

SERVICE-DELIVERY EXPERTISE IN STUDENT SPORT PSYCHOLOGISTS

By

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## ABSTRACT

The major foci of this PhD were to examine factors that influence neophyte applied sport and exercise psychologists' development as service providers. The specific aim of Study 1 was to explore the educational experiences perceived to contribute to service delivery competence from the viewpoints of educators and recent graduates of Australian applied sport and exercise psychology programmes. Graduates (8 females, 8 males, ranging in age from 24 to 46 years) and 11 academics (5 males, 6 females, varying in age from 33 to 52 years) of Australian masters programmes in applied psychology (sport and exercise) were interviewed. Interviews were recorded, transcribed, and thematically content analysed. Research credibility was enhanced by data source, analyst, and theoretical triangulation. Participants believed (a) practicing service delivery; (b) interactions among fellow students, teachers, and supervisors; and (d) specific events prior to and outside of training contributed to service delivery competence. Although research and theory was perceived to assist athlete collaboration, they were not as valued as practicing service delivery.

The aim of Study 2 was to investigate the intricacies of how athletes and neophyte consultants experienced their working relationships. Trainee consultants (4 females, 3 males, ranging in age from 22 to 32 years) met with an athlete (4 males, 3 females, varying from 19 to 29 years of age) on 3 occasions. After Sessions 1 and 3, I interviewed participants about their relationships with each other. Interviews were recorded, transcribed, and thematically content analysed. Research credibility was enhanced via data source, analyst, and theoretical triangulation. Generally, participants formed positive interpersonal bonds with each other during the three sessions. There were variations among the dyads to the extent that clear service

delivery goals and tasks were negotiated. Across the dyads, some working alliance strains arose but did not prevent the neophyte practitioners and athletes from collaborating. Incidences of transference and countertransference also occurred.

The specific aim of Study 3 was to describe and compare novice applied sport and exercise psychologists' and athlete clients' reported in-session self-talk. The individuals from Study 2 also participated in Study 3. Sessions 1 and 3 were videotaped and later watched by participants, who also completed thought listing exercises to reproduce their self-talk. The data were categorized according to six dimensions: time, place, focus, locus, orientation, and mode. Retrospective accounts provided evidence that trainees' in-session self-talk statements were (a) typically present focused, (b) mostly about in-session material, (c) generally about the athletes or themselves, (d) about both internal and external events, (e) almost always related to the sessions, and (f) either neutral or planning statements. The athlete's retrospective accounts provided evidence that their self-talk statements were (a) typically present focused; (b) mostly about in-session material; (c) generally about themselves, and to a lesser extent, the consultants; (d) about both internal and external events; (e) almost always related to the sessions; and (f) largely neutral. The inter-rater reliabilities across the 6 dimensions were above 80%.

The specific aim of Study 4 was to gain narrative accounts of applied sport and exercise psychology students' development as service providers during the first two years of their postgraduate studies. The neophyte practitioners (6 females and 3 males, ranging in age from 22 to 32 years) were interviewed three times across years 1 and 2 of their postgraduate studies. Again, interviews were recorded, transcribed verbatim, and thematically content analysed. Research credibility was again enhanced via data source, analyst, and theoretical triangulation. Three illustrative

case examples were developed to represent three clusters that emerged among the nine students. The findings had parallels with therapist development models proposed by counselling psychology researchers, such as the trainees' anxieties regarding their professional competence, the ways they conceptualised service delivery, and the types of supervision relationships they preferred.

The current PhD has extended knowledge about trainee applied sport and exercise psychologists' development and client interactions. The results have similarities with counselling psychology research findings. The findings in this PhD provide some evidence that counselling psychology knowledge can be readily adapted to similar aspects of applied sport and exercise psychology practice. The findings have implications for the training of practitioners, such as the types of working alliances athletes prefer, and the ways that trainees might experience anxiety. The results might also assist educators and supervisors in tailoring their efforts to match trainees' needs.

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## DECLARATION

I, David Tod, declare that the PhD thesis entitled “Service-Delivery Expertise in Student Sport Psychologists” is no more than 100,000 words in length, exclusive of tables, figures, appendices, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.”

Signature

Date

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## CHAPTER 1

### INTRODUCTION

Service delivery in applied sport and exercise (ASE) psychology is a complex process (Andersen, 2002). Verbal and nonverbal communications are central to service delivery, and there are considerable variations in how practitioners and athletes interact. Examples include individual consultations, group presentations, workshops, and electronic interactions (e.g., emails, telephone calls, text messaging). Perhaps the most common mode of service delivery involves athletes and consultants interacting during one-on-one sessions. Regardless of the interaction mode, ASE psychology professionals argue that consultant-athlete relationships are significant in the attainment of positive service delivery outcomes (Petitpas, Giges, & Danish, 1999; Tod & Andersen, 2005).

The relationships that form during service delivery are influenced by consultants' and athlete-clients' personal qualities. Researchers have examined the personal qualities of effective ASE psychologists. One approach to examining the qualities of effective ASE psychologists has involved surveying athletes, coaches, and consultants. For example, Orlick and Partington (1987) asked Canadian athletes to assess practitioners who had helped them prepare for international competition. The majority of athletes were satisfied with the consultants' assistance. Athletes perceived that effective ASE psychologists possessed sophisticated interpersonal skills, and could apply their knowledge to specific situations. Other investigations have yielded similar findings (e.g., Anderson, Miles, Robinson, & Mahoney, 2004; Partington & Orlick, 1987b, 1991).

Investigations of effective ASE psychologists' qualities might be complemented by studies into how trainee practitioners develop service delivery

competencies and their service delivery encounters. Limited attention has been focused on neophyte ASE psychologists, their development, and their service delivery practices. In studies related to trainee development researchers have: (a) surveyed ASE psychology graduates about their education and early careers (Aldridge, Andersen, Stanton, & Shen, 1997; Andersen, Williams, Aldridge, & Taylor, 1997; Waite & Pettit, 1993; Williams & Scherzer, 2003), (b) examined athletes' and coaches' perceptions of services provided by postgraduate students (Gentner, Fisher, & Wrisberg, 2004; Weigand, Richardson, & Weinberg, 1999), and (c) described supervision experiences of students and faculty (Andersen, Fortunato, & Dawson, 1996; Andersen, Van Raalte, & Brewer, 1994; Butki & Andersen, 1994; Petitpas, Brewer, Rivera, & Van Raalte, 1994; Watson, Zizzi, Etzel, & Lubker, 2004). Knowledge about neophyte ASE psychologists might be extended by examining how they develop as practitioners and their interactions with athlete-clients. Such information may help educators and supervisors better meet the needs of their students. Trainee ASE psychologists might use such research to assist their development as practitioners.

Counselling psychology investigators have examined how neophyte therapists' develop and their client interactions. The resultant body of literature provides a useful starting point for parallel ASE psychology investigations. For example, in one study doctoral counselling psychology students became less anxious, developed their therapeutic skills (e.g., empathy, intervention use), and improved their countertransference management abilities over the course of one semester (Williams, Judge, Hill, & Hoffman, 1997). In addition, participants experienced a range of positive and negative in-session feelings and reactions, some of which interfered with their client interactions. The findings from counselling psychology

research can perhaps be adapted to inform similar aspects of trainee ASE psychologist development and service delivery. It is likely, however, that direct correspondence of counselling psychology knowledge to ASE psychology will be complemented by ASE psychology knowledge in the training of practitioners. For example, it has been argued that ASE psychologists who understand the demands of sport may tailor interventions to clients' needs better than practitioners with limited sporting knowledge (Lutz, 1990; Silva, Conroy, & Zizzi, 1999; Taylor, 1991). The aims of this PhD were to examine factors that influence neophyte ASE psychologists' development as service providers, investigate their client interactions, and explore how they change as they mature professionally.

One possible line of inquiry is to explore factors associated with professional training perceived to assist neophyte practitioners' development and their service delivery competencies. A number of ASE psychologists have expressed their opinions about trainee education or described possible training models (e.g., Christensen, 2001; Gross, 1986). To date, professional training has not been well researched in the context of service delivery (Morris, 2004). Counselling psychology researchers, in contrast, have found that clients, supervisors, teachers, and other colleagues are among the primary educational influences associated with service delivery competence development (Skovholt & Rønnestad, 1992). One specific aim of this PhD was to explore the educational experiences perceived to contribute to service delivery competence from the viewpoints of educators and recent graduates of Australian ASE psychology programmes.

Another possible inquiry avenue is to examine ASE psychology students' initial athlete consultations in practicum-like settings. Some researchers have found that coaches and athletes perceive working with postgraduate ASE psychology



students to be beneficial (Gentner et al., 2004; Weigand et al., 1999). Such investigations could be extended by examining how trainee consultants and athletes perceive their relationships, and the behaviours that influence how well they collaborate. A second specific aim of this PhD was to investigate the intricacies of how athletes and neophyte consultants experience their working alliances. Another approach to examining neophyte ASE psychologists' athlete consultations is to investigate the covert thoughts or inner dialogue that occurs. The relationships that develop between neophyte ASE psychologists and athletes are likely influenced by their internal self-talk. Retrospective accounts of trainee therapist self-talk have been related to perceptions of helpfulness and perceived client reactions (Nutt-Williams & Hill, 1996). A third specific aim of this PhD was to describe and compare novice ASE psychologists' and athlete-clients' reported in-session self-talk. Investigating how athletes and practitioners experience their working alliances and their in-session self-talk may help elucidate the service delivery challenges, pitfalls, and successes beginning ASE psychologists face. Trainee consultants may appreciate such knowledge because they could be unsure what to expect prior to their initial athlete collaborations.

As trainee ASE psychologists receive instruction from educators and supervisors, and gain client experiences, their conceptualisations of service delivery are likely to change. Also, the ways that beginning ASE psychologists conceive service delivery will influence their in-session behaviours, feelings, and cognitions. Counselling psychology researchers have investigated changes that accompany the growth from neophyte to full-fledged therapist, and a number of stage-based models have been proposed (e.g., Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Stoltenberg, McNeill, & Delworth, 1998). Researchers suggest neophyte

counsellors often apply psychological interventions rigidly, are dependent on mentors for guidance, and experience high levels of anxiety about their client interactions. As therapists mature, they adapt interventions to suit their clients' needs, make decisions more independently, and experience less anxiety.

Investigators have not examined changes that accompany ASE psychologist development. Researchers have interviewed seasoned ASE psychology practitioners about their service delivery experiences, but not trainee consultants (e.g., Partington & Orlick, 1991; Simons & Andersen, 1995). Interviewing student ASE psychologists at different stages of their training may provide information about how they change and complement the existing knowledge gained from interviewing mature consultants. A fourth aim of this PhD was to gather narrative accounts of ASE psychology students' development as service providers during the first two years of their postgraduate studies.

#### Aims of this PhD

The four aims of this PhD guided four studies that added to knowledge about neophyte ASE psychologists' development as service providers and their client interactions. Specifically, the aims of the four studies were to:

1. Explore the educational experiences perceived to contribute to service delivery competence from the viewpoints of educators and recent graduates of Australian ASE psychology programmes (Chapter 4).
2. Investigate the intricacies of how athletes and neophyte consultants experience their working relationships (Chapter 5).
3. Describe and compare novice ASE psychologists' and athlete-clients' reported in-session self-talk (Chapter 6).

4. Gather narrative accounts of ASE psychology students' development as service providers during the first two years of their postgraduate studies (Chapter 7).

The findings from this PhD may help trainee ASE psychologists optimise their professional development, especially if they become better informed about the factors thought to influence training. Neophyte practitioners may be better prepared for client interactions if they understand the types of relationship issues and internal dialogue typically experienced in service delivery. Educators and supervisors could draw on the findings to assist their interactions with students. Educators, for example, might use knowledge about how neophyte consultants and athletes perceive their working alliances when preparing students for their initial service delivery interactions. Knowing how student practitioners conceptualise service delivery might assist supervisors in matching their supervision styles to trainees' needs. Professional self-reflection might stimulate changes that lead to the adoption of new insights, modified teaching practices, and improved service delivery. Professional ASE psychology organisations could draw on the results to help evaluate training and practice recommendations. The findings might also stimulate other researchers to investigate neophyte ASE psychologists' development and service delivery practices.

## CHAPTER 2

### REVIEW OF LITERATURE

Today, ASE psychology professionals come from a diverse range of backgrounds, including sport and exercise science, mainstream psychology, and education. One focus that brings these individuals together has been the various benefits athletes might receive from ASE psychologists. Researchers, for example, have devoted considerable attention to investigating the influence of psychological techniques on sport performance and various mental states (e.g., Thelwell & Greenlees, 2001; Tod, Iredale, McGuigan, Strange, & Gill, 2005; Van Raalte et al., 1995). Reviewers have concluded that psychological techniques may enhance skill execution and improve psychological states (Meyers, Whelan, & Murphy, 1996; Weinberg & Comar, 1994).

Knowledge about the benefits athletes might gain from their interactions with ASE psychologists is complemented by literature on the service delivery process. Service delivery literature has the potential to help practitioners acquire competencies that athletes and coaches appreciate in consultants. Professionals in ASE psychology have discussed topics such as ethics, culture, and special populations (Andersen, 2005d; Marchant & Gibbs, 2004; Martens & Mobley, 2005), or have produced accounts of their consulting experiences (Gordon, 2001; Kremer & Marchant, 2002). Although considerable service delivery literature has been published, factors associated with neophyte practitioner training, development, and their client interactions have not been well investigated. Researchers, for example, have seldom examined in-depth the components of formal education that help trainees develop service delivery competence. Examinations of beginning practitioner training, client interactions, and development will add to the service

delivery literature by providing information on how beginning consultants develop their competencies and practice. The aim in Study 1 was to explore the educational experiences perceived to contribute to service delivery competence from the viewpoints of educators and recent graduates of Australian ASE psychology programmes. This chapter begins by reviewing the relevant ASE psychologist training, registration, and supervision literature.

*Applied Sport and Exercise Psychology Training, Registration, and Supervision*

The codification of training, registration, and practice standards has generated considerable controversy in ASE psychology. One possible reason for the controversy has been confusion over terms associated with registration, such as certification and licensure (Zizzi, Zaichkowsky, & Perna, 2002). Recently, Zizzi et al. defined terms to help clarify the distinctions. Certification was defined as “a non statutory designation granted by an organisation rather than a legislative body” (p. 460), such as the Association for the Advancement of Applied Sport Psychology’s (AAASP) certified consultant title. Licensure was described as a statutory process “designed to regulate professional conduct within a particular field” (p. 461). For example, American psychologists are licensed at State level. Zizzi et al. did not define the term registration, perhaps because psychologists in America are licensed not registered. Australian psychologist registration has some parallels with American licensure, as both are statutory processes. Registration is not equivalent with licensure, however, because different training and experience backgrounds are stipulated. In the current PhD, the term registration will be used because the research was conducted in Australia.

### *Training and Registration Debate*

Andersen (2004a) suggested that the ASE psychology field underwent an Erikson psychosocial adolescent crisis of “identity versus role confusion” when the training and registration debate started in the late 1970s. Much of the early debate was concerned with issues such as suitable ASE psychologist qualifications and service boundaries (Danish & Hale, 1981, 1982; Harrison & Feltz, 1979; Heyman, 1982; Nideffer, Feltz, & Salmela, 1982; Nideffer, DuFresne, Nesvig, & Selder, 1980; Silva, 1984). The provocative titles of Brown’s (1982) article, “Are Sport Psychologists Really Psychologists,” and Dishman’s (1983) paper, “Identity Crises in North American Sport Psychology: Academics in Professional Issues,” illustrate the flavour of the early debate. The diverse backgrounds of individuals entering the field may help explain why the debate began and has fermented until the present (Andersen).

