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One-to-One Support with a Professional Rugby League Player: Case for Referral?

Abstract

This article presents a reflective case study of an applied consultancy experience with a 22-year-old professional rugby-league player. The primary aim of the intervention was to provide the client with a confidential space where he could discuss his experiences in and outside of a sporting context, whilst also exploring and challenging his core values and beliefs. The consultancy process lasted for 12 months, leading to the development of a strong relationship. During this time, the client experienced multiple critical moments, such as; de-selection from the first team squad and contract negotiations, which at times led to reductions in his well-being and forced the trainee sport and exercise psychologist to consider his scope of practice in relation to mental health and depression. Reflections are provided that explore the possibility of referral during these moments. The case study also provides an insight into the trainee sport and exercise psychologist's philosophy of practice and how influential this can be when considering referral of a client. The importance of supervisor support during uncertain moments is highlighted and the case study concludes with reflections from the client, trainee practitioner, and peer supervisor regarding the efficacy of the intervention and the decision not to refer.

Keywords: mental health, scope of practice, referral, critical moments

One-to-One Support with a Professional Rugby League Player: Case for Referral?

Context**The Practitioner(s)**

At the time of the intervention, I (author one) was ten months into British Psychological Society (BPS) Stage Two supervised training and Ben (author two), who adopted the role of ‘peer supervisor’ or ‘critical friend’ throughout the consultancy process, was ten months into British Association of Sport and Exercise Sciences (BASES) supervised practice. The BPS and BASES training pathways require applied practitioners to demonstrate a multitude of competencies across a specific time period. Prior to enrolment on these respective training pathways, Ben and I both had experience of working within professional football together, where we would regularly discuss our philosophy of practice and development as applied practitioners. Ben and I had met whilst studying a Sport Psychology (MSc) and developed a strong personal and professional relationship. I would regularly contact Ben for advice and support with this particular case and many others, as his professional role exposed him to Olympic athletes experiencing a variety of challenges as they prepared for life after sport. This applied experience equipped Ben with the knowledge and practical insight to offer advice and support to me as an applied practitioner.

Our philosophy of practice as applied practitioners is to focus on the holistic development of people, in the belief that performance and well-being are inescapably linked (Brady & Maynard, 2010). This means that when working with a client, performance enhancement is always balanced with the welfare of the individual (Stambulova, Wrisberg, & Ryba, 2006). As applied practitioners, we particularly focus on gaining a better understanding of the client’s lived-experiences as a person, by adopting an Existential approach to practice. Existential psychology allows for the exploration of both the positive and negative experiences that an individual might encounter within sporting and non-sporting contexts, by focusing on concepts such as: death, love, courage, isolation, anxiety, and meaning (Nesti,

2004). This approach to applied practice can be particularly useful when individuals are experiencing a crisis or are making a transition. When supporting an individual through these transitions or critical moments, an Existential practitioner will not focus on the use of techniques to reduce the symptoms associated with this difficult moment (Corlett, 1996), but will instead accept that the individual has freedom and autonomy in the choices they make; embracing the anxiety that will inevitably accompany this freedom. By being authentic and focusing on the encounter itself, an applied practitioner can provide their client with an opportunity to increase their self-knowledge and grow psychologically.

In addition to adopting a philosophy of practice that focuses on both performance and well-being, prior to my engagement with this particular client, I had completed a mental health first aid course through my role as mental health ‘champion’ at the University where I was situated. This had improved my knowledge of mental health and had increased my ability to spot the signs and symptoms associated with mental health disorders in both students and athletes. Mental health was also a topic we had discussed extensively on the Professional Doctorate in Sport and Exercise Psychology that I was enrolled on, where we were regularly exposed to real-world case studies to critically discuss, alongside clinical psychologists and experienced sport and exercise psychologists.

