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3 Learning Experiences Contributing to Service-Delivery Competence in Applied

4 Psychologists: Lessons for Sport Psychologists

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Abstract

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

20 Keywords: professional development, applied psychology, training

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

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

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

50 provide further evidence of parallels in the development of these types of practitioners, and
51 allow researchers to advance knowledge about sport psychologist development.

52 Applied careers in sport psychology are a relatively new phenomenon in most
53 countries, including the UK where the present study is situated. To advertise one's self as a
54 psychologist in the UK individuals must be registered, however, training routes to becoming
55 registered differ for clinical, counseling, and sport psychology. Clinical and counseling
56 trainees undertake a three year university professional doctorate; whereas sport trainees
57 complete a professional training qualification typically taking three years post-masters (BPS,
58 2014). During their training, clinical psychologists work with a wide range of different client
59 groups (e.g., adults and children with mental or physical health problems, people with
60 learning disabilities) using different approaches (e.g., cognitive- behavioral, systemic).
61 Counseling psychologists use similar models (e.g., both are trained in psychotherapy) and
62 often work in similar settings to clinical psychologists. Counseling psychologists tend to
63 create a collaborative relationship with clients that focuses on exploring underlying issues to
64 empower change, rather than the more directive psychopathology model utilized by clinical
65 psychologists (Mayne, Norcross, & Sayette, 2000).

66 There is a substantial body of research examining counselor and clinical psychologist
67 training (Stoltenberg & McNeil, 2010). Previous research has highlighted the similarities in
68 the daily activities of clinical and counseling psychologists (Mayne, Norcross, & Sayette,
69 2000) and similar generic professional competences (e.g., the ability to form client
70 relationships, to keep accurate records, confidentially) are required to practice (Jones, 2011).

71 Sport psychologists can be considered helping professionals engaged in the process
72 of psychological service-delivery similar to clinical and counseling psychologists. Many have
73 advocated that sport psychology learn about professional development from clinical and
74 counseling psychology as there are similarities in these roles (Pack, Hemmings, Arvinen-

75 Barrow, 2014; Tod & Lavallee, 2011). Sport psychologists' work involves listening and
76 talking to clients, forming relationships with them, and exercising specialised training, skills,
77 and knowledge with clients. The purpose of training for the helping professions is to enable
78 practitioners to develop service-delivery competence (SDC). SDC can be summarised as the
79 application of suitable psychological theory, through the use of appropriate skills and
80 interventions, in a therapeutic relationship to meet a client's needs and expectations, with
81 routine reflection by the practitioner on how they have influenced the process of service
82 provision (Tod et al., 2009). Cropley, Hanton, Miles, and Niven (2010) proposed that Tod et
83 al.'s definition may improve understanding of the determinants of effective practice and
84 encourage practitioners to think about the competences required to be effective. The
85 processes described in the definition above identify what the practitioner is trying to do to be
86 effective. Comparing the experiences that contribute to SDC across sport, clinical, and
87 counseling psychology may inform theoretical understanding regarding sport psychologist
88 training, clarify the training processes that influence effectiveness, and yield applications for
89 educators and supervisors. Such data might strengthen the justification for using clinical and
90 counseling psychologist development theory to inform sport psychologist training.

91 Researchers have examined the learning experiences deemed important to graduates
92 and staff of sport psychology master's and doctoral training programs in Australia (Tod,
93 Marchant, & Andersen, 2007). In Tod et al.'s (2007) study, participants discussed the
94 significance of interpersonal interactions among classmates and teaching staff and the
95 influence of specific events outside of training. These findings echo an earlier study on
96 student counselor development (Furr & Carroll, 2003) providing some evidence that
97 counseling literature is relevant to sport psychology development. Other common themes
98 across the disciplines include the importance of learning directly from those who are
99 qualified practitioners (Fifer, Henschen, Gould, & Ravizza, 2008), and the value of self-

100 reflection at all stages of development (Cropley et al., 2010). Despite these findings, there is
101 scope for knowledge on sport psychologist development to be advanced. One such way is
102 through interviewing working practitioners from the three disciplines. Much of the literature
103 across the disciplines is focused on trainees or seasoned practitioners (Simons & Andersen,
104 1995) and typically does not include the years in between. The working years between
105 qualification and retirement are when professional functioning may be undergoing the most
106 change and practitioners are actively reflecting on their training experiences (Skovholt &
107 Rønnestad, 1992). For example, there is movement from received knowledge towards
108 personally constructed knowledge; unauthentic elements of the self may be disregarded
109 because one seeks congruence between personal beliefs and practice behavior, and there is an
110 increased use of experience-based generalisations to guide practice (Skovholt & Rønnestad,
111 1992).