The United States Olympic Committee (USOC, 1983) entered the debate by publishing its tripartite registration taxonomy. Individuals could be registered as educational, clinical, or research ASE psychologists. The USOC’s guidelines sparked further debate (Clarke, 1984; Heyman, 1984; Nideffer, 1984), and had a lasting influence. For example, there are individuals today labelling themselves as educational ASE psychologists (e.g., Statler, Conroy, Flowers, O’Connor, & Fewster, 2003). Recently, Andersen (2004a) described the USOC’s taxonomy as “arbitrary and naïve” (p. 453) because the boundaries between teaching, counselling, and research are hazy. Andersen argued, for example, that researchers investigating interventions often teach athletes therapeutic techniques to enhance performance, and blur the boundaries between research and education. Clinicians may obscure the divisions between clinical and research ASE psychology when they present case

studies of athlete interactions in journal articles or at conferences. Educational ASE psychologists might be considered counsellors when they help athletes with issues associated with happiness or quality of life. Andersen's view that competencies determine boundaries of practice rather than labels is shared by other professionals, such as Giges (see Simons & Andersen, 1995). After the USOC's taxonomy was published, ASE psychologists continued to concern themselves with training, registration, and identity issues through the 1980s and early 1990s (Anshel, 1992; Feltz, 1987; Gardner, 1991; Gross, 1986; Lutz, 1990; Palacio & Salmela, 1986; Rejeski & Brawley, 1988; Silva, 1989a, 1989b, 1992; Smith, 1989; Straub & Hinman, 1992; Taylor, 1991; Weinberg, 1989; Zaichkowsky & Perna, 1992).

During the last 15 years, the major influences on ASE psychology training have been the creation of various registration and certification schemes around the globe (see Morris, Alfermann, Lintunen, & Hall, 2003 for a review). Perhaps the most visible has been the certified consultant scheme of the AAASP, whose membership is large and overwhelmingly North American. Australia, Belgium, Britain, Canada, and New Zealand have also developed schemes to ensure that individuals practicing ASE psychology have minimum standards of training and experience. There is a lack of consistency throughout the world regarding the education and experience necessary for practice (Morris et al.). In Flanders, for instance, ASE psychology practitioners are registered psychologists (Wylleman, De Knop, Delhoux, & Auweele, 1999). In New Zealand, practitioners are accredited by Sport and Exercise Science New Zealand but cannot call themselves psychologists unless registered with the New Zealand Psychologists Board.

Articles about training, registration, and identity issues continue to be published, and differences among authors' opinions are apparent (Anderson &

Lavallee, 2005; Christensen, 2001; European Federation of Sport Psychology (FEPSAC), 1996; Hale & Danish, 1999; McCullagh & Noble, 2002; Silva, 2001; Silva et al., 1999; Taylor, 1994; Tenenbaum, Lidor, Papaianou, & Samulski, 2003; Tod & Thatcher, 2005; Zizzi et al., 2002). Continued debate may provide a stimulus for training pathways to be updated, and research endeavours focused on relevant issues, allowing the discipline to evolve. Researchers investigating trainee ASE psychologists might obtain useful knowledge by asking students about training and registration issues. For example, knowing how students perceive training and registration might inform debate and attempts to convey educational information to prospective students. Perhaps students find training and registration topics unsettling because of the diverse views held by ASE psychology professionals.

#### *The Australian Training Model*

Specialist sport and exercise psychology training occurs at the postgraduate level in Australia. Human movement departments offer postgraduate qualifications that involve students completing research theses and dissertations. Some psychology departments offer coursework masters and professional doctorates, accredited by the Australian Psychological Society (APS), that focus on the professional practice of ASE psychology. Individuals applying for the coursework masters and professional doctorates must have completed four years of undergraduate study in mainstream psychology. The components of the APS accredited qualifications include the completion of supervised service delivery experience, a research thesis or dissertation, and coursework. The supervised practical experience includes both ASE and generalist psychology placements. Students complete subjects in ASE psychology, psychological practice, research methods, and sport and exercise science. Completion of APS accredited masters and doctoral degrees allow graduates



to become registered as psychologists by Australian State Registration Boards, and members of the APS. Currently, in most Australian States, individuals may apply for registration as psychologists if they have completed two years of supervised work experience rather than APS accredited postgraduate qualifications. Such individuals need to have completed the first four years of training before undertaking supervised experience. The current Australian training pathways were developed when the ASE psychology community became associated with the APS (Morris, 1995). The ASE psychology field is younger in Australia than North America, and the training pathways seem to have helped the discipline avoid much of the acrimonious debate that transpired in Canada and the USA (Andersen, 2004a). Possibly, many individuals in the sport and leisure industry are unaware of the Australian training pathways and might not appreciate the advantages of employing suitably qualified individuals for ASE psychology-related positions. Some professional sporting clubs have employed individuals with no training in ASE psychology to perform applied duties. According to McCann (2005), similar events have occurred in the USA and have degraded the discipline's credibility in some areas.

#### *Examining Postgraduate Sport and Exercise Psychology Training*

*Graduate surveys.* Some investigators have surveyed sport and exercise psychology graduates about their careers and perceptions of training (Aldridge et al., 1997; Andersen et al., 1997; Waite & Pettit, 1993; Williams & Scherzer, 2003). Relevant to the current PhD was the finding that graduates' most valued learning experiences focused on applied aspects such as counselling skills training and fieldwork. Similar findings have been obtained in counselling psychology research (e.g., Furr & Carroll, 2003). The data collection methods used in these graduate surveys did not allow the in-depth examination of participants' most valued

educational experiences. In-depth examination of valued learning experiences will likely extend the knowledge about how education might influence trainee practitioners' development and service delivery encounters.

Australian graduates were surveyed in the Aldridge et al. (1997) study. The sample included PhD ( $n = 2$ ), masters ( $n = 10$ ), and fourth year ( $n = 20$ ) graduates, who had finished their degrees prior to the mid 1990s. The focus of participants' courses had typically been the completion of research theses and dissertations, not the development of service delivery competence. Generally, graduates had obtained little, if any, supervised consulting experience. Although participants' initial career goals included consulting with athletes, most were having difficulty finding paid applied work in the discipline. The Aldridge et al. survey, however, was completed before APS accredited coursework masters and professional doctorate degrees were offered. The coursework masters and professional doctorate degrees have changed the landscape of ASE psychology education in Australia. Findings from studies of recent graduates might update our understanding of how Australian ASE psychology training has changed.

Two considerations with the graduate surveys include the time lag between data collection and result dissemination, and the use of North American participants. As an illustration of the time lag, data from a recent study published in 2003 were collected from participants who graduated between 1994 and 1999 (Williams & Scherzer). The findings may not be salient for current students. To provide recent and relevant information for current ASE psychology students, researchers might benefit from exploring alternative ways of collecting and disseminating graduate information, such as using the internet or ASE psychology organisations' newsletters. As another consideration, in most studies investigators have surveyed

North American graduates. Additional research may help determine if the findings have parallels in other countries.

*Trainees' autobiographical accounts.* In recent years, some individuals have written autobiographical accounts of their early client experiences, providing insights into how individuals experience training (Holt & Streat, 2001; Tammen, 2000; Tonn & Harmison, 2004). Tonn and Harmison discussed how the first author's anxieties led her to focus on herself rather than clients, and how she became comfortable with group presentations only after considerable practice. Tammen described how the supervisory relationship helped him learn about ASE psychology service delivery during his internship at the US Olympic Training Centre. Holt and Streat discussed how self-reflection helped the first author make sense of his interactions with an initial client. The published experiences of neophyte ASE psychologists can help normalise emotions and cognitions experienced by trainees. Lessons authors have shared might assist other trainee practitioners in avoiding service delivery pitfalls and optimising the benefits gained from placements. Educators, particularly well-established academics, might be reminded of the typical thoughts and feelings experienced by neophyte consultants, and may glean ideas for structuring placements or supervision.

*Clients' perceptions of postgraduates' service delivery.* In recent years, researchers have explored university athletes' and coaches' evaluations of services provided by graduate students (Gentner et al., 2004; Weigand et al., 1999). Using the Sport Psychology Consultant Evaluation Form, Gentner et al. found athletes and coaches gave positive ratings for services provided by doctoral students. Items rated highest were "positive-constructive attitude" and "flexible". The lowest ratings were for "fitting in with team," "useful knowledge," and "easy for athletes to relate to."

All ratings, however, were high (above 8 out of 10), and standard deviations were low indicating agreement among participants. The results might provide some evidence that the doctoral students were equally well received by the participants. Alternatively, perhaps the Sport Psychology Consultant Evaluation Form is not sensitive enough to distinguish between trainees of varying ability.

In another study, Weigand et al. (1999) collected quantitative and qualitative data to evaluate services provided by a student intern working with a university basketball team. Results provided evidence that the coach and athletes believed the student made a valuable contribution to the team and had good interpersonal skills. These results have parallels with research into the characteristics of effective consultants (e.g., Anderson, Miles, et al., 2004). The coach and athletes also suggested ways that the student could have made a larger contribution, such as beginning the internship in the team's preseason and tailoring group presentations to athletes' needs.

There are a large number of training programmes around the world equipping students with skills to help athletes with their issues. The studies by Gentner et al. (2004) and Weigand et al. (1999) are among the few in which the consulting qualities of students have been examined. Additional studies will contribute to understanding the influence ASE psychology education has on consultant effectiveness.

*Additional examinations of postgraduate training.* Investigators have examined the content of American postgraduate sport and exercise psychology coursework. Van Raalte et al. (2000) found 27% of the USA programmes listed in the 5th edition of the *Directory of Graduate Programs in Applied Sport Psychology* (Sachs, Burke, & Gomer, 1998) offered the 12 subjects stipulated for AAASP certification. The common subjects offered included: (a) sport and exercise

psychology; (b) social bases of behaviour; (c) research methods, statistics, and psychological assessment; (d) historical, philosophical, social, and motor behaviour bases of sport; and (e) biomechanics and physiological bases of sport. Generally, faculty did not seem to be structuring their courses to help students obtain certified consultant status. The *Directory of Graduate Programs in Applied Sport Psychology* is now into the 7th edition (Burke, Sachs, & Smisson, 2004), and replication of the study would help determine if current students are completing more components necessary for becoming certified consultants. There is probably more compliance in Australia than the USA regarding inclusion of core subjects for beginning practitioners because the programmes available have been APS accredited. There is no professional organisation in the USA that accredits postgraduate ASE psychology degree programmes.

Human movement and mainstream psychology programme directors' and departmental chairs' perceptions of ASE psychology have been surveyed (LeUnes & Hayward, 1990; Petrie & Watkins, 1994a, 1994b). Although these surveys of senior academics do not provide data on neophyte ASE psychologist service delivery or development, some findings help inform the studies in the current PhD. For example, LeUnes and Hayward reported that 38% of the respondents from clinical psychology departments had negative attitudes towards ASE psychology, such as thinking research conducted in the area was unsophisticated and "truly awful" (p. 22). Many participants in the current PhD were either students from, or graduates of, mainstream psychology departments. Some participants described lecturers with negative attitudes towards ASE psychology, and discussed how these teachers had influenced their educational experiences.

*Applied Sport and Exercise Psychology Supervision*

Supervision is intimately related to service delivery and trainee education. Through supervision, for example, consultants often learn a good deal about service delivery. Discussions about ASE psychology supervision appeared in the literature during the early 1990s. Carr, Murphy, and McCann (1992) presented a paper on supervision at the AAASP annual conference, and Sachs (1993) briefly discussed the topic in his chapter on professional ethics. Since these early discussions, Andersen and colleagues have penned much of the supervision literature (e.g., Andersen, 2001; Andersen et al., 1994; Andersen, Van Raalte, & Harris, 2000).

The writings on supervision in ASE psychology have much to offer neophyte practitioners and their educators. Andersen (1994), for example, wrote about the pivotal role of supervision in assisting graduate students to apply ethical standards in practice. Andersen addressed specific issues such as supervisor competence, referral, intimate behaviour, dual roles, and exploitation of supervisees and clients. Andersen and colleagues have also discussed how supervision models might apply to ASE psychologist training. Andersen and Williams-Rice (1996) described psychodynamic, phenomenological, behavioural, cognitive-behavioural, and developmental models of supervision. The authors suggested that beginning ASE psychology trainees would benefit from the structure offered by behavioural supervision. Advanced students might profit from the psychotherapeutic (psychodynamic and phenomenological) approaches. Along with models of supervision, the related topics of supervisor training, metasupervision, and peer supervision were discussed. Andersen and Williams-Rice also examined the types of issues that might be broached in supervision including ethics, relationships, transference and countertransference, misalliances, boundaries, dual roles, and the

role of supervision in referral. The Andersen and Rice-Williams article was complemented by Barney, Andersen, and Riggs (1996) who detailed a supervision training framework. In the framework, advanced graduate students complete coursework on supervision processes, supervise beginning students, and receive metasupervision from their lecturers. The supervision literature was extended when Van Raalte and Andersen (2000) discussed the rights and responsibilities of supervisors and supervisees, along with practical issues such as time constraints, money, and availability. Common problems were also mentioned, including when trainees want to befriend athletes, supervisees feel threatened by supervisors, and supervisors do not confront problematic supervisees. Although Van Raalte and Andersen briefly covered supervisee impairment, the topic was discussed much more completely by Andersen, Van Raalte, and Brewer (2000). Taken together, Andersen and colleagues' work raises awareness of central issues that may arise in supervision, provides information for educators and students to reflect on, and outlines models and strategies for guiding the supervision process.

Investigators have attempted to document supervision practices and beliefs in ASE psychology, and some of these findings are relevant to postgraduate education. For example, Watson et al. (2004) recently found that 75% of student AAASP members reported being supervised. A figure of 62% had been obtained in an earlier study (Petitpas et al., 1994). These findings provide some evidence supervision may be becoming more common in student education. Watson et al. also found that 87.5% of professional AAASP members who were supervising the work of others had at least some training in acquiring supervision skills. In a recent survey of AAASP members' ethical beliefs and behaviours (Etzel, Watson, & Zizzi, 2004), students were more likely than professional members to believe practicing without

supervision was unethical. Students were also less likely to have consulted without supervision. Perhaps many students consider practicing without supervision unethical because often they doubt their abilities and appreciate supervisors' guidance. Findings from an earlier study provided evidence that student AAASP members varied considerably in their ratings of their supervisors' assistance (Andersen et al., 1994). The authors used the Sport Psychology Supervisory Skills Inventory, and the items with the greatest variability included those making up the "fulfilling supervisory responsibilities" composite score, the one that read "encourages student feedback", and the "overall rating." Supervisors could use the results and the Sport Psychology Supervisory Skills Inventory to help them assess their own supervision practices.

Qualitative methods have been used in two ASE psychology supervision studies designed to provide information about participants' experiences. In the first, Andersen, Van Raalte, and Harris (2000) traced the development of a supervisory relationship over a one-year period, from the initial interview to the final meeting. Dialogues from specific sessions and the supervisor's reflections illustrated the dynamics and complexities of the dyad. A key aspect of this case study was the influence the supervisor-supervisee relationship had as the participants collaborated to achieve the major aims of supervision: protecting the neophyte consultant's clients and helping the student to develop. Also documented were some issues associated with supervision, such as payment, dual roles, and termination. In the second study, Andersen et al. (1996) interviewed supervisors and supervisees about their experiences in the supervision process. Major themes included the roles of supervisors as professional behaviour models and information providers, the importance of communication skills, the encouragement of student autonomy,



dealing with threat, and the benefits from including more supervisee practical experience and supervision training in student education.

Potentially, ASE psychologists will benefit as more attention is given to supervision in the discipline. One way to extend the ASE psychology supervision literature is to draw from related counselling psychology knowledge. For example, Ladany is one researcher who has contributed much to counselling psychology supervision, and ASE psychologists are likely to benefit from examining his work. Ladany has examined a wide variety of supervision-related topics including sexual attraction (Ladany, O'Brien, Hill, Melincoff, Knox, & Petersen, 1997), supervisor and supervisee self-disclosure (Ladany, Hill, Corbett, & Nutt, 1996; Ladany & Walker, 2003; Ladany, Walker, & Melincoff, 2001), the supervision relationship (Ladany, Constantine, Miller, Erickson, & Muse-Burke, 2000; Ladany, Walker, & Melincoff, 2001), critical and counterproductive supervision events (Gray, Ladany, Ancis, & Walker, 2001; Ladany, Friedlander, & Nelson, 2005), and multicultural issues (Ladany, Inman, Constantine, & Hofheinz, 1997). Reading Ladany's works might allow ASE psychology supervisors to reflect on ways they can better serve the needs of their supervisees. Also researchers might identify topics that are worthy of attention.