The Client

The client (CT), involved in the following case study, is a 22-year-old professional rugby-league player, playing for a team in the English Super League. In the last two years, he had progressed from the academy at the club into the first team squad. At the time the consultancy process began, he was a year into his first (two-year) professional contract at the club and had played over fifteen times for the first team. Due to the unique circumstances of the client involved in this particular case study, an array of identifiable information has been

omitted, to ensure complete confidentiality is maintained. Therefore, this case study provides a snapshot into the 12-month consultancy process with CT.

Consultancy Process

Throughout this consultancy process, the boundaries between the intake, needs analysis, case formulation and intervention were blurred and overlapped with one another, as they often do within one-to-one sport psychology support (Keegan, 2015).

Intake

Prior to the official start of the consultancy process, CT and I had already met (under circumstances that will not be discussed to ensure complete confidentiality of the client). This informal engagement, over time, naturally led to the development of a strong and professional practitioner-client relationship; providing us with a solid foundation when formally engaging in one-to-one sessions together (Gilbourne & Richardson, 2006). During these informal meetings, CT and I would often discuss the importance of ethical practice within applied sport psychology, which provided me with the opportunity to highlight my own philosophy of practice as an applied practitioner. I reminded CT of this approach to practice at the beginning of our first session, whilst also discussing the boundaries of confidentiality and highlighting my scope of practice in relation to mental health. CT understood and stated that he had approached me based on my philosophy of practice as it had resonated with his own experiences. As a result of our earlier engagement, CT seemed comfortable and eager to progress straight into discussing his personal and professional challenges. During the first session, CT disclosed that he thought he had experienced depression in the past, but made it clear that he did not feel he was currently depressed. Nonetheless, I needed to gain more information from CT to inform a potential referral decision and so I spent the remainder of the session exploring his past experiences of depression. CT explained that he had never been formally diagnosed with depression, but had

experienced symptoms associated with depression, such as; low mood, inability to sleep, lack of concentration, fatigue and withdrawing from family, friends, and team mates. Immediately following the intake session, I contacted my supervisor to explain CT's circumstances and to review whether or not this case was grounds for referral. At the time, I didn't feel referral was necessary as CT wasn't a threat to himself or others, but as a trainee sport and exercise psychologist I wanted to be sure that this was the right decision. My supervisor and I agreed that it was something I needed to be mindful of as the consultancy process progressed, but currently wasn't something that fell outside of my scope of practice and as long as I felt comfortable, I should continue to support CT.

Needs Analysis

In line with my philosophy of practice, I continued to adopt a client-led approach throughout the second session, because I wanted to understand CT's lived experiences in more detail and to gain a better understanding of the reason(s) he had approached me for support. I reinforced at the start of this session that CT could discuss his experiences both in and outside of sport and as with the intake session, CT was clearly comfortable with me and was able to provide me with a detailed insight into his experiences. It quickly became clear that CT was experiencing a multitude of challenges simultaneously, which were all having a negative impact on both his performance and well-being (Nesti, 2007). The two main challenges discussed during this second session centred around CT's transition into the first team squad and his experiences of prolonged de-selection. However, as the consultancy process continued and CT came closer to the end of his professional contract, CT began to question his future in the sport and had to deal with the anxiety that accompanied the decision regarding his next contract.

Progression into the First Team Squad. CT had recently made the transition from the academy into the first team squad. He had been at the club for the vast majority of his career

as a rugby player; nonetheless, CT found this transition difficult. Individuals, such as CT, experiencing this transition from academy to first team are often progressing from an environment that was nurturing and caring, in which they received a high level of support; to an environment that is lonely and isolated and may lack the necessary support required. CT was expected to function within this new challenging environment (Nesti & Littlewood, 2011), when he may not have possessed the required skills, knowledge or experience (Richardson, Relvas, & Littlewood, 2013). Furthermore, he expressed that he no longer belonged to the academy and still had to prove himself as a first team player, which left him with a sense of uncertainty and anxiety. Individuals making this transition now have a limited amount of time to prove they can perform within the outcome-orientated environment of first team sport (Nesti, 2010). CT no longer fully belonged to either the academy or the first team squad (Richardson et al. 2013) and so required support to overcome the unique demands of this phase of his career. In addition to having to adapt to this new environment, CT was also struggling to develop a relationship with the first team coach (Røynesdal, Toering, & Gustafsson, 2018; Stambulova, Franck, & Weibull, 2012), whom he felt lied to him about the selection process and as a result could not trust on a personal or professional basis.

