals and resolve issues.

22

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