Some ASE psychology professionals argue that practitioners are the service delivery instruments (Poczwadowski, Sherman, & Henschen, 1998; Tod & Andersen, 2005). Tools work well when maintained, and the training and supervision literature are some of the resources available to educators and supervisors to help them assist trainees' development. Study 1 was designed to extend the current training and supervision literature by exploring, in-depth, the educational experiences perceived to contribute to service delivery competence from the viewpoints of

educators and recent graduates of Australian ASE psychology programmes. After Study 1, it seemed a suitable way to continue this PhD was to examine what occurs as neophyte practitioners' collaborate with athletes. Few researchers have examined the process of ASE psychology service delivery. Much process-oriented research, however, has been conducted in psychotherapy, and was used to help frame Studies 2 and 3 of this PhD. An overview of psychotherapy process research may be useful because few comparable studies have been conducted in ASE psychology.

### The Process of Service Delivery

#### *Psychotherapy Process Research*

Researchers conducting psychotherapy process studies observe variables related to therapist-client interactions. Orlinsky, Grawe, and Parks (1994) proposed one taxonomy of such variables comprising six categories labelled: *therapeutic contracts*, *therapeutic operations*, *therapeutic bonds*, *participant self-relatedness*, *in-session impacts*, and *sequential flow*. Therapeutic contract variables involve the aims, tasks, formats, and settings of psychotherapy. Example therapeutic contract variables include the goals of therapy, the duration of sessions, and the frequency of consultations. The therapeutic operations category includes factors related to therapists' and clients' actions during therapy; examples include problem presentation, therapist interventions, and patient cooperation. Therapeutic bond variables involve the interpersonal connections between practitioners and clients. Examples of therapeutic bond variables include personal role investment, interactive coordination, and mutual affect. The participant self-relatedness category includes variables associated with the ways individuals respond to their own cognitions and emotions; examples include therapist self-congruence, patient openness, and client self-acceptance. In-session impact variables are connected with the ways participants

are influenced during psychotherapy; examples include insight, catharsis, and hope. Sequential flow variables reflect how sessions or courses of treatments develop over time. Examples of sequential flow variables include session development, stages in psychotherapy, and treatment duration. Knowledge about ASE psychology service delivery might be enhanced if investigators examined process-oriented variables that psychotherapy researchers have studied.

When designing process-oriented studies, investigators often observe actual psychotherapeutic service delivery. Researchers consider the observable events, temporal units, participants, and psychotherapy data collection methods when designing studies to understand the process of service delivery (Orlinsky, 2001). In addition to measuring events that occur during psychotherapy, such as verbal statements and nonverbal behaviours, researchers assess those that take place before and after therapeutic consultations. Examples include clients' pre-therapy expectations and perceptions of therapists' helpfulness. Regarding temporal units, investigators measure events that occur quickly (e.g., facial expressions) and those that take place more slowly (e.g., clients' responses to therapists' interventions). Process-oriented researchers gather data from therapists, clients, independent observers (e.g., supervisors), or any combination of the three. Although self-report questionnaires are frequently used, investigators also electronically record therapy sessions (with participants' permission). Understanding how process-oriented psychotherapy research is conducted can assist ASE psychology investigators to design studies on the thoughts, feelings, and behaviours occurring when practitioners interact with athletes.

As an illustration of a common design used in process-oriented psychotherapy investigations, Quinn, Dotson, and Jordan (1997) studied associations

between the working alliance and family therapy outcomes. Participants included 17 couples who were seeing one of nine marital or family therapists. Correlations between the working alliance and therapeutic outcomes were higher for wives than for husbands. When wives' alliance scores were higher than their husbands' ratings, therapeutic outcomes were more positive than when husbands scored higher than their wives. Although Quinn, Dotson, and Jordon examined a process variable (working alliance), they also measured therapeutic outcomes. Understanding how process variables are associated with outcome provides evidence on how psychotherapy may help clients.

Investigators have examined associations between psychotherapy process and outcome variables extensively. Orlinsky et al. (1994) published a major review in which they synthesised nearly 500 studies conducted between 1950 and 1992. Using replication as a criterion, 11 process variables were associated with psychotherapeutic outcomes, 7 of which were client-focused. The client variables included: (a) suitability for treatment, (b) cooperativeness versus resistance, (c) contribution to the therapeutic bond, (d) interactive collaboration, (e) expressiveness, (f) affirmation of the therapist, and (g) openness versus defensiveness. The remaining four variables were global therapeutic bond, therapists' and clients' reciprocal affirmations, treatment duration, and therapeutic realisations. In a follow-up review, Orlinsky, Rønnestad, and Willutzki (2004) examined a further 279 studies published between 1993 and 2001. In summarising the results from both reviews, Orlinsky et al. wrote "both relationship variables and intervention procedures, patient participation and therapist influences, contribute jointly and variously to shaping the outcome of therapy" (p. 363).

The findings from psychotherapy process research have parallels with ASE psychology knowledge. For example, there is evidence in both psychotherapy and ASE psychology that relationship factors and interventions contribute to service delivery outcomes (e.g., Orlick & Partington, 1987; Petitpas et al., 1999). In addition, professionals in both disciplines recognise the contributions clients make to service delivery (e.g., Weinberg & Williams, 2001). The ASE psychology service delivery literature might be extended beneficially if investigators consider the major psychotherapy process-oriented research findings. The psychotherapeutic relationship has received considerable attention from psychotherapy process researchers and will now be reviewed to help frame Study 2 of the current PhD, in which neophyte ASE psychologist-athlete relationships were examined.

#### *Psychotherapy Relationship and Working Alliance*

*The psychotherapy relationship.* Many psychotherapists and researchers believe that therapist-client relationships influence the processes and outcomes of treatment (e.g., Egan, 2002; Gelso & Hayes, 1998; Sexton & Whiston, 1994; Yalom, 1989). Debate exists, however, about the relationship components that influence therapy (e.g., transference, realistic perceptions), how these components interact, and mechanisms by which relationships shape therapeutic outcomes (Gelso & Hayes). Researchers' and practitioners' viewpoints on these matters are linked to their theoretical orientations (Gelso & Hayes). For example, some rational emotive behaviour therapists believe that psychotherapeutic relationships contribute to service delivery, but are not necessary for client change (e.g., Ellis, 2000). Many existential therapists, in contrast, have argued that psychotherapeutic relationships are the mechanisms by which clients change and grow (e.g., Spinelli, 2002).

In recent years, Gelso and colleagues (Gelso & Carter, 1985, 1994a; Gelso & Hayes, 1998) have developed a framework for understanding psychotherapeutic relationships. Gelso and Carter (1985) defined the psychotherapy relationship as “the feelings and attitudes that therapist and client have toward one another, and the manner in which these are expressed” (p. 159). According to the framework, the psychotherapeutic relationship consists of the working alliance, the *real relationship*, and the transference-countertransference configuration. They described the working alliance as “the alignment or joining of the reasonable self or ego of the client and the therapist’s analysing or ‘therapizing’ self or ego for the purpose of the work” (Gelso & Carter, 1994a, p. 297). The real relationship has two defining features: genuineness and realistic perceptions. Genuineness occurs when therapists and clients are authentic, open, and honest with each other. The realistic perceptions therapists and clients have about their interactions are separate from the transference-countertransference configuration. Transference refers to client material, and was defined as “the repetition of past conflicts with significant others, such that feelings, attitudes, and behaviours belonging rightfully in those earlier relationships are displaced onto the therapist” (Gelso & Carter, 1994a, p. 297). Gelso and Carter defined countertransference as “the therapist’s transference to the client’s material, both to the transference and non-transference communications presented by the client” (p. 297). According to Gelso and Hayes, transference and countertransference could help, hinder, or have little influence on psychotherapy. Gelso and Hayes also suggested that transference and countertransference material is present in most therapies, regardless of whether or not therapists and clients recognise these phenomena.

Commentators have criticised the framework Gelso and colleagues proposed on a number of grounds (e.g., Greenberg, 1994; Hill, 1994; Patton, 1994). The major criticism has been the inherent vagueness of the components. For example, therapists may struggle to determine whether clients' responses reflect transference or the real relationship (Greenberg). Gelso and Carter (1994b) agreed that the components were hard to define and difficult to measure. The framework, however, had been proposed to stimulate research. Gelso and Carter expected that revisions would occur as new evidence emerged. Perhaps the criticisms are due partially to the framework being a conceptual representation of psychotherapy relationships. The various components are not concrete entities but labels for processes that occur when therapists and clients interact (Gelso & Hayes, 1998). The components merge together to become psychotherapy relationships, although the configurations and relative influences of the components may vary. Gelso and Hayes proposed that "the temptation to reify the constructs is great; as we theorize, it so easily seems like the processes we are labelling take on a substance and life of their own. But the temptation to reify must be avoided" (p. 136).

There is a growing body of literature in which ASE psychology professionals are examining service delivery relationships. Petitpas et al. (1999), for example, published an article on ASE psychologist-athlete relationships, and their discussion paralleled the framework that Gelso and colleagues (Gelso & Hayes, 1998) proposed. Petitpas et al. discussed the working alliance, the transference-countertransference configuration, and facilitative conditions, drawing on Rogers' (1957) person-centred therapy. Gelso and colleagues also drew on Rogers' work when discussing the real relationship. Some ASE psychology professionals have also argued that the practitioner-athlete relationship influences service delivery (Andersen, 2000a;

Poczwadowski et al., 1998; Tod & Andersen, 2005). One way to extend the existing ASE psychology literature is by documenting practitioners' and athletes' perceptions about the relationships they have shared.

*The working alliance.* Of the three psychotherapeutic relationship components Gelso and colleagues (Gelso & Hayes, 1998) discussed, the working alliance has received the most attention from psychotherapy investigators. According to Gelso and Hayes, no construct in psychotherapy research has been as vigorously examined as the working alliance. Perhaps one reason why the working alliance has been popular is because researchers consider it a common factor across the various psychotherapies (Gelso & Hayes). Many investigators believe the major psychotherapies are equally helpful. These researchers consider that therapeutic outcomes are due to factors common to the various psychotherapies, rather than those specific to each approach (e.g., Lambert & Ogles, 2004; Wampold, 2001). Examples of common factors include the working alliance, empathy, and genuineness. A second possible reason the working alliance has been popular among researchers is the availability of reliable, valid, and easily administered questionnaires (Gelso and Hayes).

Bordin (1979, 1983, 1994) proposed the currently dominant conceptual working alliance framework. According to Bordin, clients' distresses often reflect their lifelong searches for safety and self-realisation, and ideally, they collaborate with therapists in the change process. Working alliances consist of the interpersonal bonds between therapists and clients, along with their negotiations about therapeutic change goals and tasks. Therapeutic change goals refer to planned client outcomes, such as enhanced anxiety management. The process of change goal negotiation between clients and therapists may result in positive outcomes. Bordin argued that



clients' commitments to therapy would be enhanced when they contributed directly to therapeutic change goals. Working alliance tasks refer to those activities designed to help clients achieve their goals. Often, clients may understand better the relevance of working alliance tasks if they contribute to their identification. The interpersonal bonds between clients and practitioners develop from their shared experiences in therapy, and are expressed in terms of their liking, trusting, and respecting each other. Often, there is also a sense of common commitment and shared understanding of therapy.

According to Bordin (1994), therapists and clients benefit by learning from the relationship strains they experience in service delivery. Strains refer to difficulties arising in therapy that weaken or rupture working alliances. Although Bordin did not identify specific strains in his writing, he referenced Safran, Crocker, McMain, and Murray (1990) who listed possible strain markers. Strain indicators included clients': (a) negative sentiments towards therapists, (b) disagreements with practitioners over goals and tasks, (c) begrudging or hasty compliances with goals or tasks, (d) avoidance behaviour, (e) self-esteem enhancing statements, and (f) non-responsiveness to interventions. Although strains may give rise to therapists and clients feeling ineffective and guilty, Bordin believed ruptures and tensions presented opportunities to develop stronger working alliances and help clients along the change process.

Researchers have investigated associations between the working alliance and therapeutic outcomes, and the findings from these studies have been subject to three meta-analyses. The overall effect sizes for these meta-analyses were 0.26 (Horvath & Symonds, 1991), 0.22 (Martin, Garske, & Davis, 2000), and 0.21 (Horvath & Bedi, 2002), indicating small to moderate, but consistent, effects. Across the three meta-

analyses, the effect sizes were not influenced by (a) the type of working alliance inventories used, (b) the publication status of studies (published or unpublished), (c) the levels of therapist training, (d) the types of outcome measures used (subjective or objective), (e) the length of therapies, (f) the sample size, and (g) the halo effect.

There were, however, some conflicting results among the three meta-analyses. For example, Horvath and Symonds (1991) found the correlations between the working alliance and therapeutic outcome were highest when clients assessed treatment outcomes, compared with therapists and independent observers. Martin et al. (2000), however, found no assessor influence (i.e., client, therapist, independent observer) on the association between the working alliance and treatment outcome. Horvath and Bedi (2002) found that therapist measured outcomes had a marginally higher correlation with the working alliance compared with clients' and independent observers' ratings. A second difference among the three meta-analyses related to the person assessing the working alliance. Horvath and Symonds found the correlation between the working alliance and treatment outcome was lower when therapists rated the working alliance, compared with clients' and independent observers' ratings. Horvath and Bedi found a similar result. Conversely, Martin et al. found that the association between the working alliance and treatment outcome was not influenced by the person assessing the working alliance. A third difference across the three meta-analyses related to the stage of therapy when the working alliance was measured. Martin et al. found that the timing of the working alliance assessment (e.g., early or late in therapy) did not influence its association with treatment outcome. Horvath and Bedi, however, found that when the working alliance was measured late in therapy, there was a higher correlation with outcome, followed by early assessment, with a mid-therapy evaluation yielding the lowest association.

Although there was overlap, different groups of studies were analysed across the meta-analyses because the search procedures authors used to identify suitable investigations varied. Also, the time periods from which the analysed studies were sampled were different. Horvath and Symonds analysed studies published between 1978 and 1990, whereas Martin et al. examined investigations from 1978 to 1997. The authors also used different statistical procedures to analyse their results. The three meta-analyses, however, provide evidence that the working alliance is associated with psychotherapeutic outcome, although effect sizes were small to moderate. The results from the meta-analyses complement the major findings from psychotherapy process-outcome research, providing further evidence that relationship factors are associated with psychotherapy effectiveness (Orlinsky et al., 1994; Orlinsky et al., 2004).

In addition to examining psychotherapeutic outcome, Horvath and Bedi (2002) also reviewed research regarding associations between the working alliance and other therapy-related variables. Evidence existed that working alliances may be difficult to develop with clients who have personality disorders, are delinquent, are homeless, or are drug dependent. Clients with fearful, anxious, dismissive, and preoccupied attachment styles may also have difficulties developing working alliances early in treatment. Hostile, negative, or competing therapist-client interactions may threaten working alliances. Therapists who adopt open communication styles, display empathy, and are willing to explore client material find it easier to establish working alliances with patients. It is no surprise that therapists who display well-developed communication skills and involve clients in the therapeutic process have stronger working alliances. Collaboration and cooperation contributes to better working alliances and positive therapeutic

outcomes. Examining associations between the working alliance and collaboration might lead to inflated correlations because they are similar and potentially overlapping variables. Research on the process variables associated with working alliances may have potential application for service delivery. For example, therapists might benefit from learning about communication styles associated with enhanced working alliances.

Horvath and Bedi (2002) identified limitations with the working alliance research findings. Few studies have been conducted in which variables moderating or mediating working alliance-outcome relationships have been assessed. Investigators have also used various working alliance definitions and measurement techniques that limit direct comparisons. Also, researchers have often used descriptive designs. Evidence that the working alliance has causal relationships with other variables is sparse.

Researchers who examine the working alliance between trainee ASE psychologists and athletes might provide findings useful for students, educators, and supervisors. Such knowledge could help trainees review their own attempts to establish relationships with athletes, and stimulate changes in how they interact with clients. Also, educators could use knowledge about the types of strains that occur in ASE psychology service delivery to help prepare students for their placements. Awareness of ways that student practitioners and athletes interpret and contribute to their interpersonal bonds should assist supervisors when reviewing trainees' client interactions. The specific aim of Study 2 of this PhD was to investigate the intricacies of how athletes and neophyte consultants experience their working alliances. In Study 2, general aspects of neophyte ASE psychologists' client interactions were examined.