Pro-longed De-selection. In addition to this, over the last few months, CT had experienced prolonged de-selection from the first team squad (Brown & Potrac, 2009), which had begun to reduce the confidence he had in his own abilities. Prolonged de-selection, which is often unexpected and unpredictable in nature, has been described in the literature as a ‘critical moment’ that athletes face throughout their careers (Nesti et al. 2012). These critical moments describe moments experienced where an individual must confront anxiety, due to changes in their identity (Ronkainen & Nesti, 2017), providing the individual with the opportunity to increase their self-knowledge (Ronkainen et al. 2014) and grow psychologically. However, this growth can only occur if this individual takes personal

responsibility (Douglas, 2014) and challenges their own personal values and beliefs to improve their self-knowledge (Ronkainen, Harrison, & Ryba, 2014). Whilst progressing throughout the academy, CT had rarely experienced de-selection and had flourished within this environment, resulting in him playing at an international level. He had also experienced a good start to his professional career within the first team squad, making a number of appearances. However, due to the increased demands of playing at a professional level, he was finding it increasingly difficult to break into the starting team at the expense of some of the more senior players.

Contract Negotiations. As the consultancy process progressed, CT was slowly coming towards the end of his professional contract. Naturally, this left CT questioning his career at the club and his future in the sport altogether. In the months leading up to the end of his contract, the chairman of his current club offered CT a contract extension. In the same week, two other Super League clubs approached CT and expressed their interest in signing him during the next transfer window. CT now faced a decision between signing a new contract at his current club or transferring to a new club, who were currently in a better position in the league. As discussed above, these critical moments always involve anxiety, otherwise described from an Existential perspective, as normal anxiety (May, 1977), which occurs because of the ability the individual has to act freely and make decisions in a given situation (Nesti, 2004).

Identity. There was also an underlying discussion of identity throughout the consultancy process, with CT consistently questioning who he was as both a person and an athlete. The transitions that athletes navigate throughout their sporting careers can often have a negative impact on their well-being (Schinke, Stambulova, & Moore, 2017) and lead them to question who they are and who they want to be (Wylleman & Reints, 2010). When considering the above challenges as a collective, it was becoming apparent that CT was demonstrating a

strong performance narrative in relation to his role as an athlete (Carless & Douglas, 2013). At times, his identity seemed exclusive to his athletic role and he showed signs of developing identity foreclosure (Petitpas, Van Raalte, & Brewer, 2013). Individuals who subscribe to an exclusive performance narrative can begin to demonstrate culturally saturated athletic identities (Ryba & Wright, 2005) or experience a loss of identity altogether (Brown & Potrac 2009), which can lead to depression (Wood, Harrison, & Kucharska, 2017), distress, helplessness and isolation when experiencing critical moments (Nesti et al. 2012) or when forced to disengage from elite sport (Lavallee et al. 2000). This one-dimensional identity can also intensify the emotions experienced during moments of perceived failure or when receiving critical feedback.

Aims of the Intervention. It was clear that the support I provided CT would need to consider his holistic experiences and provide him an opportunity to explore his values and beliefs so he could face the inevitable anxiety that was accompanying these critical moments. At the end of the second session CT and I agreed two clear goals to the intervention: 1) create a confidential environment where CT could discuss his experiences and 2) explore and challenge CT's core self and the impact this was having on his current experiences.