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

122 **Method**

123 **Participants**

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

141 **Procedures**

142 After obtaining institutional ethics approval, the first author contacted participants
143 individually by email and outlined the study's purpose, risks, and safeguards and invited
144 them to participate. Tracy's (2010) criterion of rich rigor was used as a guiding principle for
145 selecting an adequate number of participants. This criterion required adequate diligence to
146 gather enough data to answer the research question; in the case of the current study,
147 interviewing 20 psychologists was deemed enough to demonstrate that rigor. Including
148 additional participants may have risked compromising the depth of understanding that arises

149 from including more participants than necessary to answer qualitative research questions
150 (Kvale & Brinkmann, 2009). The setting for the interview was chosen by the participant
151 where six interviews were undertaken face-to-face and 14 were conducted by telephone due
152 to geographical access to the participants. Before participating, individuals provided informed
153 consent to be interviewed and have the interview recorded. The semistructured interview
154 guide described below was used flexibly to allow interviews to feel conversational; the
155 interviewer was receptive to participant responses and adjusted question wording and order
156 accordingly. Interviews ranged in length from 37 to 90 min with an average duration of 52
157 min.

158 **Interview Guide**

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

171 **Data Analysis and Presentation**

172 The data were analysed according to Patton's (2002) guidelines including data
173 preparation, description, and interpretation. In data preparation, the first author transcribed

174 the interviews verbatim and then repeatedly read the transcripts whilst listening to the digital
175 recordings of the interviews. During data description, the content of the transcripts were
176 thematically analysed to identify patterns and themes. This process was conducted after each
177 interview to allow the initial formation of the classification system. First, participants'
178 responses were placed into broad themes, each with a label reflecting the content. Seven
179 themes were developed reflecting the transcript content. Subsequent analysis involved
180 assigning and reassigning individual text units to subthemes within the broader themes.
181 Themes were revised and renamed and data was reassigned, where appropriate, to new
182 themes and subthemes throughout data description to ensure the research question was
183 answered. For example, data regarding peer interactions was initially placed under a theme
184 termed *formal service-delivery experiences* to denote experiences that occurred in the class
185 room. Formal experiences did not emerge from the data on sport psychologists so the word
186 formal was removed to represent a generic theme encompassing all data. *Peer interactions*
187 was initially placed under the *service delivery experiences* theme however participants
188 discussed this experience in relation to reflecting with peers so this subtheme was moved
189 under *reflective learning* to present a more coherent presentation of results. Throughout data
190 interpretation, the classification system was reviewed in reference to established theory and
191 as part of the audience review process (described below) to identify the relationship between
192 findings in the current study and previous work. In keeping with Krane, Andersen, and Streat
193 (1997), data analysis involved both deductive and inductive procedures.

194 **Research Credibility**

195 Triangulation was employed in the study design to enrich and improve the
196 understanding of the findings (Patton, 2002). Specifically data source triangulation involved
197 collecting information from multiple informants and from various contexts (e.g., public
198 versus private practice settings). Analyst triangulation was undertaken through two sport

199 psychology educators and practitioners reviewing earlier drafts of the manuscript and
200 transcripts to query interpretations and offer possible alternative accounts that may have not
201 been considered (Patton, 2002). Based on analyst feedback, further commentary was added to
202 explain contextual differences. Member checking allowed confirmation of each individual's
203 account by means of participants reviewing their own transcript, a draft of the findings, and
204 interpretations. Nine participants responded confirming the accuracy of their transcripts and
205 all nine stated that the findings resonated with their experiences. Of those who responded, no
206 participants disagreed with the interpretations, and five provided additional data to elaborate
207 on their earlier interviews. Finally, two trainee sport psychologists, and two educators were
208 invited to review the findings (audience review). Through the process of audience review,
209 trainees reported that they would find the research more useful if there was further
210 explanation of what they could do as a result of learning what other types of psychologist do.
211 Similarly, an educator reported that to ensure sport psychologists do not appear as the 'poor
212 cousins' of the profession, a rationale for the current status of sport psychology training
213 would add context to the findings.