### *Retrospections of In-Session Psychotherapy Self-Talk*

Study 3 complemented Study 2 by focusing on specific cognitive aspects of trainee-client interactions; that is the internal monologues of neophyte practitioners and their athlete-clients. In their review of process research, Orlinsky et al. (2004) suggested that investigations from 1970 to 1985 were characterised by expansion, differentiation, and organisation. The study of in-session self-talk appears to be one outcome of the expansion and differentiation that occurred. Recently, Hill and Williams (2000) defined therapist in-session self-talk as “what therapists say to themselves during sessions,” (p. 679). The definition helps to differentiate in-session self-talk from related concepts that have been examined, such as therapists’ intentions and their intervention planning.

Dole et al. (1981) developed a thought listing method used in many therapist in-session self-talk studies. Participants first listen to recordings of their therapy sessions. After each interchange, labelled a *therapist-client couplet*, the therapist records their recollections of thoughts that occurred during that time. A therapist-client couplet was described as a practitioner’s statement followed by a client’s response. Self-talk is then classified according to six dimensions. With the first dimension, *time*, self-talk units are assessed according to whether they relate to past (e.g., “she went to practice last night”), present (e.g., “this session is helping him”), or future events (e.g., “I hope she tries this idea at training”). In the second dimension, *place*, self-talk statements are about events occurring either in the session (e.g., “this topic is easy to think about”) or out of the session (e.g., “my supervisor told me to be more direct”). In the third dimension, *focus*, self-talk units are classified according to whether they are about the client (e.g., “she is talking a lot today”), therapist (e.g., “I just made a great suggestion”), or client/therapist unit (e.g.,

“we are really in sync today”). With the fourth dimension, *locus*, self-talk statements are categorised as referring to either internal states (e.g., “she is happy”), or external events (e.g., “he is smiling”). In the fifth dimension, *orientation*, self-talk units are either related to therapy, and are labelled professional (e.g., “I need to focus on her story”), or not related to therapy, and are termed personal (e.g., “I forgot to pay the telephone bill”). In the sixth dimension, *mode*, self-talk statements are classified as neutral (e.g., “I am sitting down”), positive (e.g., “I am clever to offer that suggestion”), or negative (e.g., “how stupid am I?”).

In developing their method, Dole et al. (1981) addressed reliability and validity. Supportive evidence was offered for the inter-rater reliability of the scoring system. Measures of inter-rater agreement across the six dimensions were above 80%. Regarding validity, however, Dole et al. suggested that their system had similar limitations to those of other methods where participants’ self-disclosures of past events are collected. Reports of in-session self-talk may be distorted by participants’ self-presentation issues, confabulations, or inabilities to remember past events accurately (Dole et al.). To help reduce threats to internal validity, Dole et al. developed guidelines, such as recording self-talk as soon after therapy as was convenient, assuring participants’ of their anonymity, and asking therapists to record rather than justify their thoughts. Although thought listing techniques, such as the Dole et al. system, are somewhat limited, they are among the better methods available to measure in-session self-talk. It is difficult to conceive of ways that in-session self-talk might be recorded *in vivo*, without disrupting the flow of therapy or therapists’ and clients’ thought processes.

Most of the research investigating therapists’ in-session self-talk has been descriptive. Using Dole et al.’s (1981) scoring system, investigators have found that

therapist self-talk tends to be: (a) professional (i.e., related to the content of the session), (b) focused on clients, (c) about in-session material, (d) neutral in emotional tone, (e) present focussed, and (f) about inferred states rather than observable events (Borders, 1989; Borders, Fong-Beyette, & Cron, 1988; Gold & Dole, 1989).

Focussing on client-related material without becoming overly emotional probably contributes to therapists' effectiveness, because such a focus helps practitioners attend to their clients' stories. Researchers have also found that the self-talk of novice therapists, and student counsellors with low levels of ego development, can be self-focused and emotionally negative (Borders; Borders et al.). Ego development refers to individuals' abilities to perceive, interpret, and react to themselves and the environment. Indications of higher levels of ego development include lower self-absorption, more concern for others' needs, and less emphasis on social acceptance.

As an alternative to Dole et al.'s system, some researchers have used thematic qualitative analysis (Hines, Stockton, & Morran, 1995; Morran, Kurpius, & Brack, 1989). Common categories of therapist self-talk have included observations (e.g., "Allen is happy he was selected"), interpretations (e.g., "that comment reflects her persistent desire"), evaluations (e.g., "Jackie is insightful"), self-instruction (e.g., "I need to ask him about his training"), questions (e.g., "why did she say that to her coach?"), and unrelated thoughts (e.g., "I forgot to pay the power bill"). For example, Morran, Kurpius, and Brack examined the self-talk of 38 counsellors ranging in experience from less than one to six years. There were 14 categories of self-talk, and the 4 most common (client focused questions, summarizations, inferences for hypotheses, self-instructions) accounted for 61% of the total number of internal statements. The content of participants' self-talk across studies has varied greatly. The different findings may have resulted from self-talk being influenced by the

situation, and counsellors were most likely responding to the unique material presented by clients. Also, therapists probably have individual self-talk styles. Longitudinal research is one way that investigators might assess if there are patterns to practitioners' in-session self-talk.

Evidence exists that therapists' retrospective in-session self-talk is related to other variables in theoretically expected directions (e.g., Hines et al., 1995; Kurpius, Benjamin, & Morran, 1985). In one study, Gold and Dole (1989) compared the self-talk of therapists with three years professional experience with that of individuals not working in counselling-related jobs, who were termed *non-therapists*. Non-therapists worked in fields such as business administration, medical research, and computer technology. Therapist self-talk was more client-focused, related to psychotherapy, and positive than that of non-therapists. The results probably reflect the specific training counsellors had undertaken. In another study, task distractive self-talk (dialogue focused on personal adequacy, anxiety, social comparison, or evaluation apprehension) was negatively correlated with self-rated counselling performance and positively correlated with trait and state anxiety in student counsellors (Fuqua, Newman, Anderson, & Johnson, 1986). Task-facilitative self-talk (dialogue in which practitioners directed themselves during a session) was also negatively correlated with self-rated performance. Nutt-Williams and Hill (1996) found that pessimistic and self-focused inner dialogue was correlated with lower self-reported helpfulness and higher levels of perceived negative client reactions. Often, relationships between in-session self-talk and other variables have been measured in only one study. Additional research will help establish the robustness of findings. In much of the research, data have been collected from therapists, not from clients or independent observers. Collecting data from clients and independent observers will help to



triangulate or balance the findings. To date, researchers have used descriptive designs, and another way to extend the findings is to examine causal relationships between self-talk and other variables.

The results from psychotherapy in-session self-talk research might be applicable to ASE psychologists. To date, however, researchers have not examined parallels of psychotherapy in-session self-talk for ASE psychologists. A useful starting point is to describe ASE psychologists' self-talk. Once knowledge about practitioner self-talk during athlete sessions is obtained, investigators might explore relationships with other variables, such as athlete satisfaction. In addition, examining athletes' self-talk during ASE psychology consultations might result in a better understanding of how clients experience service delivery. Researchers have not often examined how athletes behave, feel, and think during service delivery. The aim of Study 3 in this PhD was to describe and compare novice ASE psychologists' and athlete-clients' reported in-session self-talk.

#### *Service Delivery Literature in Applied Sport and Exercise Psychology*

The ASE psychology service delivery literature can assist neophyte practitioners with their client interactions. The literature consists mostly of articles in which authors have reflected on their consulting experiences, presented models of service delivery, and reviewed specific topics related to athlete-practitioner collaboration. Studies 2 and 3 in this PhD focussed on the working alliances and self-talk that occurred during neophyte practitioner service delivery. In the following section, I will review the ASE psychology literature relevant to the process of service delivery and explore its relevance for trainee consultants.

*Case studies and professional practice articles.* Lloyd and Trudel (1999) analysed 10 consultations an experienced ASE psychology practitioner, Terry Orlick,

had with five clients. Lloyd and Trudel's aims were to examine the verbal behaviours and the content of the sessions. Data included frequencies of different verbal behaviours, and participants' responses during semi-structured interviews. Regarding verbal behaviours, the athletes spoke for about 59% of the sessions, the consultant for about 40%, and approximately 1% was spent in silence. The most frequent verbal behaviours included an athlete's response to a consultant question (27%), an athlete's initiation of a subject for discussion (26%), and a consultant explanation of a topic (15%). In the interviews held after the consultations, the athletes suggested that Orlick was a good listener, asked helpful questions, shared information at suitable moments, and assisted them in organising their thoughts. Lloyd and Trudel also compared the topics discussed in the practitioner-athlete consultations with those that Orlick (1989, 1996) suggested he focussed on during service delivery in two of his previous articles. The topics discussed in the consultations were similar to those Orlick discussed in his two publications.

Lloyd and Trudel's (1999) investigation has educational value and may stimulate additional research. For example, ASE psychology educators could use the findings with trainee consultants when discussing effective communication. Neophyte practitioners might also benefit from comparing their own verbal interactions during service delivery with those Orlick had during the consultations. There are a number of ways that researchers might extend Lloyd and Trudel's results. Investigators could employ qualitative methods to investigate verbal behaviours. Lloyd and Trudel used frequency counts which do not necessarily equate to meaningfulness (Krane, Andersen, & Streat, 1997). Rarely occurring exchanges or seldom-discussed topics can be more meaningful for athletes than common interactions or subjects. In addition, the findings in Lloyd and Trudel could be

compared with results from studies where other seasoned and neophyte practitioners have been examined. Such comparisons may provide evidence about how practitioners with different experience levels vary in their verbal behaviour.

A number of case studies about the service delivery process have been published in the texts *Doing Sport Psychology* (Andersen, 2000b) and *Sport Psychology in Practice* (Andersen, 2005b). Most authors contributing to Andersen's books focused on how services are delivered to athletes, and presented dialogue from actual practitioner-client interactions, along with their interpretations. By documenting consultant-athlete interactions, readers are able to compare authors' interpretations with their own (Murphy, 2000). The chapters illustrated many issues arising in service delivery, often not well addressed in other types of articles. As an example, in *Doing Sport Psychology* Marchant (2000) presented, in a diary format, the process by which he used goal setting in professional Australian Rules Football. A key lesson from the chapter was that theoretical principles are only one component to consider when implementing goal setting. Other aspects in the process of goal setting highlighted included the value of good working alliances with players, the influence of clients' personalities and resistances, and consultants' contributions. A wide range of topics were covered in Andersen's books, such as the initiation of service delivery relationships, psychological interventions, specific client issues, supervision, and working with different types of athletes. The texts provide ASE psychology students with examples of how service delivery occurs, along with the issues that arise during practitioner-athlete collaboration.

In many professional practice articles, authors do not specifically examine the thoughts, feelings, and behaviours relevant to service delivery. Instead, authors describe their consulting experiences and present lessons they have learned.

Examples include the articles focused on ASE psychology services delivered at the Seoul and Calgary Olympic Games, published in the 1989 third issue of *The Sport Psychologist*. Additional examples include the articles published in the 1990 fourth issue of *The Sport Psychologist*, where the focus was on consultation experiences with professional athletes. More recently, in Tenenbaum's (2001) text, *The Practice of Sport Psychology*, some authors presented their reflections on service delivery. Morris and Thomas (2004) identified patterns that characterise the articles in the 1989 and 1990 issues of *The Sport Psychologist*, and these themes might be applicable to other professional practice articles. One pattern, according to Morris and Thomas, was that practitioners typically identified their main roles as teaching athletes psychological skills for performance enhancement purposes. Crisis intervention and personal counselling occupied subsidiary roles for practitioners. A second pattern Morris and Thomas observed, was that most consultants adopted educational ASE psychology philosophies. As a third pattern, the majority of practitioners did not use standardised psychological tests. A fourth pattern was that practitioners typically collaborated with athletes on one-on-one bases, as opposed to team workshops or group interventions. A fifth pattern was that few practitioners described following structured service delivery models, and they adopted flexible approaches instead. In a sixth pattern, a number of the practitioners suggested that psychological skills needed to be integrated with training and mastered before athletes reach elite levels. There were few attempts, however, by authors to detail how psychological skills were applied in competition. As a seventh pattern, authors often did not discuss how they resolved challenges they encountered.

The professional practice articles provide a wealth of information that may assist neophyte practitioners to develop their service delivery competencies. Authors'

reflections on the services provided can help trainees' plan how to help clients in similar situations. The professional practice articles can also raise trainees' awareness of political and organisational issues that sometimes impinge on consultants' helpfulness (e.g., Gordon, 1990). Many authors also present recommendations for readers, and these may be appreciated by neophyte practitioners who often desire direct specific direction from professional elders. Although professional practice articles contain a wealth of information, some types of information are not usually included that trainee practitioners might appreciate. Authors seldom provide specific details on the delivered services. For instance, when mentioning goal setting workshops, authors usually do not discuss how presentations were structured or the activities undertaken. Also, authors do not always discuss the specific details about how they planned for or resolved problems that arose beyond broad statements, such as talking to coaches prior to starting their consultancies.

*Models of applied sport and exercise psychology service delivery.* The numerous published service delivery models provide beginning consultants with "road maps" to assist their early attempts to help athletes (e.g., Thomas, 1990). Service delivery models could also assist trainee practitioners' reflections on their athlete-client consultations, such as helping them evaluate what they did well and where they could have improved. Some models have been developed from specific theoretical perspectives, such as human or personal development theory, reality therapy, and behavioural counselling (e.g., Danish, Petitpas, & Hale, 1992; Martin, Thompson, & McKnight, 1998; Vealey, 1988). Many models have been proposed for specific populations, such as closed-skill performers, ethnic groups, or recreational athletes (e.g., Boutcher & Rotella, 1987; Whelan, Meyers, & Donovan, 1995; Xiaodong, 1997), and others for general application (e.g., Martens, 1987; Thomas,

1990). A number of models include discrete stages (e.g., Boutcher & Rotella, 1987; Bull, 1989; Thomas, 1990). Some models include a list of components for practitioners to consider rather than providing prescriptive phases (e.g., Danish, Petitpas, & Hale, 1995; Poczwadowski et al., 1998). The variation allows consultants to select models that resonate with them or suit their needs. Neophyte practitioners, for instance, might use models consisting of discrete stages to guide them through service delivery.

Some authors have raised points for practitioners to consider when reflecting on the assistance they might obtain from studying the published service delivery models (e.g., Hardy, Jones, & Gould, 1996; Morris & Thomas, 2004). First, often insufficient details are provided to help consultants implement the models into their specific situations or sports. Second, practitioners may not have sufficient time or opportunities to apply service delivery models in a complete or thorough manner. Third, potentially trainee consultants might interpret models with discrete stages as indicating service delivery proceeds rigidly in standardised ways. Fourth, a strong focus on the assessment stage may be interpreted as indicating service delivery is about experts addressing or diagnosing athletes' deficiencies. Fifth, sportspeople do not always respond favourably to models presented in stepwise manners. Sixth, on the positive side, models might explain to athletes how ASE psychology will help them, and make psychological support appear real.

Few researchers have examined the influences that using service delivery models have on ASE psychologist-athlete collaboration. Hardy and Parfitt (1994) represents one attempt to reflect on the models used to guide service delivery. Hardy and Parfitt discussed the influence that two different models of service delivery had on their collaboration with a national gymnastics squad. In the first phase, Hardy and

Parfitt were considered experts, and followed a formal assessment, prescription, implementation, and evaluation of intervention process. Based on client feedback, they changed how they provided services. In the second phase, the coaches' and athletes' experiential ASE psychology expertise was acknowledged, and the consultants helped solve problems as requested. Hardy and Parfitt adopted a wide variety of roles in addition to being psychologists. Whereas the consultants had spent over half of their time during phase one undertaking assessments and writing reports, almost all of their time during phase two was spent responding to gymnasts' needs. Hardy and Parfitt found the second phase demanding because they had to be readily accessible, confident in their own abilities, and maintain good working relationships with the squad members. Clients' evaluations of Hardy and Parfitt's involvement were more positive in phase two than phase one. The improved evaluations may not have resulted from changes in the service delivery model adopted, and may not have occurred without the knowledge gleaned from phase one. Perhaps Hardy and Parfitt helped the athletes more in phase two because they understood the sport better. Possibly the relationships Hardy and Parfitt established with the gymnasts in phase one took some time to yield benefits. Also, the results may reflect demand characteristics of the situation because the second phase was developed from feedback provided by the national squad members at the completion of the first phase.