The Intervention

The intervention lasted for 12 months in total and during this time, CT and I met on 15 occasions (lasting anywhere between one hour and two hours, depending on what CT had experienced since our last meeting). In addition to this face to face contact, CT and I would regularly communicate with each other via text. I would usually send him a message after a game to ask about the result and his own individual performance and CT would often message me to let me know how his week had been and to arrange our next session. This consistent communication allowed me to monitor his progress closely, ensuring I was aware of any setbacks he was experiencing. Without needing to be prompted, CT would tell me

230 about aspects of his life relating to his well-being (sleeping better, losing weight, exercising
231 more regularly etc.), which gave me a further insight into his progress.

232 **Existential Psychology: ‘The Encounter’.** From the very beginning of the consultancy
233 process, CT clearly stated that he wanted to be able to discuss all of his experiences (personal
234 and professional) with someone he could trust. To meet the needs of CT and to work in
235 alignment with my philosophy of practice, CT and I consistently engaged in the encounter.
236 From an Existential perspective, engaging in the encounter involves the coming together of
237 two people (and personalities) and requires the practitioner to consistently demonstrate
238 presence, empathy, and spontaneity. Existential psychology rejects the use of techniques to
239 reduce the symptoms associated with an experience (Corlett, 1996) and instead encourages
240 individuals to courageously confront the anxiety that always accompanies critical moments
241 throughout an athlete’s career (Nesti, 2004). This was particularly important when working
242 with CT, as at the start of the consultancy process, he would often attempt to avoid this
243 anxiety by questioning his future within the sport. By encouraging CT to explore and
244 recognise his responsibility and the freedom he had during these difficult moments, he was
245 able to take more control of his circumstances and deal with the pressure and anxiety
246 constructively. To achieve this, I had to truly listen and understand CT’s lived-experiences,
247 demonstrating empathy throughout the consultancy process. This approach meant I was
248 meeting the complex needs of CT as a client, but also ensured I was working congruently as a
249 practitioner (Lindsay, Breckon, Thomas, & Maynard, 2007). By being genuine, spontaneous
250 and authentic, I was able to engage in what is referred to as the I-Thou relationship (Nesti,
251 2004), which I believed positively impacted upon the consultancy process. By being genuine
252 and authentic (combining my personal and professional selves) throughout the process, I was
253 able to build a strong relationship with CT. However, I was also mindful that being
254 someone’s equal, from an Existential perspective, was different than being his or her friend.

Therefore, whilst engaging in this process, I had to continually reflect upon whether the personal/professional boundary was becoming blurred. Furthermore, engaging in the encounter involves immersing yourself in someone else's lived-experiences, which for the practitioner, can be emotionally demanding (Nesti, 2004). There were a number of occasions (particularly during the more challenging moments) that I would finish the session exhausted and found myself experiencing a similar emotional response to CT. Therefore, I also had to be mindful that these emotional responses were not negatively impacting upon the consultancy experience.

Scope of Practice

Case for Referral?

During our first three sessions together, CT had been demonstrating a noticeable improvement and had begun to make small life changes (sleeping better, eating well, exercising more etc.). He was beginning to take responsibility for the aspects of his life that he could control. He was also beginning to explore activities, outside of a sporting context, that helped him switch off from rugby. Moreover, his professional circumstances had changed. The assistant coach, with whom CT had a good relationship, had replaced the head coach at the club. As a result, CT had been informed that he would be playing for the first team the following week. However, CT had performed poorly in his return to the starting team and had been left out of the squad in the following game, which had had a detrimental impact on his well-being. During one of our weekly text conversations, when discussing how CT was feeling, CT stated: *"I'm really not in a good place at the minute mate"*. Based on discussions CT and I had had during our sessions together and the feedback he had sent me via text up until this point, his well-being had been improving, however, it was clear that performing poorly on his return to the team had caused a further reduction in his well-being

279 and I was concerned that any progression he had made over the last few months had now
280 been undone.