214 **Results and Discussion**

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

224 **Service-Delivery Experiences**

225 Participants emphasized experiential learning in SDC development as illustrated by
226 the following participant quote: "...being out in the world, doing client work in a range of
227 different places, there is just no other way of learning other than to do it ultimately." All
228 participants emphasized that their learning about service-delivery primarily came from client
229 interactions. Clinical and counseling psychologists highlighted role-plays and structured
230 placements associated with their postgraduate training as significant learning experiences.
231 The finding that participants learned through interactions with clients, peers, and supervisors,
232 accords with previous research and theory (Tod et al., 2007). People who pursue careers in
233 the helping professions typically prefer working with others to practice their skills and
234 generate and exchange new ideas (Kolb, Boyatzis, & Mainemelis, 2001).

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

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

244 Interactive activities such as role-play provide support for trainees to learn how to
245 deliver service to a client (Skovholt & Rønnestad, 1992) and have previously been found to
246 engage learners due to their emotional influence (Furr & Carroll, 2003). Clinical and
247 counseling participants described gaining knowledge of the 'helping' process by roleplaying
248 and were supported in making meaning of the experience through class, actor, and supervisor

249 feedback; it is these interactions and reflections that provide a means of linking concrete
250 experience and abstract learning (Fifer et al., 2008).

251 Previous research on sport psychologist training found that some Australian trainees
252 used role plays to refine their service-delivery skills (Tod et al., 2007). Similar to the clinical
253 and counseling participants in this study, participants in Tod et al.'s (2007) research were
254 trained in a postgraduate program where structured learning opportunities such as role plays
255 were provided. The current research extends previous findings by suggesting that sport
256 psychologists trained outside of a structured program may benefit less from practice
257 experiences because there are fewer opportunities to engage in such methods. If opportunities
258 for deliberate articulation of learning are missing then knowledge may remain abstract at a
259 non-conscious level. Sport psychologists in the present study confirmed that they had used
260 role play minimally, if at all, during training because they were not in regular contact with
261 other trainees, or supervised in groups where role plays were usually practiced.

262 **Work-based learning.** Contextual differences emerged concerning the structure of
263 supervised service-delivery experiences. For example, clinical and counseling psychologists
264 experienced various work-based learning placements built into their training. In contrast,
265 trainee sport psychologists typically had to create their own supervised experience
266 opportunities and reported that "athletes are hard to come by." Similarly, Eubank and Hudson
267 (2013) described attaining enough hours with clients as the main challenge trainees faced and
268 trainees may rely on their supervisor to provide clients. This expectancy was highlighted by a
269 sport psychology participant: "supervisors may not have enough athletes and access to
270 athletes to support the people they are supervising."

271 Currently, UK sport psychology trainees complete a masters' degree primarily
272 focused on theory, after which they must create their own placement opportunities or rely on
273 the goodwill and contacts of sympathetic supervisors. In contrast, clinical and counseling

274 psychologists received their supervised experience as part of their doctoral programs and had
275 access to both internal (university) and external (placement) supervision. Sport psychology
276 participants typically had just one supervisor and were exposed to one approach (typically
277 CBT-based). As one implication of a lack of structured programs, sport participants'
278 development may have been limited by a lack of long-term access to clients. For instance,
279 short-term opportunities may encourage a directive approach such as mental skills training,
280 whereas a trainee may develop more long-term collaborative approaches (e.g., person-
281 centred) to their practice if sustained access to a client-base were available. The current
282 training model in sport psychology may not allow trainees to learn the relationship building
283 skills needed to provide athlete-centred services (Tod & Lavallee, 2011). Also, being exposed
284 to just one approach may limit SDC; if practice and supervision are embedded in just one
285 model, then professional growth and effectiveness with clients may be limited by the
286 reinforcement of the same model (Andersen, 2012).

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

296 The discrepancy regarding ease of access to clients and placement opportunities is not
297 unique to the UK, and has been reported elsewhere (e.g., Tod, Marchant, & Andersen, 2007).
298 A recurring theme in sport psychology literature has also been the low number of placement

299 hours compared with other psychology disciplines (e.g., Van Raalte & Andersen, 2000). A
300 low number of hours is both a quantitative and qualitative issue: in such situations, trainees
301 may receive limited training opportunities to work with the breadth of clients needed to
302 survive in the profession. The increase in hours is not the sole answer, however, as also
303 indicated in the current results; it is also how those hours are spent with a range of clients,
304 peers, and supervisors engaging in meaningful discussions and reflections.