*Other service delivery related literature.* There exists a large amount of literature on specific ASE psychology service delivery-related topics. Some popular topics include: (a) ethics (e.g., Andersen, 2005d; Andersen, Van Raalte, & Brewer, 2001; Marchant & Gibbs, 2004; Sachs, 1993; Zeigler, 1987); (b) athlete assessment and diagnosis (e.g., Andersen, 2004b; Butler & Hardy, 1992; O'Connor, 2004; Van

Mele, Auweele, & Rzewnicki, 1995; Vealey & Garner-Holman, 1998); (c) working with specific populations, such as children (e.g., Weiss, 1995), individuals with disabilities (e.g., Hanrahan, 1998), lesbians and gay men (e.g., Barber & Krane, 2005; Martens & Mobley, 2005), and injured athletes (e.g., Brown, 2005; Ievleva & Orlick, 1991; Udry & Andersen, 2002); (d) the application of philosophical or theoretical approaches (e.g., Hill, 2001; Nesti, 2004; Poczwadowski, Sherman, & Ravizza, 2004); (e) referral processes (e.g., Andersen & Tod, 2006; Andersen & Van Raalte, 2005); (f) multicultural issues (e.g., Andersen, 1993; Kontos & Breland-Noble, 2002; Lee & Rotella, 1991; Martens, Mobley, & Zizzi, 2000); and (g) supervision and training (Andersen, 2001, 2004a). The ASE psychology training and supervision literature was reviewed earlier because it related directly to the aims of Study 1. Despite the larger number of studies that relate to service delivery issues, few authors document the thoughts, behaviours, and emotions that occur during service delivery. Rather than review this service delivery literature topic by topic, I will focus on the general usefulness of this literature for neophyte ASE psychologists and their service delivery.

As a whole, the literature on the various dimensions of service delivery demonstrates the broad scope and complexities of ASE psychology consulting. Neophyte ASE psychologists might become overwhelmed when reading the literature because there are numerous topics to consider. Potentially, some student practitioners could become anxious and doubt their abilities to help athletes and digest the abundance of relevant literature. Often trainee counsellors appreciate the ways that educators and supervisors assist them in integrating the various topics presented in the literature (Skovholt & Rønnestad, 1992), and the same might be expected of trainee ASE psychologists.



Professionals in ASE psychology often disagree over issues related to service delivery. For example, the role of psychological testing is one subject where professionals have different opinions (see Vealey & Garner-Holman, 1998). Sometimes ASE psychologists write critical replies to colleagues' work, such as Andersen's (1993) comments on Lee and Rotella's (1991) article about working with black student athletes. Some trainee ASE psychology consultants may be unsure how to evaluate the different, and sometimes contradictory, opinions presented in the literature. As neophyte consultants develop their knowledge, gain client experiences, and interact with professional elders, they may be better able to evaluate the various opinions expressed by their colleagues in the literature.

The body of literature related to the process of ASE psychology service delivery is large and extensive. Researchers, however, have not examined how ASE psychologists use service delivery theory or research. In addition, practitioners' attempts to stay current with the theoretical knowledge base have not received attention. Exploring consultants' beliefs and behaviours towards research and theory might help investigators strengthen connections between research and practice. Furthermore, insights for helping neophyte consultants grow professionally may also be generated. Following beginning ASE psychologists as they proceed through a postgraduate training programme is one way to gather information about their beliefs and uses of service delivery research and theory.

The aim of study 4 in this PhD was to gain narrative accounts of ASE psychology students' development as service providers during the first two years of their postgraduate studies. Study 4 appeared to be a suitable way to bring the results of Studies 1, 2, and 3 together. As trainees are exposed to factors that influence service delivery competence (Study 1) and gain client interactions (Studies 2 and 3),

they are likely to mature as practitioners. There is a large body of literature about the ways that counsellors, and the services they provide clients, change as they receive formal education and gain therapy experience (e.g., Skovholt & Rønnestad, 1992; Stoltenberg et al., 1998). Before reviewing knowledge about how ASE psychology practitioners develop, I will review the counsellor maturation literature to help inform Study 4.

### Practitioner Development

#### *Counsellor Development*

Investigators have proposed many models describing the developmental path from student to master practitioner (e.g., Blocher, 1983; Fleming, 1953; Grater, 1985; Hess, 1987; Hill, Charles, & Reed, 1981; Hogan, 1964; Littrell, Lee-Borden, & Lorenz, 1979; Loganbill, Hardy, & Delworth, 1982; Stoltenberg, 1981; Stoltenberg & Delworth, 1987; Stoltenberg et al., 1998; Yogev, 1982). Although variations exist among the models, they contain many similarities (Worthington, 1987). Initially, trainee therapists are dependent on the explicit guidance of their teachers and supervisors because they lack sufficient knowledge about service delivery. Mature practitioners, however, draw on internalised models of therapy developed from their extensive histories with clients. Student counsellors often experience high levels of anxiety regarding their initial client interactions. Feelings of incompetence and the knowledge that their counselling performances are being evaluated by teachers and supervisors can contribute to beginning consultants' anxieties. Students' inexperience in collaborating with clients may also exacerbate anxiety. Beginning counsellors focus on learning specific intervention techniques that they implement in rigid ways. Seasoned practitioners are flexible in using intervention techniques, and adjust them to suit their clients. Neophyte counsellors often prefer to learn how to

interact with clients by modelling their mentors. Researchers have observed that inexperienced counsellors, like all practitioners, vary in their motivation and confidence. At times, beginning practitioners are excited about working with clients and are confident in their abilities. At other times, however, neophyte counsellors may question their abilities and wish to avoid seeing clients.

Reviewers have reached conflicting conclusions about the research findings associated with models of therapist development (Ellis & Ladany, 1997; Goodyear & Guzzardo, 2000; Holloway, 1987, 1992; Stoltenberg, McNeill, & Crethar, 1994; Watkins, 1995; Worthington, 1987). Stoltenberg et al., for example, wrote “the studies reviewed provide considerable support for changes over time (experience) among trainees” (p. 419). According to Ellis and Ladany, in contrast, the research was “largely uninterpretable and offered few viable conclusions” (p. 474). Although reviewers have reached different conclusions, they have consistently identified several limitations with the research. Investigators have relied on cross-sectional designs almost exclusively, and the knowledge base would be enhanced with the inclusion of longitudinal studies. As a further example, researchers have been too focussed on using closed-response self-report questionnaires. The use of a greater variety of data collection methods might extend the existing knowledge, such as qualitative methods. Also, the statistical techniques used in many studies have been unsuitable, and sometimes the measurement instruments have not been theory driven, valid, or reliable. In addition to improving research design, investigators have suggested a number of topics for further examination. Researchers could, for example, examine if trainee therapists obtain better therapeutic outcomes as they develop (Goodyear & Guzzardo). The influence of variables such as gender, race, and sexual orientation on development could also be further explored (Stoltenberg et

al.). Possibly, therapist development varies for different types of practitioners, such as educational psychologists, marriage counsellors, and social workers (Watkins).

Applied sport and exercise psychologists could be added to Watkins' list.

*Rønnestad and Skovholt's (2003) Model of Therapist Development*

In recent years, Rønnestad and Skovholt (2003; Skovholt & Rønnestad, 1992) have developed an extensive therapist development model. The first version of their model was based on interviews with North American psychotherapists who varied from beginning students to individuals with more than 30 years of professional practice (Skovholt and Rønnestad). In 2003, a revised version of the model was published. Rønnestad and Skovholt's model will be discussed because in Study 4 I modified the interview guide they used in their original research, and I used their model to guide data analysis and interpretation.

The most recent formulation of the Rønnestad and Skovholt (2003) model includes six phases. The first phase, called the *lay helper* phase, describes how untrained individuals perceive the helping process. Phases 2 and 3, called the *beginning student* and *advanced student* phases, cover the years of formal education. Phases 4-6, called the *novice professional*, the *experienced professional*, and the *senior professional* phases, describes therapists' development after graduation. Within the phases, Rønnestad and Skovholt describe topics such as the (a) central tasks therapists attempt to achieve, (b) approximate lengths of time they take to achieve these tasks, (c) predominant emotions practitioners experience, (d) major sources of influence, (e) working roles and styles therapists adopt, (f) use of conceptual frameworks, (g) preferred learning methods, and (h) criteria by which practitioners often measure their effectiveness.

*Phase 1: The lay helper.* This phase includes individuals with no training in counselling, and who help others informally, such as friends, family, and work colleagues (Rønnestad & Skovholt, 2003). Lay helpers generally identify individuals' problems quickly, provide strong emotional support, and give advice based on their own experiences. Often, lay helpers feel natural and authentic when assisting others because they are guided by their personal worldviews rather than professional counselling frameworks. Earlier, Skovholt and Rønnestad (1992) used the term *sympathetic friend* to describe the type of counselling in which lay helpers engage.

Rønnestad and Skovholt (2003) suggested that blurred counsellor-client boundaries may be a feature of lay helpers' counselling attempts. Lay helpers typically lack control of their emotional engagement when assisting others, and often do not reflect on their counselling attempts. As a result, lay helpers characteristically identify strongly and become over-involved with clients. Over involvement and strong identification exacerbates lay helpers' tendencies to give advice, rather than helping clients arrive at their own solutions. The criticisms that Rønnestad and Skovholt raise are probably not unique to lay helpers, and trained counsellors may occasionally blur the practitioner-client boundary. Also, although not professionally trained, many lay helpers offer considerable assistance to others.

*Phase 2: The beginning student.* The start of professional training can be taxing for many beginning students because they may believe that their lay helper approaches are not suitable, and the adoption of new counselling perspectives are necessary (Rønnestad & Skovholt, 2003). Often beginning students doubt they have the personal characteristics and competencies to become effective counsellors. There are many issues about competence that novice practitioners may consider. For

example, students are often unsure how to proceed when counselling and fear losing control of therapeutic sessions. Most beginning students experience anxiety, and their negative emotions may interfere with their initial client interactions. Anxious novice practitioners, for example, find it difficult to concentrate on, remember, and process clients' stories.

Rønnestad and Skovholt (2003) identified a number of sources that influence beginning students' counselling development. Information sources include clients, professional elders (e.g., lecturers, supervisors), theory and research, classmates, non professional experiences, and the social environment of the training programme. These influences are salient for counsellors throughout their professional careers. According to Rønnestad and Skovholt, many beginning students are reliant on the guidance they receive from teachers and supervisors. Trainees, for example, often lack the ability to evaluate their own counselling knowledge or the material presented in the professional literature. Also, beginning students typically lack confidence in their abilities and benefit from the external feedback provided by supervisors and clients to evaluate their counselling effectiveness. Beginning students' emotions usually vary with their supervisors' and clients' feedback. Negative comments, for example, may leave beginning students feeling anxious and despairing of becoming competent counsellors.

Beginning students regularly favour learning service delivery methods and approaches they hope will be easily mastered and applicable to all clients (Rønnestad & Skovholt, 2003). Beginning students want to learn easily mastered counselling approaches to help them control their anxieties and have confidence in their service delivery abilities. Imitation is often trainees' preferred method of learning how to

consult. Usually beginning students search for expert counsellors to copy and focus on how role models behave during counselling sessions.

*Phase 3: The advanced student.* Advanced trainees are characteristically cautious and conservative when interacting with clients (Rønnestad & Skovholt, 2003). Generally, advanced students avoid taking risks and acting spontaneously. For example, interventions are often applied rigidly according to external sources of knowledge (e.g., literature, teachers) and without consideration of clients' needs. In addition, many advanced students tend to take full responsibility for client outcomes. Rønnestad and Skovholt suggested that advanced students' self-evaluations of their counselling abilities vary depending on the type of comparison. For example, when comparing themselves with beginning students, advanced trainees appreciate their growth and feel confident in their abilities. If comparing themselves with professionals, however, advanced students feel vulnerable, insecure, and dependent on external feedback. Along with fluctuating confidence, many advanced students experience ambivalence towards their training. Ambivalence is influenced by advanced students' dependencies on supervisors and teachers, the necessity to meet expectations of training programmes, and their desires to be autonomous practitioners.

There are differences between beginning and advanced students in their learning foci, use of role models, and vulnerability to supervisors (Rønnestad & Skovholt, 2003). For example, advanced students are more likely to consider how their personalities and histories influence service delivery than beginning students. In addition, beginning students tend to accept or reject role models at a global level, whereas advanced trainees are more able to consider components of the examples they are observing. Rønnestad and Skovholt also suggested that advanced students

are more vulnerable to supervisors' feedback than beginning trainees. Supervisors may expect more from advanced than beginning students because they have received some training and are supposed to have mastered professional competencies to higher levels.

Rønnestad and Skovholt (2003) identified four ways that advanced students approach counselling theories. Some trainees have strong allegiances to a single theory and actively reject other approaches. Another group of students form multiple, serial attachments to counselling theories and over time change their allegiances. A third group of students develop preferences for one theory but are also influenced by aspects of other theories. The fourth group of advanced trainees do not adopt any specific counselling theory to guide their client interactions. According to Rønnestad and Skovholt, the majority of students adopt either one theoretical approach while being open to others or form multiple serial attachments.

*Phase 4: The novice professional.* The novice professionals Rønnestad and Skovholt (2003) interviewed had been practicing for an average of five years since graduation. During the initial years after graduation, novice professionals often experience considerable development, as they discard some ideas and behaviours they learned during training and adopt new approaches to practice. Novice professionals may experience a sense of freedom immediately after finishing training because they are no longer being evaluated constantly by teachers and supervisors. (Rønnestad & Skovholt). New graduates are also eager to evaluate the validity of the knowledge learned in formal training. Novice professionals may feel unprepared for their jobs and miss the guidance that lecturers and supervisors provided. Many new counsellors search for workplace mentors offering support, guidance, and assistance with the transition from student to autonomous practitioner.



Following the sense of freedom, many novice practitioners experience disillusionment with their training and themselves when unable to meet professional challenges. One possible challenge involves learning how to adjust services to meet the needs of heterogeneous client groups. Novice professionals are usually unprepared for the disillusionments they experience, and have difficulties coping with gaps in their knowledge. Disillusionment stimulates many novice professionals to examine their skills, limitations, values, attitudes, and interests. Novice professionals also consider the environments they work in and roles they adopt. Such reflections may stimulate novice professionals to search for environments and roles that are compatible with their values, attitudes, skills, and interests. Self-reflection continues to be a preferred learning method for novice practitioners. Self-reflection is not generally central to learning for beginning students who are preoccupied with learning how to implement techniques or interventions in suitable ways. Novice professionals, however, start to consider how interventions and techniques can be adjusted to suit their needs as practitioners.

There are numerous issues that novice professionals attempt to resolve during their first few years as counsellors. For example, many beginning professionals typically have difficulties with boundary regulation, such as how much responsibility to adopt for client outcomes. Also, many novice practitioners observe how their personalities influence their client interactions. Beginning practitioners may begin considering how to best integrate their personalities with their professional roles. In addition, there is often increasing recognition that therapeutic relationships influence client progress. Novice professionals tend to give increased attention to developing their relationship-building skills.

*Phase 5: The experienced professional.* A central consideration for many experienced professionals is developing congruence between their therapeutic roles and their personalities, including their values, interests, and attitudes (Rønnestad & Skovholt, 2003). Congruence allows practitioners to feel authentic when interacting with clients. Practitioners often, for example, develop guiding conceptual frameworks and counselling styles that suit their personalities. Associated with their desires for congruence, experienced practitioners use interventions and techniques in personalised and flexible ways. Counselling tools are no longer applied in a mechanical rigid manner, characteristic of beginning students.

Rønnestad and Skovholt (2003) observed that the predominant emotions felt by experienced professionals were generally positive. Practitioners typically feel they can trust their professional judgements, are comfortable with clients, are competent, are confident in forming effective working alliances, and are able to challenge clients if necessary. Sometimes, however, experienced practitioners feel anxious when starting work outside their knowledge and competencies (Skovholt & Rønnestad, 1992). Practitioners might, for example, change jobs and begin working with new client groups. The anxiety experienced practitioners feel generally subsides as they reconfigure their skills and knowledge to the new client base.