281 After receiving the text, I immediately contacted my supervisor (Eubank, 2016a) as
282 based on this new information, I needed to decide again whether or not CT needed to be
283 referred for more specialist support. My supervisor again took the time to listen to the
284 circumstances surrounding CT's recent experiences and my reflections on the consultancy
285 process so far. My supervisor had extensive knowledge of the BPS guidelines and had also
286 attended a conference of mental health in sport that same week, described the referral process
287 as a traffic light system; with CT's case bordering the green/amber category. A client in the
288 amber category may be experiencing symptoms associated with low well-being, such as poor
289 mood or sleep deprivation, but was not experiencing a clinically diagnosable mental health
290 disorder. Further reflections with my supervisor highlighted that, perhaps as a result of my
291 trainee status, I may have been overly anxious about CT's changing circumstances (Eubank,
292 2016b). Our discussion then progressed onto the concepts of comfort and competence. By
293 comfort, my supervisor was referring to whether or not CT's experiences were aligned to my
294 approach to applied practice and by competence, he was referring to my "ability to function
295 optimally within the recognized limits of knowledge, skill, training, education, and
296 experience" (British Psychological Society, 2009, p. 15). It was clear that CT needed support
297 that primarily focused on improving his well-being, as opposed to his performance, but based
298 on the information I had received from CT and discussions I had had with my supervisor; it
299 was clear that CT's case was not clinical. Furthermore, as discussed above, my philosophy of
300 practice centres on the assumption that performance and well-being are inescapably linked,
301 and prior to this consultancy I had two years' experience providing support to professional
302 footballers that predominantly prioritised well-being. Hence, my supervisor and I both

concluded I was competent to support CT through his current experiences and I felt more than comfortable doing this based on my approach to practice.

BPS Guidelines

The BPS Code of Ethics and Conduct (British Psychological Society, 2009) states that Sport and Exercise Psychologists are required to “refer clients to alternative sources of assistance as appropriate, facilitating the transfer and continuity of care through reasonable collaboration with other professionals” (p. 19). However, the guidelines remain a grey area for applied practitioners and after reading them a number of times throughout this consultancy process, they raised more questions than answers in relation to my role and responsibilities during this particular case. What if the sport psychology practitioner doesn’t recognise that the athlete is experiencing a mental health disorder? What if the athlete purposefully hides their condition through fear of being referred? If making the decision to refer, how long would it take for the athlete to be seen by a clinical psychologist? During this time, can the sport psychology practitioner continue to support the athlete? If not, what further support will the athlete have access to whilst they wait for their appointment? What if referral leads to a loss of trust between the athlete and practitioner, leaving the client with no support? Moreover, once the athlete has seen the clinical psychologist, what if they decide they don’t want to continue to work with them? Or what if the athlete refuses the referral altogether? Answers to these questions aren’t provided by the current guidelines and so it seems, when presented with borderline cases such as CT’s experiences in this case study, it is down to the individual practitioner to judge whether or not they have the qualifications, expertise, and experience to support the athlete through their challenges or whether they must navigate the complexity of a referral process.

Furthermore, athletes are most likely to approach the practitioner(s) that they feel most secure with, meaning that support staff, such as sport psychology practitioners, sport

scientists, and physiotherapists are highly likely to encounter an athlete experiencing symptoms of poor mental health (Morton & Roberts, 2013). In addition, if a referral is made, there are no guarantees that a clinical psychologist will be able to support the athlete through their challenges, given their lack of understanding of elite sport (Roberts, Faull, & Tod, 2016). It is apparent then that the current guidelines are not clear and need to be reviewed and reformed to provide applied sport psychology practitioners with a clearer insight and understanding of their roles and responsibilities in relation to referral of athletes experiencing challenges to their mental health.