305 For example, a participant described the catalytic effect of work-based learning. One
306 clinical psychologist stated: “the primary one [experience] from which all others flow is to
307 gain and be exposed to a wide variety of individuals with a wide variety of presenting
308 problems in order to build up high levels of competence and confidence clinically.” The
309 focus here is on the quality of the experience but also that the experience has to be used to
310 grow. This study confirmed previous research (e.g., Owton, Bond and Tod, 2014) on
311 emphasising reflection on practical experiences as a tool for professional growth. A sport
312 psychologist demonstrated how his professional experience was made richer: “the most
313 important process is being able to talk through your decision-making... the complexities and
314 idiosyncrasies of each case and have that discussion with your supervisor...to understand the
315 ‘why’ not just the ‘what’ and the ‘how’.” Experiential learning, such as in the example,
316 encourages the practitioner to examine professional decision making where movement is
317 encouraged away from tacit knowledge based upon trial and error and towards skilful
318 reflection that purposefully examines thinking and actions (Martindale & Collins, 2005). By
319 examining professional judgement and decision making a trainee can also be supported in
320 critically reflecting on their theoretical paradigm concerning behavior change and subsequent
321 actions based on these beliefs (Collins, Evans-Jones, O’Connor, 2013). For example, a
322 clinical psychologist described how reflection on her worldview helped her decide which
323 theoretical aspects to keep and which to discard: “I’ve always been quite a political person...

324 I've always had an awareness of social inequalities and I think that's a big influence on how I
325 practice... I mean my orientation is social-constructionist." Similarly, Owton et al. (2014)
326 found that reflecting on applied experiences raised trainee's awareness of their ambivalence
327 between the way they worked with clients and the trainee's personal suitability to the
328 approach. Part of the process of developing personal and professional congruence is "having
329 a sensible model to work from that is suited to their [trainees'] personality" as stated by one
330 sport psychology participant. This sport psychologist alluded to finding authenticity as a
331 practitioner by working with clients in ways that are underpinned by their personal beliefs
332 and values – a process which supervisors can support their trainees in (Collins et al., 2013).

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

341 **Reflective Learning**

342 Practice-reflection-practice helped participants to internalize the information they
343 found relevant from theory, research and practice (Knowles, Gilbourne & Niven, 2011).
344 Participants reported that learning from practice was assisted by reflective interactions with
345 peers, supervisors, and personal therapists. All participants reflected both publicly (with
346 others) and privately. Sport psychologists reported individual reflection during supervisory
347 meetings, interactions with sport scientists, and personal self-reflection (e.g., thinking about
348 client interactions, writing journals), whereas clinical and counseling psychologists also

349 learned through peer interaction. Clinical and counseling participants described how regular
350 peer interactions during role plays and group supervision facilitated reflective learning. A
351 counseling psychologist stated: “sometimes a bit of competition with classmates, so
352 somebody’s better, so it’s perhaps when you thought ‘oh that person has designed a very
353 clever intervention...or a beautiful formulation’... and you just want to improve.”

354 Clinical and counseling psychologists described multiple opportunities built into their
355 programs that encouraged reflective learning. Previous research has found that sport
356 psychology training programs include reflective practice as something to ‘be done’ as part of
357 the training requirements with trainees leading and facilitating this process (Cropley et al.,
358 2010). The current research concurs with this finding as sport psychologists described
359 having to be proactive in seeking out reflective learning opportunities to discuss client work
360 with relevant peers and mentors because they were not surrounded by colleagues in their
361 training environments, a theme that echoes the above discussion on role-plays.

362 **Peer interactions.** Clinical and counseling psychologists emphasized the value of
363 formal group sessions to reflect on current work with peers and colleagues. A counseling
364 participant illustrated how group reflection helped her conceptualise new ideas: “to hear
365 someone talk about a case and to hear how they’ve done things differently, it stimulates you,
366 it makes you grow.” Participants also found that being surrounded by colleagues stimulated
367 unplanned reflective conversations. For instance: “sometimes other clinical psychologists
368 discuss something and it... raises issues, or thoughts or experiences that I’ve had recently and
369 creates an opportunity to talk things through informally.” The use of external support from
370 peers is in agreement with Tod et al.’s (2007) study of Australian sport trainees. Sport
371 psychologists in the current study found the process of sharing experiences with peers to be
372 useful; however they reported having to take a more proactive approach in seeking external
373 support (e.g., telephone or planned meetings) as contact with peers was less organic.