The information sources that influence beginning students also apply to experienced practitioners (e.g., clients, theory and research, colleagues, professional elders, non work related experiences, the social/cultural environment). The influences of past professional elders have often been internalised by experienced practitioners who may recall advice received from previous supervisors, teachers, and mentors. An additional influence for experienced practitioners is becoming professional elders for younger therapists. During their research, the participants

Rønnestad and Skovholt (2003) interviewed told how becoming supervisors or mentors resulted in reflection on their own practices, values, and beliefs. Participants also discussed how they learned relevant lessons from events and domains outside of the therapeutic realm. For example, interviewees discussed how experiencing personal suffering and traumatic events, such as divorces and the deaths of family members, provided opportunities for professional growth. In addition, experienced practitioners also reported learning about human behaviour from other professional domains, such as anthropology and religion, and from non-work related areas, such as popular fiction, movies, and other artistic expressions. According to Rønnestad and Skovholt, experienced practitioners learn primarily by reflecting on their interpersonal interactions. Theory and research are often considered secondary sources of knowledge, and are accepted to the extent they assist with practitioners' interpretations of their interactions with other people.

Often experienced practitioners have resolved the issues that novice professionals faced. Generally, for example, mature practitioners believe the therapeutic relationship is central to client progress and are comfortable with their relationship-building abilities. Experienced counsellors have usually become proficient at regulating their involvement with clients and maintaining boundaries. Many experienced practitioners have also determined the suitable levels of responsibility they adopt for the counselling process and client outcomes.

*Phase 6: The senior professional.* Rønnestad and Skovholt (2003) characterised senior professionals as individuals with at least 20 years of counselling experience. Often senior professionals are approaching retirement. Many of the themes described for experienced professionals also apply to senior practitioners. The emotions that most senior professionals experience are predominantly positive

(Rønnestad & Skovholt). Senior practitioners are usually satisfied with themselves, their careers, and their skills. In addition, these mature practitioners are generally still committed to growing professionally. Senior practitioners, however, may also experience negative emotions regarding their careers. Some individuals might feel apathy and boredom from the continued repetition of routine tasks. Also, senior professionals may feel distress and grief over the losses they experience. Most senior practitioners grapple with loss in various guises. Often individuals face the loss of their professional roles through retirement. Senior professionals may have to deal with failing health and reduced capacities to function as therapists. There is also the loss of family, friends, colleagues, and professional elders. In addition, Rønnestad and Skovholt used the phrase “loss of innocence” to describe the fading of illusions or the increased sense of realism about what senior practitioners can achieve professionally.

One disadvantage with stage models is the implication that development is broken into distinct periods (Skovholt & Rønnestad, 1992). In recognition that change is gradual rather than discrete, Rønnestad and Skovholt (2003) identified 14 themes characterising therapist development across the 6 phases. These themes are presented below.

*Theme 1: Professional development involves integration of therapists’ professional and personal selves.* There are two key aspects to the integration process outlined by Rønnestad and Skovholt (2003). First, therapists develop congruency between their personalities and the theoretical models that guide their client interactions. Second, therapists select professional roles where they can use personally chosen techniques and methods of service delivery. Integration is often stimulated by meaningful events. For example, therapists may abandon their

allegiances to counselling theories when unable to help clients or after experiencing transforming events in their lives, such as the death of a spouse.

*Theme 2: Practitioners' foci of functioning changes over time.* Prior to professional training, individuals operate from a common sense model of helping based on their personal dispositions and cultural norms (Rønnestad & Skovholt, 2003). Helping is experienced as authentic and natural. During formal training, student therapists' helping practices are influenced by external sources, such as the professional literature and supervisors, and typically they suppress their own perspectives about counselling. Student behaviour becomes rigid and less natural. After graduation, therapists' helping behaviours become less controlled by external sources, and they begin to integrate professional sources of information (e.g., clients, supervisors) with their non-professional experiences.

*Theme 3: Continuous reflection contributes to professional development.* Rønnestad and Skovholt (2003) argue that continuous reflection is a prerequisite for optimal professional development. Reflection involves therapists developing insights into themselves, others, and their professional encounters. Stimulating and supportive professional environments can encourage therapists' self-reflections, and often include opportunities to interact with colleagues and supervisors. Although Rønnestad and Skovholt suggest that reflection is a prerequisite for optimal development, practitioners probably learn much without engaging in deliberate self-reflection.

*Theme 4: A commitment to learn propels the developmental process.* Participants in Rønnestad and Skovholt's (2003) research indicated that being open to new knowledge and being prepared to take risks, within ethical boundaries, contributed to their professional development. Rønnestad and Skovholt observed that

participants from all phases of the career span said they were committed to self-development.

*Theme 5: Beginning practitioners rely on external expertise, and seasoned therapists rely on internal expertise.* Beginning practitioners' reliance on external expertise is illustrated by their preferences for learning via modelling and receiving direct guidance from professional elders. Students often have low confidence in their own knowledge. With maturity, many therapists begin to trust their abilities and draw on knowledge accumulated from their experiences.

*Theme 6: Professional development is an ongoing and erratic process.* Participants in Rønnestad and Skovholt's (2003) research suggested that sometimes their professional development was barely noticeable. At other times, however, participants experienced rapid professional growth, often stimulated by specific events, such as traumatic life occurrences or epiphanies. Some participants had found professional development to be cyclical with some themes, such as self-confidence, being revisited throughout their careers.

*Theme 7: Professional development is a life-long process.* Many models of therapist or counsellor development focus on the years of formal training, whereas Rønnestad and Skovholt (2003) found that professional growth often occurs throughout practitioners' careers. For example, after formal training many therapists continue to develop their knowledge, counselling competencies, and abilities to regulate professional boundaries.

*Theme 8: Beginning practitioners often experience anxiety.* Rønnestad and Skovholt (2003) listed several factors that contribute to the anxieties observed in beginning practitioners. Examples included unrealistically high performance standards, the academic environment's achievement orientation, the fear of being

unsuitable for a counselling career, and lack of knowledge and competence. With experience, and an increasing sense of mastery, anxiety levels usually diminish.

*Theme 9: Clients are major sources of influence.* Therapists of varying experience levels believe clients are powerful teachers (Rønnestad & Skovholt, 2003). Through telling their stories, clients inform therapists about the causes and solutions to human distress. In addition, therapists use clients' verbal and nonverbal reactions during counselling to evaluate their effectiveness as practitioners.

*Theme 10: Non-professional experiences influence professional functioning and development.* Participants interviewed by Rønnestad and Skovholt (2003) reported that non-work related experiences in childhood, adolescence, and adulthood influenced their service delivery styles and professional development, both positively and negatively. Examples included family interaction patterns, sibling and peer relationships, therapists' own parenting endeavours, family members with disabilities, and personal suffering.

*Theme 11: Interpersonal interactions influence professional development more than impersonal sources of information.* Therapists at all levels of development believe that interactions with other people make larger contributions to professional growth than impersonal information sources, such as theory and research (Rønnestad & Skovholt, 2003). Other people who influence therapists include clients, supervisors, colleagues, family, and friends. Although impersonal information sources are helpful, their influence is mediated by supervisors, teachers, and respected peers.

*Theme 12: Neophyte practitioners perceive professional elders and graduate training with strong affective reactions.* Rønnestad and Skovholt (2003) suggested that the power differential between students and their teachers and supervisors

probably intensifies novice practitioners' emotional reactions to training and professional elders. For example, teachers and supervisors have the power to impede or accelerate students' progress through training. Rønnestad and Skovholt also found that most new professionals experience some disillusionment regarding their training, particularly when they feel unprepared to meet work-related challenges. Over time, however, the emotional intensity of therapists' perceptions dissipates as they appreciate the fallibility of professional elders and the limitations of training.

*Theme 13: Experience with suffering contributes to the appreciation of human variability.* Therapists, like other people, experience pain, hurt, and humiliation. From personal pain and suffering, therapists may develop greater appreciation for human frailty and variability, often becoming more tolerant and less judgemental.

*Theme 14: With experience, there are realignments from therapists as heroes to clients as heroes.* Increased professional maturity is generally associated with shifts in therapists' understandings of the change process. The responsibility for service delivery outcomes moves from therapist to client. Practitioners also develop awareness of their limitations as helpers. Generally, as therapists develop more humble and less powerful views of themselves as change agents, they also become more confident in their competencies as service providers.

Many of Rønnestad and Skovholt's (2003) findings have been reported in other research (e.g., Goldberg, 1992; Orlinsky et al., 1999; Orlinsky, Botermans, Rønnestad, & The SPR Collaborative Research Network, 2001). Goldberg, for example, surveyed 52 therapists averaging 30 years of service delivery experience. Goldberg also surveyed a further 12 individuals, that averaged 35 years of service delivery experience, who were described by their peers as master practitioners.



Similarities among Goldberg's and Rønnestad and Skovholt's results included the finding that clients, mentors, and colleagues were considered major sources of influence. Also, interactions with people (e.g., clients, colleagues, family) were considered often to be more influential than psychological literature on professional development. Participants in both studies believed being a professional elder contributed to their therapeutic styles, because they were prompted to reflect on their values, interests, and beliefs. Interviewees from both studies had perceived themselves as powerful and central to the success of therapy when they had first interacted with clients. As participants matured, they realised they were useful facilitative agents. Both Goldberg's and Rønnestad and Skovholt's participants described how, with experience, they relied less on the theories they learned during training. Instead, interviewees searched for new theories that helped them better understand themselves and clients. The similarities between Rønnestad and Skovholt's findings and those of other researchers provides evidence their model is a useful representation of therapist development. The similarities also provide indications that the Rønnestad and Skovholt model can be applied to different types of practitioners, such as ASE psychologists.

Some parallels exist between Rønnestad and Skovholt's findings and results from ASE psychology research. For example, experienced ASE psychologists have suggested that self-reflection contributes to professional development, effective practitioners are committed to self-improvement, relationship-building skills influence service delivery, and much can be learned from colleagues and supervisors (Partington & Orlick, 1991; Simons & Andersen, 1995; Straub & Hinman, 1992). In addition, in their autobiographical accounts, trainee ASE psychologists have described the anxieties they experienced with clients and the help they received from

supervisors (Tammen, 2000; Tonn & Harmison, 2004). In addition to Rønnestad and Skovholt's model, ASE psychologist development literature will inform Study 4 and is now reviewed.

### *Applied Sport and Exercise Psychologist Development*

Few researchers have considered the stages of ASE psychologist development (e.g., Andersen & Williams-Rice, 1996; Morris & Thomas, 2004; Van Raalte & Andersen, 2000). Morris and Thomas discussed Berliner's (1994) five-stage model of teaching expertise. The five stages were labelled *novice*, *advanced beginner*, *competent*, *proficient*, and *expert*. Based on Berliner's model, Morris and Thomas suggested novice ASE psychologists expect to learn rules and procedures for helping athletes that are applicable without consideration for the contexts within which service delivery occurs. As practitioners develop expertise, they become knowledgeable, comfortable with techniques, and confident in their professional roles. In addition, Morris and Thomas suggested that expert consultants become more strategic and flexible in service delivery. Specifically, seasoned ASE psychologists are able to identify the central features of athletes' concerns, individualise their work with clients, recognise how individuals process information, and offer suggestions that lead to improvement.

In their discussion of supervision, Van Raalte and Andersen (2000) outlined Stoltenberg's (1981) four-stage therapist development theory and made recommendations about suitable models of supervision (e.g., behavioural, cognitive-behavioural, phenomenological, psychodynamic). In stage 1, beginning counsellors usually are anxious, want to know the right way to behave, have low tolerances for ambiguity, think in concrete ways, and are dependent on supervisors. Behavioural models may be appealing to beginning students because they are relatively straight

forward, offer recipes for action, and provide structure. In stage 2, students feel more confident, start developing an individual service delivery style, and begin becoming independent from supervisors. Phenomenological models of supervision may be useful because they are supervisee-directed and may cater for trainees' growing independence. In stage 3, supervisees are close to becoming independent practitioners, and may be ready for in-depth examination of themselves and their client relationships. Psychodynamic supervision approaches may be suitable because they allow for thorough analyses of supervisees and their athlete relationships. In stage 4, supervision becomes a mutually beneficial interchange between peers, and might continue throughout the professional lives of the consultants.

#### *Applied Sport and Exercise Psychologist Competencies*

Although discrete ASE psychologist development models have not been formulated, some related research has been undertaken. Investigators have, for example, explored athletes', coaches', and sport science and medicine administrators' perceptions about the qualities of effective ASE psychologists (Anderson, Miles, et al., 2004; Dunn & Holt, 2003; Gentner et al., 2004; Gould, Murphy, Tammen, & May, 1991; Lloyd & Trudel, 1999; Orlick & Partington, 1987; Partington & Orlick, 1987a, 1987b; Weigand et al., 1999). Helpful consultants are perceived to have highly developed interpersonal skills, such as being likeable, trustworthy, and empathetic, and are able to fit into team environments. Conversely, practitioners with poor interpersonal skills, such as being inflexible, insensitive, or overbearing, alienate clients. Although these results are not especially surprising, they demonstrate the value of well-developed interpersonal characteristics. In addition to having good social skills, highly rated ASE psychologists are perceived to be technically competent, and provide clients with specific, practical, and concrete

strategies. Another component of technical competence is service delivery style. Sports participants believe effective consultants adopt athlete-centred approaches, and focus on identifying individuals' strengths, weaknesses, and needs. Technically competent consultants also provide a variety of services, including assistance with competition preparation, help with mental skills development, and general counselling services for both sport and non-sport related issues.

In addition to listing characteristics of effective consultants, athletes and coaches have identified factors that may impede ASE psychologists' assistance. For example, ASE psychologists are less effective if they are unable to meet with athletes often enough to resolve client issues. Also, intimidating coaches interfere with ASE psychologists' abilities to develop trust with athletes. Athletes may refrain from seeking ASE psychologists' assistance if they believe intimidating coaches will pressure practitioners to divulge clients' personal information.

Practitioners have also provided their views about effective ASE psychologist competencies (Gould et al., 1991; Gould, Tammen, Murphy, & May, 1989; Sedgwick & Zaichkowsky, 2003; Simons & Andersen, 1995; Statler, 2003; Straub & Hinman, 1992; Sullivan & Nashman, 1998). First, similar to coaches and athletes, practitioners consider that effective consultants have outstanding interpersonal skills. Second, helpful consultants understand the sporting environment, and have the psychological knowledge necessary to help athletes in practical ways. For example, helpful practitioners understand the training and performance demands placed on athletes. In addition, helpful consultants are able to address clients' individual needs. Third, effective ASE psychologists are committed to helping athletes achieve their goals and find their sporting experiences rewarding. Expert consultants also aim to become masterful practitioners. Fourth, effective ASE psychologists examine their

own behaviours, thoughts, and feelings, and are aware of their strengths and limitations as consultants. Fifth, masterful ASE psychologists interact with colleagues and engage in peer supervision. Beginning ASE psychologists can use the information gleaned from experienced practitioners, athletes, and coaches about effective consultant characteristics to reflect on their own qualities and competencies. Trainees might consider, for instance, how well they are able to offer clients practical strategies or how easily they build rapport with athletes.

Researchers have recorded participants' perceptions of the qualities of effective ASE psychologists. Other avenues of inquiry may contribute to a more complete understanding of effective practitioners. Investigators could examine associations between the qualities of effective ASE psychologists, such as empathy, and service delivery outcomes, such as athlete satisfaction. Investigators could also explore the ways that ASE psychologists might best demonstrate their interpersonal qualities when interacting with different athletes. In addition, researchers could investigate the learning experiences and the developmental paths that contribute to the development of effective consultant characteristics.

### Literature Review Summary

Students are sometimes described as the future of the discipline (e.g., Brawley, 1992). It seems that few researchers, however, have devoted considerable attention to examining suitable ways to help students become competent service providers. Helping trainee practitioners develop service delivery competencies early in their careers has the potential to contribute long term benefits. Documenting learning experiences associated with service delivery competence, neophyte practitioners' client interactions, and their developmental stories might help normalise trainees' experiences and reduce their anxiety levels. Also, prospective

trainees might be better informed to plan their professional development activities, and may possibly enhance their early development. Such individuals might be positioned better to negotiate the ethical, legal, and professional challenges that arise in ASE psychology service delivery. Educators and supervisors might be able to empathise better with students, and tailor their teaching and supervision practices to the needs of their professional progeny. Educators and supervisors who are able to enhance the training, supervision, and development of student practitioners are indirectly helping trainees meet the needs of ASE psychology consumers: athletes and coaches.