Evaluating the Intervention

Client Feedback

12 months into the intervention, CT agreed to take part in an interview, which was designed to gain a better understanding of whether or not the intervention had successfully met the aims stated at the start of the consultancy process. The interview lasted for 67 minutes, was recorded on a dictaphone and transcribed verbatim. Thematic content analysis was used as the method of data analysis, because it allowed me to become aware of patterns that emerged from the interview, which represented CT's experiences (Braun, Clarke, & Terry, 2015). During the data analysis process, it was essential for me to recognize how my own philosophy and experiences of the consultancy process would contribute towards the emergence of the themes presented below (Yilmaz, 2013). Whilst it was impossible for me to remove myself completely from the data collection and data analysis process, the questions were designed to be open-ended to ensure CT had the opportunity to provide direction to the interview. Furthermore, the transcript and themes were reviewed by Ben (author two) to increase the credibility and trustworthiness of the findings.

351 **Case for Referral?** During the interview CT discussed his circumstances in more detail, but
352 more importantly highlighted that seeking support during this period was one of the most
353 challenging things he had ever done:

354 Honestly, one of the most challenging parts was, the first session, because I used
355 to keep a lot of things in, about rugby and I'd been going on a downward spiral
356 for a couple of years now and I felt like I was losing it, like losing how I was in
357 rugby, how I was as a person and I just really couldn't speak to many people and
358 so the toughest part was definitely, when I'd hit rock bottom, being able to go
359 and tell someone about it... because I wouldn't even say the toughest part was
360 rock bottom, it was more going to have to speak to someone about it, that was
361 the toughest part

362 CT was aware of my scope of practice and admitted that if I had decided to refer him, he
363 would have respected the decision, but would not have accessed support anywhere else:

364 I would have had to respect your decision, but to be fair, if I went to speak to
365 someone else, I probably wouldn't have gone back, if I'm being honest, I
366 probably would have just left it. Other people had already tried, and it just didn't
367 work. I probably would have just left it, I wouldn't have pushed you probably
368 [to come back], but I should have done back then, because I needed it, but I
369 probably wouldn't have, I probably would have just respected it and got on with
370 it

371 Before seeking my support, CT had been referred to see two other individuals: The Welfare
372 Officer at the rugby club and the Mental Health Advisor (MHA) at his University. However,
373 he explained that the support he had received from the club had actually made the situation
374 worse and that the MHA was too 'textbook' and knew very little about elite sport:

375 I tried speaking to someone at the club before and it just didn't work, there was
376 always a conflict of interest, they just want to jump in and do something for you
377 and it ends up just sending your anxiety either further

378 ...like I went to the guy in Uni as well, like the mental health person, or whoever
379 he was and I didn't see him again, because of the basis that I just, I just didn't
380 think he was as good, like he was too like to the book, if you get what I mean?

381 Athletes can often not seek additional support once referred for a number of reasons
382 (Van Raalte & Andersen, 2013). In CT's case, he struggled to develop an effective
383 relationship with other practitioners, who he felt were not able to help him and so a
384 referral in this particular case would have left CT with no support, potentially leading to
385 a further reduction in his well-being.

386 **Impact of the Intervention.** Following our first session together, CT described how he
387 valued how much I knew about professional sport and how I made the environment
388 comfortable for him to discuss his challenges:

389 You knew a lot about team culture and that was the thing that sold me on it to be
390 honest and because you'd worked in other sports, you actually understand
391 compared to others, who had no idea about sport and that just didn't benefit me
392 at all

393 From the first session, my first impression of you was that you were a calm
394 person and you knew how to wind me down, because I was quite emotional... I
395 can remember our first session and it was not overwhelming at all and it was
396 easy to speak to you and you'd expect the first session when someone's opening
397 up to someone it might be a bit awkward, but it was just dead natural really
398 quickly and you're just a really open person to come and speak to, like

399 comfortable and easy to come and talk to. From session one, I felt like I could
400 trust you, because if I didn't I wouldn't have come back and it was just me and
401 you in a room, I just felt like I could say anything and I'd never had that before.
402 There were things I was talking to you about that I wouldn't even talk to my
403 mum about or my brother and it was things... I just felt like, how you made the
404 environment around me and spoke to me, I'd just tell you everything