374 Participants from across the subgroups reported that reflective conversations offered the
375 opportunity to gain greater awareness of skills and limitations, and compare one's own
376 approach to work with that of others. The process of transforming previous knowledge into
377 new formats is enhanced through peer interaction (Cropley et al., 2010). In the absence of
378 other reflective opportunities (e.g., lifelong supervision) meaningful collegial interactions
379 described by the seasoned practitioners in Simons and Andersen's (1995) study may be
380 helpful for sport psychologists posttraining. Findings from the present study support
381 previous research suggesting that sport psychologists rely on informal peer networks where
382 available, but mostly upon themselves for self-insight (Winstone & Gervis, 2006). Concerns
383 exist, however, that isolated reflection can lead to negative outcomes, such as self-doubt and
384 negative self-focus (Bennett-Levy, 2003). Group reflective processes can alleviate the
385 isolation practitioners may experience (Tod & Bond, 2010).

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

392 Sport psychology participants who worked in academia reasoned that their current
393 CPD activities (e.g., conference presentations on applied work, peer and client feedback,
394 publications in peer-reviewed journals) allowed them to function in their role as a sport
395 psychologist and had not considered undertaking formal supervision. One sport psychologist
396 said: "it's publish or perish, not practice or perish." This quote illustrates the reward system
397 imbalance between research and practice in academic jobs in the helping professions;
398 practice, scholarship, and teaching are not equally valued.

399 One full-time sport psychologist highlighted some of the problems in gaining
400 supervision and her solution: “organisations [employers] don’t understand supervision... [or]
401 the skillset required... my line manager was assigned to supervise me: obviously a conflict of
402 interest.” She further described how she had refused her line manager’s supervision and
403 sought a supervisor from outside her organisation by theoretical orientation and skillset rather
404 than discipline, stating supervision was “... psychology, not just sport psychology, it’s about
405 helping me reflect and manage.” During training, sport participants emphasized that their
406 supervisor was the main person whom they referred to for discussing all elements of their
407 training program, whereas clinical and counseling participants had multiple supervisors and
408 colleagues, such as health care professionals to refer to whilst on placement.

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

422 Clinical and counseling psychologists continued to be supervised throughout their
423 careers and reported reflecting during supervision on the activity undertaken, the self,

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

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

440 **Personal therapy.** Many clinical and counseling participants confirmed that personal
441 therapy provided an opportunity to reflect on personal and professional development. One
442 participant who undertook therapy stated that it helped him acknowledge his “own messiness
443 and what it brings to the [client] relationship.” Personal therapy also created an opportunity
444 for the practitioner to reflect on “what it feels like to be on the other side of the fence,”
445 allowing the practitioner to understand the dynamics of the practitioner-client relationship.
446 The personal therapy theme did not emerge from any of the sport psychologist interviews,
447 perhaps because personal therapy is not part of sport psychologist training unlike clinical and
448 counseling training. Previous research has suggested that sport psychologists do not

449 commonly use therapy for personal or professional support and findings from the present
450 study also reflect this (Winstone & Gervis, 2006). The process of therapy is costly in time,
451 energy, and money and without a clear career structure to support sport psychologists, they
452 may be less inclined to engage with therapy. Clinical and counseling participants who
453 engaged in personal therapy identified similar benefits to the sport psychology participant
454 discussed by Tod and Bond (2010). For example, personal therapy provided self-
455 understanding, in addition to increasing awareness of the therapeutic process.

456 **Applying Theory and Research to Clients**

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

466 Clinical and counseling psychologists were taught different psychological approaches
467 during lectures, seminars, and role plays that they subsequently applied during work-based
468 learning. Sport psychologists predominantly used the CBT model during training, and
469 guidance was provided through supervision and reading. A sport participant described how
470 this was initially useful: “it [CBT model] gives you something to work on with athletes
471 before you realise it’s about building relationships.” When asked about the developmental
472 activities in which a trainee should engage, a counseling participant explained: “a trainee
473 needs multiple opportunities to work with the real public...and built into the program there

474 needs to be the tensions over different theories...and the time to develop under
475 supervision...to develop a worldview.” Some counseling and clinical participants recalled an
476 overemphasize on CBT, for example: “... they [university departments] are a bit evangelical
477 about CBT...one of the things I’ve learned is that you can’t stick to the model of CBT... it’s
478 about adapting to the needs of the client... ”