## CHAPTER 3

### RESEARCH DESIGN

The use of qualitative methods enabled me to understand participants' perceptions of ASE psychologist service delivery, education, and training from their own perspectives (see Patton, 2002). Patton's pragmatic approach to qualitative research guided Studies 1, 2, and 4 in this PhD. In presenting his framework, Patton argued that investigators can use qualitative methods (e.g., interviews) without swearing allegiance to the schools of thought from which they were developed. In following Patton's approach, I was guided by content theories, rather than epistemological schools of thought. As an example, I used Rønnestad and Skovholt's (2003) theory of therapist development to help guide Study 4, in which I followed neophyte ASE psychologists during the first two years of their postgraduate training. In the current chapter I detail the data collection, data analysis, and credibility procedures used for Studies 1, 2, and 4. A quantitative design was used in Study 3 and is described in Chapter 6.

#### *Data Collection*

##### *Participant Selection*

I selected participants who could provide information about the issues being investigated, a principle referred to as purposeful sampling (Patton, 2002). In identifying participants, I was guided by Patton's purposeful sampling strategies. In Study 4, for example, where the sample included ASE psychology students completing the first two years of their postgraduate education, I drew on Patton's homogenous sampling principle. In homogenous sampling, researchers reduce variation among participants by identifying individuals with similar backgrounds and experiences. In Study 4, the individuals were enrolled in the same psychology

department, and were experiencing similar postgraduate training courses. The sampling strategies used in this PhD are detailed in the method sections of the chapters reporting the investigations.

In addition, I drew on Patton's (2002) approach to determine sample sizes. For example, in using the redundancy, or saturation, principle in Study 1, I increased the sample size until no new information was being generated from additional participants (Patton). As a guiding principle, Patton recommended that investigators estimate the minimum sample sizes they believe necessary to answer their research questions, and add more participants if doing so helps them achieve the purposes of their studies. Minimum sample sizes are researchers' best guesses based on their knowledge of the area. Patton argued that the credibility of qualitative research is influenced by the richness of the cases selected, along with researchers' competencies, rather than the number of participants. Kvale (1996) was more forthright in suggesting that many qualitative studies were sub-standard because the samples were too big. Large samples lead to voluminous amounts of data that may be difficult to analyse and integrate in meaningful ways. The rationales for the sample sizes in this PhD are described in the method sections of Chapters 4 to 7.

### *Interviews*

I used semi-structured interviews to gather data. Interviews allowed me to explore how participants organised and understood their experiences, along with the meanings they attached to events, behaviours, and feelings (see Patton, 2002). I sequenced and worded specific questions to allow interviews to flow like conversations, and also pursued topics participants raised but were not in the interview guides. Semi-structured interviews were suitable because: (a) the quality of investigations may be assessed, in part, by reviewing interview guides; (b) they



facilitate the collection of similar types of data from interviewees; (c) they help keep interviews focused and time efficient; and (d) they facilitate data analysis by ensuring that similar interviewee responses are easier to find and compare (Patton). A possible limitation with semi-structured interviews is that some relevant topics may not be discussed. According to Patton, however, the weaknesses associated with semi-structured interviews, such as important topics being missed, are influenced more by researchers' limitations than by the interview format per se.

The interview guides were constructed after I read relevant literature and considered Patton's (2002) question types emphasising what participants have experienced, believe and value, and accept as true. Two ASE psychology academics reviewed the interview guides. I then practiced using the interview guides with individuals similar to the intended participants. Based on feedback from the reviewers and practice interviews, modifications were made to the interview guides. Specific details about interview guide development are included in the chapters reporting the studies. The interview guides presented in the appendices highlight the topics and types of questions that were discussed in the interviews. The interview guides do not list the actual questions interviewees were asked. In keeping with Patton's recommendations, I worded questions to suit the conversations. For example, the term "trainee sport psychologist" was not the only term I used during interviews with athletes in Study 2 to refer to the practitioner with whom they interacted. I also used terms such as "your practitioner" and "your consultant."

## *Data Analysis*

### *Data Preparation*

The first phase in analysis involved creating permanent records of participants' responses during the interviews. To this end, interviews were recorded and transcribed verbatim. For data checking purposes, I read the transcripts while listening to the recorded interviews. Later, I re-read the transcripts to become more familiar with their content.

### *Data Description*

To begin data description, participants' interview responses were organised into broad categories, each with a label reflecting the content. Patton (2002) termed the initial categorisation of data the "first cut," with the purpose being to allow the eventual classification systems to begin developing. On completing the first cut, formal coding began. During formal coding, individual text units were identified and assigned to subcategories contained in the broader topic areas. The identification of subcategories occurred at numerous levels, and formal coding was not a linear process. I frequently reassigned text units to new categories and revised the classification systems with the aim of developing classification systems that best represented the data.

Convergence and divergence were two principles that guided formal coding. The objective of convergence is to identify regularities in the data that become categories (Patton, 2002). I used two criteria, internal homogeneity and external heterogeneity, to develop the classification systems. Internal homogeneity refers to the extent that text units in the same categories are about the same topics. External heterogeneity is the degree that data in separate categories are about different topics. To achieve convergence, I attempted to create classification systems that were

plausible, inclusive of the data, understood by other individuals, and credible to research participants. The degrees to which I achieved these four conditions were evaluated via the credibility methods described later in this chapter. Divergence refers to developing the details of the categories in the classification systems. The three processes used to “flesh out” the classification systems were extension (i.e., adding to what had been described), bridging (i.e., the identification of links between categories), and surfacing (i.e., the identification, collection, and evaluation of additional data that would fit the classification systems). I had confidence that divergence had been achieved when sources of information had been exhausted, regularities in the data had been integrated, data analyses had gone beyond answering the research questions, and data not easily assigned within the classification systems had been examined (Patton). I either modified the classification systems or discarded unassignable data, depending on their relevance to the research aims.

The classification systems were not derived solely from interviewees’ transcripts. I also drew on the literature to guide classification system development. The categories created by Skovholt and Rønnestad (1992), for example, guided data analysis in Study 4. Patton (2002) labelled categories taken from the literature as “sensitising concepts.” It would be unrealistic to expect researchers to conduct studies without knowledge about the phenomena under investigation (Krane et al., 1997). One reason for employing the credibility procedures detailed later in this chapter was to help expose my biases throughout the research process. In the chapters where the studies are reported, I describe the extent that existing literature guided data analysis.

### *Data Interpretation*

As the classification systems were being developed, I also considered their relevance for ASE psychology professionals. Patton (2002) argued that researchers' intimate involvement in their studies afforded them unique opportunities to interpret their data and add meaning to the results for consumers. Some methodological experts adopt strong positions regarding data interpretation. Thomas and Nelson (2001), for example, suggested that describing data without interpreting the meaning was not possible. According to Thomas and Nelson, attempts to describe findings without interpretation were insufficient and risked the results being misinterpreted or trivialised by readers.

In presenting the results, I have adopted the realist approach, as discussed by Patton (2002) and Sparkes (2002). Generally, edited quotes are used to illustrate the findings in Studies 1 and 2, and details about myself in the role of the researcher are limited. The realist approach appealed because participants' voices could be foregrounded to help illustrate their perceptions regarding the topics being discussed (see Sparkes). The realist style, however, may be modified for different reasons (Sparkes). For example, quotes are seldom used in Study 4 to protect participants' confidentiality, as discussed in Chapter 7. Occasionally, I have included details about myself to help explain my interpretations of the data. Below, for example, I have described my motives, background, and training relating to the reported studies. In the discussion chapter, I have also presented my reflections about ways I have changed while completing this PhD.

I have chosen to combine the results and discussion sections when presenting Studies 1, 2, and 4, in recognition that data description and interpretation are intertwined. Specifically, I have attempted to relate the results to the specific

research aims and relevant literature, detail implications for ASE psychology practice, and suggest further research possibilities. Generally, the quotes presented illustrate common perceptions among the participants. Occasionally, however, perspectives of individuals, not reflective of others in the samples, have been included. The message from a single person can be relevant, insightful, and meaningful (Krane et al., 1997). I have indicated where quotes did not reflect common perspectives. Ellipsis points ( . . . ) are interspersed throughout the quotes to denote omissions that are generally words and paralanguage removed to enhance clarity, such as “you know,” “ahs,” “uhms,” and “oks.” Presenting direct quotes illustrating specific topics is a central feature of realist research accounts, but does not guarantee credibility. Instead, credibility, as indicated in the next section, is also influenced by how researchers analyse and interpret their data (Patton, 2002; Thomas & Nelson, 2001).

### *Research Credibility*

The criteria used to help ensure research credibility included trustworthiness, authenticity, and usefulness. Patton (2002) did not prescribe specific criteria by which credibility could be assessed. Instead, he argued the criteria used were influenced by research questions, investigators’ methodological leanings, and audiences’ values. Patton also suggested that credibility was influenced by a number of strategies including the presentation of researchers’ motives, qualifications, backgrounds, and relevant experiences, and the use of rigorous methods during data collection and analyses.

### *The Researcher*

I have completed a masters degree in physical education (PE) and a graduate diploma in psychology. My masters thesis was a qualitative investigation of

achievement motivation and moral reasoning in rugby union (see Tod & Hodge, 2001). Following my masters degree, I was employed for eight years at a New Zealand Polytechnic where I taught ASE psychology and other sport and exercise science subjects. I also provided psychological services for sports teams and individual athletes, and was accredited by Sport and Exercise Science New Zealand as an ASE psychology consultant.

In conducting this PhD, I scrutinised my motives for investigating neophyte ASE psychologists and their service delivery. The process of self-examination I undertook echoed the words of Norwegian playwright, Henrik Ibsen, when he stated “to write is to sit in judgement on oneself” (Meyer, 1992, p. 291). My self-analysis related to my experiences as an ASE psychology consultant with a PE background, but no formal training in psychological service delivery. While employed, I constantly questioned the quality of the support I provided athletes, and I lacked confidence in my consulting skills. In addition, I was isolated from other ASE psychologists for geographical and professional reasons, and had few opportunities for regular supervision. Because of my experiences, I was interested in examining factors that influenced ASE psychology service delivery and consultant development. One way my background influenced this PhD was by motivating me to look for ways to help neophyte practitioners improve their consulting competencies.

Regarding qualitative research, I have been influenced by authors such as Patton (2002) and Lincoln and Guba (1985). In keeping with Patton’s, and Lincoln and Guba’s recommendations, I acknowledge that the findings in this dissertation reflect my subjective analysis of the data. Other investigators may come to different conclusions and interpretations if they replicate the studies, or reanalyse the transcripts. A number of questions guided my writing. First, have I derived the

results using logical and rigorous processes (trustworthiness, Lincoln, 1995)?

Second, have I accurately presented the participants' stories (authenticity, Manning, 1997)? Third, do the findings have implications for practice (Sparkes, 1998)?

I prepared myself in several ways to become competent to undertake the reported studies. To begin, I familiarised myself with relevant literature, and in Chapter 2, my understandings of this body of knowledge were presented. I also completed postgraduate training in advanced qualitative methods and counselling to develop further my data analysis and interviewing skills. Before collecting data I practiced the methods employed in the studies to ensure I was skilled and comfortable in their use. Throughout the completion of this PhD, I received feedback regarding my qualitative research competencies from my supervisors and other academics.

### *Rigorous Research Methods*

I incorporated triangulation into this PhD by using multiple methods, data sources, and theories throughout the research process (see Patton, 2002).

Triangulation helped expose the ways my biases and those associated with methods, data sources, and theories may have influenced the results. In using triangulation, I was not striving for consistency across different samples, methods, or theories.

Inconsistencies do not necessarily weaken research credibility, but offer the prospect for more profound insights about the topics under examination (Patton).

*Data source triangulation.* Triangulation of data sources refers to the collection of information from multiple informants, at different times, using the same methods (Patton, 2002). In a strict sense, any qualitative study that has a sample greater than one has achieved data source triangulation. In Study 1, two sub-samples were interviewed, that is teaching staff and graduates of ASE psychology

coursework masters programmes. In Studies 2 and 3, two samples, neophyte ASE psychology consultants and student-athletes, were interviewed twice during on-going consultancies. The postgraduate ASE psychology students in Study 4 were interviewed three times during the first two years of their courses.

*Analyst triangulation.* Having several people examine the data is the objective of analyst triangulation. Although I was the primary analyst throughout the studies reported in this dissertation, the findings were critiqued according to the participant and audience review strategies Patton (2002) presented. In participant review, also known as member checking or consensual validation, investigators offer participants opportunities to evaluate the research findings. Some authors argue that member checking establishes that the research findings are accurate representations of participants' experiences (e.g., Culver, Gilbert, & Trudel, 2003). Others disagree, including Silverman (2001), who concluded that participant review was simply an opportunity to collect additional data. He reasoned that respondents might not comprehend researchers' interpretations, may be uninterested in them, may be influenced by their self-images, and may lack insight. In the current PhD, participant review was used to obtain interviewee feedback that in turn, helped me reflect on my interpretations. Although I never promised participants that I would change my interpretations, I always considered their comments. In some instances, however, I did make changes and have indicated these where applicable.

Investigators may enhance research credibility by having intended users review their work, a strategy labelled audience review. According to Patton (2002), "the ultimate test of the credibility of an evaluation report is the response of primary intended users and readers of that report" (p. 561). The inclusion of likely consumers in the research process may contribute to tailoring outcomes to meet their needs and



quality control criteria. The results of the present PhD were intended for ASE psychology academics, practitioners, and students. My supervisors provided the major source of audience review. These two individuals also taught the participants in Studies 2, 3, and 4, and I established procedures to assist in maintaining confidentiality. My supervisors only read data after participants' stories had been de-identified. Similarly, I changed references that may have identified individuals in this dissertation. Given the close interactions among the participants, my supervisors, and myself, I could not absolutely guarantee confidentiality. I talked with participants to help ensure they were comfortable with how I collected, analysed, and presented the data. Possibly, however, participants' interview responses were influenced by knowing that two of their teachers were also my supervisors. In addition, some individuals may have felt obligated to participate, despite my attempts to inform them that their participation was voluntary. I was encouraged when one individual declined to participate in Studies 2 and 3, because it helped ease my anxieties regarding the possibility that individuals may have felt coerced.

As a secondary source of audience review, throughout much of the time I was completing this PhD, I organised weekly or fortnightly seminars where graduate students presented their work. These seminars were also supported by academics, including my supervisors. Information that I presented from my dissertation included results, design issues, and literature summaries. The constructive comments I received from seminar participants were helpful and led to changes in this dissertation.

*Theoretical triangulation.* In Chapters 4 to 7, the multiple theoretical perspectives I drew on during data analysis have been discussed. For example, Study 4 was guided by Rønnestad and Skovholt's (2003) therapist development theory.

Additional frameworks, however, were also used throughout data analysis (e.g., Loganbill et al., 1982; Stoltenberg et al., 1998). The aim of theory triangulation was to explore how different frameworks might enhance the understanding of the data. The inclusion of multiple theoretical perspectives also demonstrates that researchers have considered the depth and breadth of their findings (Patton, 2002).

Despite the use of triangulation, my background and perspectives no doubt influenced the findings of this PhD. The influence of investigators' experiences and worldviews on their findings is inevitable (Lincoln & Guba, 1985). Patton suggested that researchers acknowledge their orientations, training, and backgrounds, and hence I have presented relevant information about myself. I also adopted Patton's additional suggestion to search for alternative themes, interpretations, and hypotheses. In study 1, for example, I considered the interpersonal approach to psychotherapy, and the implications for psychologist training, advocated by Andrews (2001) to integrate the major themes. Although Andrews' ideas had merit, I decided that Kolb's (1984) experiential learning cycle led to a better integration of the major themes.

In recent years, qualitative research approaches have become accepted as legitimate methods for investigating ASE psychology issues. Excellent qualitative research is challenging and demands a great deal from investigators. Highly developed interpersonal and technical skills are examples of investigator characteristics that contribute to good qualitative research (Andersen, 2005a). The major reason, however, for using qualitative research methods was their suitability for answering the research questions of this PhD.