405 CT kept returning to the sessions with me as he felt it was benefitting him and he openly
406 admitted that without this benefit, he would not have kept returning:

407 I felt like I came back because I gained something, that's why, like even though,
408 as cut throat as this it, even if I liked you as a person, but I was gaining anything
409 from the sessions, I'd have to go somewhere else, because selfishly if it isn't
410 going to benefit me I'm not going to go, so I came back because it actually
411 benefitted me, I felt like I came out better than when I went in, so that's what I
412 needed at the time. I gained a bit of hope that it could get better and that was
413 from you

414 These benefits, which CT describes below, give an insight into the holistic client-led support
415 I was able to provide him, focusing on his development as both a person and an athlete:

416 you help the person like, if you're struggling, you don't try and fix it for
417 me...using external factors... you try and do it internally, instead of externally,
418 you sort of tried to strip down the problems I was having through rugby and
419 tried to make me see that there were other things and I can remember from the
420 first session and you were trying to bring out just me and not just rugby and I
421 felt like you were the only person at that time I was speaking to that could do
422 that, so I came back more and more because I finally started to see how it was

423 about me instead of just about rugby, so you just stripped it back and made me
424 realise that myself was more important...

425 ...concentrating on the person and just being able to strip it back and find core
426 problems and allowing them internally to fix them, like you never told me how
427 to fix something, either I had to realise it or we'd realise it together

428 Based on this holistic support, CT described how he was able to find himself again, gain
429 more confidence in himself, realise he had control over his own life, and increase his self-
430 awareness:

431 The way I view myself, is definitely the top one, I didn't feel like I had my own
432 identity and now like, even when I wasn't getting picked, by the end of our
433 sessions, even last year, I was me and I feel like I've found myself again, which
434 is nice and as I said, my confidence was... that was just something I was
435 portraying to people, when actually I was struggling a fair bit and I've got that
436 back now, where I feel like I'm just being honest with myself and I'm back to
437 being confident and believing in myself and thinking I can actually change stuff
438 and if things are going wrong, I can actually change it now, back then I didn't
439 think I could

440 The main thing was, they [the sessions] like unclouded the process in my head to
441 be fair, it like, it just shone a bit of light through, if that makes sense? Instead of
442 me thinking about all this other stuff, we were stripping it back and stripping it
443 back and then it made me realise, oh yeah, this is the root of the problem, like I
444 had all these mini things, then we'd somehow strip it to a main thing and we
445 managed to find the root cause of problems, which I couldn't find on my own,
446 so that's what I learnt about myself, what I was actually annoyed at, so you

447 allowed me to realise that and I learnt what my problems actually were, rather
448 than what I perceived them to be at the start

449 CT felt that these changes helped him as a person outside of rugby, which consequently had
450 an indirect impact on his performance. However, CT was clear that the support did not have a
451 direct impact on performance:

452 ...no I wouldn't say it had a benefit performance wise, in the sense that... it did,
453 because it helped me get back to sleep more, which means I could train a bit
454 better, but I'd always say I put 100% in performance every week, so I think one
455 of the problems I used to talk to you about, was what I didn't understand... why
456 I was being dropped, but I mean... so I wouldn't say it impacted on me
457 performance wise, but it definitely impacted on me away from rugby a lot,
458 which you actually spend most of your day... away from rugby. It certainly
459 helped me outside of it, which would have had a knock-on effect and helped me
460 perform, but not directly no

461 **Lessons Learned**

462 The environment of professional sport can often cause or exacerbate existing mental
463 health disorders (Roberts, Faull, & Tod, 2016) and athletes are generally at higher risk of
464 developing mental health disorders whilst experiencing performance failure (Rice et al.,
465 2016) as was the case with CT. However, athletes often decide not to seek support or
466 underplay their symptoms, because of the associated stigma surrounding mental health (not
467 wanting to be viewed as 'mentally weak') and the potential impact this could have on their
468 athletic careers (Gorczynski, Coyle, & Gibson, 2017; Gulliver, Griffiths, & Christensen,
469 2012; Reardon & Factor, 2010). Furthermore, referral can often be met with scepticism by
470 the athlete (Morton & Roberts, 2013) and it is also common for sport psychology

471 practitioners to take different approaches to referral based on their approach to service
472 delivery (performance vs well-being) (Brady & Maynard, 2010).