479 All types of psychology participants referred to their dissatisfaction with the CBT
480 model in reference to the process of internalising knowledge. Similar to clinical psychology,
481 the CBT model is used by most practitioners in sport psychology (Van Raalte & Andersen,
482 2000). CBT may be the dominant model in clinical and sport psychology training because it
483 is perceived as an evidence-based therapy, and results can occur quickly due to a specific
484 focus on strategies (Jones, 2011). Clinical psychology participants referred to perceived
485 pressure to reduce waiting lists and discharge clients quickly. CBT may be the model
486 expedient to enabling these objectives. Similarly, in the high pressure world of performance
487 sport where results are demanded instantaneously, CBT in its amended psychological skills
488 training form may meet this need. To overcome one-dimensional practice, however, which is
489 unlikely to meet a range of client needs, and for practitioners to find congruence, exposure to
490 a variety of theoretical frameworks through teaching, peer encounters, supervision, and
491 training is necessary (Stoltenberg & McNeil, 2010).

492 **General Discussion and Applied Implications**

493 Credibility is lent to the themes in the present study because findings parallel other
494 informal feedback from UK sport psychology trainees and supervisors (Eubank & Hudson,
495 2013). The current study has extended the literature on sport psychology training by
496 providing empirical data on learning experiences from comparative fields of psychology to
497 learn new ideas and confirm existing practices. For example, based on the findings from

498 clinical and counseling participants, implications will be discussed as to how sport trainees
499 may be supported in obtaining appropriate applied practice with clients.

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

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

521 UK sport psychology supervisors mostly work in universities, where there is likely to
522 be access to student athletes, and they may find it beneficial for their supervisees to establish

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

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

547 on a rotational basis. Such networks could also result from university based qualifications and
548 partnerships with institutes.

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

561 Clinical and counseling participants found personal therapy beneficial during training.
562 Although it may be difficult to implement mandatory personal therapy during training, a
563 counseling participant advised that “personal development groups” were embedded in his
564 program to facilitate trainee personal and professional growth. Such a group approach can
565 offer the opportunity for sport trainees to learn about themselves and themselves in relation to
566 others (Stoltenberg & McNeil, 2010). Material could be discussed with a personal and
567 professional perspective. For example, in sport psychology, if a group of trainees were to
568 discuss boundaries, the supervisor might begin by talking about his or her personal
569 boundaries with examples before discussing boundaries in practice or providing case study
570 examples in which different boundary situations are considered.

571 One suggestion for future research is that quantitative surveys are undertaken to
572 examine the generalizability of the themes suggested in this study. Future research could also
573 examine how many sport trainees complete training in the minimum time and the reasons for
574 current completion rates. Also, tracking graduates after their training across their careers may
575 help inform education. Furthermore, if trainees have difficulty securing opportunities to
576 practice, then longitudinal examination of trainees' experiences of gaining and retaining
577 clients during training might provide useful information for educators and supervisors. For
578 example, research could examine how trainees identify, approach, and develop relationships
579 with potential clients. Finally, future research could examine the provision of supervision in
580 the UK including the barriers to becoming a supervisor and models of supervision used and
581 why they have been chosen.

582 In conclusion, participants in this study valued learning through active engagement
583 with clients to apply psychological models, deliver evidence-based services, and practice
584 service-delivery skills. Clinical and counseling psychologists' training environments were
585 structured to allow for multiple, diverse training experiences surrounded by peers and access
586 to multiple supervisors often with diverse theoretical approaches. Sport psychologists trained
587 in more solitary and idiosyncratic ways where reflective learning with peers and supervisors
588 was not as spontaneous or accessible, and they had to be proactive in seeking out clients,
589 peers, and supervisors. Sport psychologist training may be optimized by learning from the
590 experiences of clinical and counseling psychologists. In particular, sport psychology
591 educators, supervisors, and trainees may wish to consider multiple, diverse opportunities for
592 experiential and reflective learning. These may include regular supervision from various
593 individuals throughout training, engaging in self-analysis through personal development
594 groups or personal therapy, and networking with peers to develop service for a range of
595 clients. Supervisors and educators may consider how the provision of work experience

596 through active partnerships with sports organisations can help trainees gain necessary applied
597 experience, provide diversity of supervision and service-delivery models, whilst allowing
598 supervisors to maintain connections in real-world sport for applied practice or research
599 purposes.

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