473 It was essential for me, throughout the consultancy process, to continuously question
474 whether or not CT's case provided grounds for a referral to a clinical psychologist.
475 Discussions with my supervisor and Ben (a critical friend) reinforced my earlier reflections;
476 that CT was not experiencing a clinical mental health disorder (was not a harm to himself or
477 others) and did not require referral. Nonetheless, CT was going through a difficult stage of
478 his life and once the decision not to refer had been made (at both points throughout the
479 consultancy process), I had to ensure I was capable and confident as a practitioner to support
480 him through these critical moments. My confidence was undoubtedly influenced by my
481 philosophical approach to practice (supporting the whole person), and with time CT and I
482 were able to navigate through this difficult moment in his career. However, it is important to
483 highlight that whilst CT was not experiencing a clinical disorder, other practitioners, whose
484 philosophy of practice focuses predominantly on performance enhancement, may have
485 referred or chosen not to work with CT in these circumstances, highlighting a need for
486 practitioners to fully understand their philosophical approach to practice when considering
487 referral of a client.

488 Following the decision not to refer, CT continued to engage in the one-to-one
489 sessions and with time was able to regain his place in the starting team. Alongside this
490 increase in his performance, CT committed his future to the club, by signing a new
491 professional contract. It seemed that after months of instability, CT had finally reached
492 a point in his professional career where he could be proud of his achievements. He
493 expressed this to me during one of our sessions together by stating "*I've finally reached*
494 *a point where I'm happy with who I am again*". However, whilst this particular case
495 ended with a positive outcome (meeting the agreed aims of the intervention) it was both

challenging and rewarding in equal measure and highlights the need for the guidelines surrounding referral to be revisited and reformed to provide clearer and more practical advice to applied practitioners who might find themselves in a similar position.

Peer Reflection

This case study demonstrates how important it can be for applied practitioners to understand their professional philosophy of practice in an applied setting (Poczwardowski et al., 2004). This philosophically informed approach can have a direct impact on the decision to refer an athlete experiencing symptoms associated with a mental health disorder (Eubank, 2016a). CT's lived experiences highlight the myriad of potential challenges elite athletes face throughout their careers, which can impact both performance and well-being, and potentially lead to the development of depression and other mental health disorders. CT disclosed his own personal experience of depression prior to this consultancy experience and at times during engagement with Nick showed signs of depressive symptoms. Given that the lines of referral are blurred (Roberts, Faull, & Tod, 2016) it can be difficult to identify when an applied practitioner engages in practice beyond their competency or scope of practice. Supervisors and peer support networks can be crucial in supporting the applied practitioner when making this decision. However, arguably the most significant factor is the philosophy of the practitioner. Nick's Existential approach to counselling allowed CT to explore his holistic challenges, resulting in an increase in self-awareness. Adopting a philosophy of practice that focuses on both performance and well-being allowed Nick to demonstrate confidence and competence in dealing with CT's experiences, ultimately influencing the decision not to refer. Both Nick and CT had to demonstrate courage to engage in the process, which can be extremely challenging for both the client and practitioner. However, by making the decision not to refer and avoiding quick fix solutions, long-term change can and has been achieved. In this particular case, CT's well-being was enhanced, which indirectly improved

his performance as an athlete. This specific case highlights the need to review and reform the current guidelines surrounding mental health and referral for applied sport psychology practitioners, perhaps suggesting that applied sport psychology practitioners would benefit from working alongside clinical psychologists (Rotheram, Maynard, & Rogers, 2016) rather than referring and ceasing support altogether.

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