## CHAPTER 4

### STUDY 1

Researchers have found that effective ASE psychologists have highly refined interpersonal skills and the abilities to apply technical knowledge to the specific needs of athletes (Anderson, Miles, et al., 2004a; Orlick & Partington, 1987). To assist trainee ASE psychologists become competent practitioners, a number of educational programmes have been developed. Examples of such programmes are listed in the *Directory of Graduate Programs in Applied Sport Psychology* (Burke et al., 2004). Investigators have provided evidence that educational programmes can assist trainees in developing the fundamental skills, knowledge, and competencies to help them become helpful practitioners (Goodyear & Guzzardo, 2000). A critical issue is not whether students can be taught service delivery competencies, but how they can be educated effectively (cf. Kagan, 1973).

As discussed in Chapter 2, the Australian ASE psychology education pathway is different than that of most other countries. Practitioner training occurs in psychology departments, whereas in many other countries it takes place in departments of human movement or exercise science (Andersen, 2001, 2004a). Although trainees enrol in psychology departments, some of their lecturers may be based within human movement departments. Four institutions in Australia have been accredited by the APS to offer applied psychology postgraduate coursework programmes with an ASE psychology emphasis (The Universities of Queensland, Southern Queensland, and Western Sydney, along with Victoria University [VU]). Since the data were collected for the current study, two institutions have ceased offering their programmes for economic reasons (The Universities of Western Sydney and Southern Queensland). Course enrolments are typically small, often

consisting of less than 10 students per intake. To enhance the economic viability of these programmes, ASE psychology students undertake common subjects with individuals training in other psychology sub-disciplines, such as clinical, community, and organisational psychology specialisations. Accredited courses started in the mid 1990s when the Australian ASE psychology community became affiliated with the APS (Morris, 1995). Prior to the mid 1990s, ASE psychology training normally consisted of research-based degrees that were usually offered in human movement or exercise science departments (see Aldridge et al., 1997). Prior to 1995, practitioners may not have received training in ASE psychology service delivery.

As also discussed in Chapter 2, Aldridge et al. (1997) reported on their survey of Australian sport psychology graduates. Alumni of the aforementioned APS accredited ASE psychology coursework programmes were not included because there were no graduates from these courses until after data collection ceased. Graduates had typically completed research theses and dissertations, and generally had not focussed on becoming competent psychologists. Also, graduates had generally obtained little, if any, supervised consulting experience. The respondents, however, indicated that valuable learning experiences had included activities focused on applied aspects such as counselling skills training and fieldwork, a finding paralleled in other counselling and ASE psychology research (Andersen et al., 1997; Furr & Carroll, 2003; Williams & Scherzer, 2003).

The Australian ASE psychology training landscape has changed in the last decade, largely due to the establishment of APS accredited postgraduate coursework programmes. Perhaps the time is ripe to investigate postgraduate specialist ASE psychology training in Australia. Researchers could assess the content, structure, and quality of ASE psychology training courses. One specific avenue of investigation

includes interviewing graduates, and teaching staff, about the key educational experiences they believe influence the development of service delivery competencies. Such an investigation may help extend previous research because issues associated with why graduates valued applied learning experiences could be explored. Information generated from such investigations might highlight ways that coursework programmes meet student and staff expectations, and could be used to develop “high quality lessons” (Patton, 2002 p. 564), or knowledge that assists ASE psychology educators in their teaching practices. The results might prompt educators to make changes to their subjects and courses. Current and future ASE psychology students might also be placed to extract the most benefits from their education. The purpose of this study was to explore the educational experiences perceived to contribute to service delivery competence from the viewpoints of educators and recent graduates of Australian ASE psychology programmes. The study was the first of four related investigations focussed on neophyte practitioner development and service delivery practice. The study was designed to yield information about the factors that influence trainee development and the ways they collaborate with athletes. I focused on masters degree graduates because professional doctorates in ASE psychology were not offered in any Australian institutions at the time of the study.

## Method

### *Participants*

Teaching staff (6 females, 5 males), aged from 33 to 52 years, and graduates (8 males, 8 females), ranging from 24 to 46 years of age, from four Australian APS accredited applied psychology masters programmes (with an ASE psychology emphasis) were interviewed. Staff teaching experience varied from 2.5 to 26 years.

Graduate work experience ranged from 8 months to 4 years. There were four graduates interviewed from each of the four institutions. Regarding current work experience, seven graduates were employed fulltime in sports institutes or with professional teams. The remaining graduates were working with athletes in private practice settings, either full- or part-time. To be eligible for inclusion, graduates had to have completed their masters programmes at one of the four APS accredited institutions in Australia. For teaching staff to be included, they had to be ASE psychology specialists teaching or supervising students enrolled in the APS accredited masters programmes.

### *Procedure*

*Identifying teaching staff.* I sent a letter to the four university heads of departments (HOD) where APS accredited applied psychology masters programmes with an ASE psychology emphasis were offered. In the letter I detailed the purpose of the study and requested permission to interview staff and graduates. The HODs supplied me with the names of the relevant staff who were then invited to participate, after learning about the purpose, risks, and safeguards of the study. The sample size was determined by the number of individuals whose names I was given by the HODs. Of the 13 individuals whose names I was given, 11 agreed to be interviewed. One individual did not give an explanation for declining to be interviewed, and the other person cited a lack of time. Permission to conduct the research was obtained from VU's Human Research Ethics Committee.

*Identifying graduates.* Snowball sampling was used to locate suitable graduates, because Australian privacy laws prevented me obtaining their contact details from official university records. In snowball sampling, interviewees refer researchers to other people who are then invited to participate (Patton, 2002). Staff

supplied me with the contact details of 14 former students, and I obtained the remaining two graduates from other alumni participants. I then contacted the graduates, explained the purpose, risks, and safeguards of the study, and invited them to participate. All graduates approached agreed to be interviewed. Initially, I decided to interview 16 graduates, and would, after reviewing their transcripts, include more individuals if data saturation had not been reached. After reviewing the transcripts from all 27 initial participants (staff and graduates), I decided that saturation had been achieved because the final interviews did not appear to be adding new information.

### *Interviews*

Once individuals agreed to participate, times for either face-to-face or telephone interviews were arranged, they were sent Information for Participants sheets, and they provided informed consent (see Appendix A). Immediately prior to the interviews, participants were reminded of the study's purpose, risks, and safeguards, and were offered opportunities to ask questions. Face-to-face interviews were conducted with seven individuals who resided in Melbourne, and the remaining 20 were conducted by telephone. Interviews lasted 35 to 90 minutes, followed a guide, and were recorded onto audiocassette tapes. Individuals were offered opportunities to review the interview guide before participating.

The interview guide was developed from a review of relevant literature (e.g., Aldridge et al., 1997; Astin, 1984/1999, 1996/1999; Furr & Carroll, 2003; Grayson, 1999) and from procedures detailed in Chapter 3 (page 67). A list of 24 questions was initially developed and reviewed by two ASE psychology academics. After supervisor feedback, the list of 24 questions was reduced to 11. I practiced using the interview guide with two psychologists and two academics. After reviewing the

practice interviews, one question was replaced. The final question guide is included in Appendix B.

### *Interview Transcription, Data Analysis, and Research Credibility*

The procedures used for interview transcription, data analysis, and credibility were detailed in Chapter 3 (pages 67-76).

## Results and Discussion

Presented below are themes distilled from data analysis and they have been summarised in Table 1. The graduates' views were similar to those of the teaching staff, and the results are inclusive of both groups. There were no topics where the groups' views opposed each other. There were areas, however, where the perspectives differed but complemented each other, and variations are highlighted where they occur.

### *Service Delivery Experiences Were Highly Valued*

Graduates and academics believed service delivery was a key experience that helped students learn how to interact with athletes, as indicated in the following quote: "The main important thing was to take the textbook and actually practice it . . . anyone can learn, pick up a textbook and read it, but implementing it was really of benefit." Participants believed that no teaching method was as effective as experience in helping neophyte consultants learn how to collaborate with athletes. Staff realised most students enrolled in their courses to become consultants, as reflected in one staff member's words: "They [students] are really here to be practitioners." Learning experiences that involve practicing service delivery are likely to be highly valued because students are undertaking the types of activities they will perform as registered practitioners. Such learning activities have high ecological validity. The value of practical experience in neophyte ASE psychologist



Table 1

## Major themes in Study 1

Theme
Participants perceived that service delivery experiences contributed to learning
Supervised placements were considered a central service delivery experience that contributed to learning
Role plays were another central type of service delivery experience
Students considered research and theory helped them develop as practitioners when it was applicable to clients
Social interactions with classmates and staff were perceived to contribute to service delivery competence development
Specific events outside of training influenced student learning
Previous sporting experience contributed to service delivery competence
Specific events that involved interpersonal interaction contribute to student learning
Prior experience in management or sales position offered much to student's professional development

training has been reported previously, but the research designs used have not allowed investigators to explore participants' perceptions in detail (Aldridge et al., 1997; Andersen et al., 1997; Williams & Scherzer, 2003). Through interviewing participants in-depth, I was able to extend previous research by identifying issues associated with the helpfulness of practical experience. Two types of experiences that participants focussed on were supervised placements and role-plays.

*Supervised placements.* Graduates and staff discussed at length the central role of placements to trainee learning. Graduates' 1000 hours of supervised fieldwork included both sporting and generalist placements and was where they learned to "practice their art." Staff and graduates identified several benefits individuals gained from supervised placements, including learning: (a) to apply "psych principles to sports people," (b) to "think about it [service delivery] from a psychological perspective," (c) to "understand the [sporting] culture and fit in," (d) to use "counselling skills," (e) the process of "developing or understanding myself," (f) "heaps about other people," (g) how to undertake "networking," (h) about ethical issues such as "confidentiality" and "[setting] boundaries for myself," (i) "how you design an intervention programme," (j) about "keeping accurate records," and (k) to do "general assessment [and] formal psychometric assessment." Other ASE psychology professionals have discussed similar benefits (e.g., Lutz, 1990; Taylor, 1991).

Self-reflection may enhance the value of practical experience. Many ASE and counselling psychologists consider that self-reflection assists the journey towards expertise (e.g., Anderson, Knowles, & Gilbourne, 2004; Holt & Streat, 2001; Skovholt & Rønnestad, 1992). It was understandable that teaching staff recognised that students benefited from reflecting on their client interactions and getting to

understand themselves as the instruments of service delivery, as implied in the following: “Not just drawing on them [client interactions] but understanding them, and that comes back to that desire to develop your self-awareness . . . that curiosity, that fascination to understand yourself, to understand the human condition.” The importance of self-reflection echoes the sentiments behind the oft-quoted phrase “*gnothi se auton*” (“know thyself”) inscribed on the sun god Apollo's Oracle of Delphi temple in Greece.

Tied to discussions about placements were issues regarding supervision. Both staff and graduates described benefits from supervision similar to those mentioned by other ASE psychology professionals including feedback, guidance, challenge, support, and security (e.g., Van Raalte & Andersen, 2000). There were large variations in the amount of time graduates had spent with their supervisors, a finding that parallels previous research (Aldridge et al., 1997; Andersen et al., 1996; Andersen et al., 1994; Petitpas et al., 1994). One graduate mentioned, “I was in a placement with no one really checking what I was doing or how I was doing it, or whether I was being effective or not being effective.” The graduate went on to say “[I was] not learning what I knew I could be learning if I had a supervisor.” In addition, her clients may have received limited, and possibly substandard, services because she was not receiving supervisory assistance. The current study provides evidence that some graduates believed they were poorly supervised, but does not indicate how many trainees have received suboptimal supervision. As mentioned above, supervision was not a regular component of ASE psychology training in the mid 1990s. Investigations of the current status of supervision in the discipline, such as the recent Watson et al. (2004) survey, may provide indications of how much ASE psychology training has developed since the mid 1990s.

Several graduates reported that their generalist psychology supervisors had been more helpful than their ASE psychology counterparts, as indicated in the following quote: “I don’t think their clinical skills [ASE psychology supervisors’ counselling skills] were up to scratch, and when my other clinical supervisor, when you compare the two, the things they [the clinical supervisor] picked up on were much greater.” Another graduate said “For the two sport psych ones [placements] . . . I didn’t have a supervisor in the field . . . but with the two general ones [placements], the two supervisors were just really great.” Generalist psychology supervisors were perhaps more insightful because they were typically highly experienced practicing psychologists compared to ASE psychology supervisors. Typically, generalist supervisors worked in the organisations where the students were placed and were interacting with clients on a daily basis. Such individuals may have understood the types of issues clients were dealing with firsthand. In contrast, most ASE psychology supervisors were primarily academics. The ASE psychology supervisors may not have been regularly delivering ASE psychology services, fully conversant with the issues with which their students were dealing, or available to provide regular feedback.

During the participant review process, one graduate indicated that his ASE psychology supervisor had helped him learn about service delivery more than his generalist placement counterpart. The ASE psychology supervisor had ensured the graduate interacted with athletes, and provided critical feedback afterwards. The supervisor also gave the graduate “homework assignments” on issues such as ethics, payment, and marketing that were then discussed in later supervision sessions. In contrast, the graduate’s generalist supervisor did not usually let him interact with clients and largely had him undertaking menial administrative tasks. The graduate’s

experience parallels research indicating practicum satisfaction is predicted by skill learning and supervisor feedback (Carless et al., 2003).

*Role-plays.* In addition to fieldwork, role-plays were another way graduates practiced service delivery. One graduate commented: “The biggest thing about the course [referring to coursework] . . . without a doubt it was the role-plays.” Benefits included: (a) getting “feedback from the class and the teacher;” (b) learning how to “take theoretical things and put them in lay person terms;” (c) “learning [the] technical along with the applied” dimensions of service delivery; (d) learning how to “write case notes;” (e) the opportunity to “shape my own counselling style;” and (f) practice at handling specific situations, such as “being a psychologist who had to say to that client that they couldn’t work with them anymore.” Generally, participants thought that students’ ASE psychology “skills were refined quite a bit” during role-plays.

According to one staff member, role-plays “carry so much more weight than normal lectures; you can say things in a lecture, but when you’re faced with a role-play . . . they [students] learn better if they discover it for themselves, rather than just being told.” The comparison made in the quote seems strange because role-plays and lectures have different but complementary purposes. Certain forms of service delivery knowledge are better learned from lectures, such as the criteria for the diagnosis of psychological disorders. Role-plays provide opportunities for students to integrate and apply their knowledge, and both teaching methods help students learn service delivery competencies.

Role-plays simulate service delivery; by definition they do not involve real client-consultant interactions. It was interesting when graduates suggested “the role-

plays helped us because they were real.” One academic expanded on the “realness” of role-plays when stating that:

Even if your role-playing something, you start putting yourself into it . . . the stories you start to tell in that role-play are also stories that have meaning and resonance for you, and so you are not just being an actor . . . you use role-plays to develop skills; you also use role-plays to self-explore.

The perceived realness of role-plays may be likened to Stanislavsky’s (1973) method acting technique. In method acting, performers draw on their experiences, memories, and emotions to think, feel, and behave as their characters might in the contrived situations portrayed on stage. Similarly, during role-plays, ASE psychology students draw on their experiences, memories, and emotions as they perform in contrived consulting situations, and thereby increase their self-awareness while practicing their consulting skills. In both role-plays and method acting, conscious and unconscious processes operate. In both situations, individuals are drawing on conscious memories to guide their behaviour. As students become engaged in role-plays, their unconscious fears, hopes, beliefs, and dreams may begin to emerge. Similarly, as actors adopt their roles, suitable behaviours, emotions, and thoughts may unconsciously emerge. The participant in the above quote suggests that students are not actors because they are being themselves in role-plays, highlighting a major difference between role-plays and method acting. Students are trying to be themselves whereas actors are trying to be different individuals, but similar conscious and unconscious processes may operate.

Although the perceived realness of role-plays had benefits, many graduates were uncomfortable because of the thought that “I’m going to be judged by my peers as a professional.” As a striking example, the following quote illustrates how

threatened some graduates had been about role plays: “You had to kind of get up and do role-plays in front of the whole class, and that terrified me.” Student psychologists frequently experience low self-confidence, bewilderment, and insecurity because they are learning about the complexities involved with client interactions, and they have unclear understandings about how to deliver services (Skovholt & Rønnestad, 1992). One of neophyte practitioners’ preferred learning methods is expert modelling (Skovholt & Rønnestad). The graduates in my study, however, did not have models early in their training to copy because they typically had not seen experienced ASE psychologists in action. It is hardly surprising that some students were apprehensive of role-plays. In recent years, videos of experienced ASE psychologists interacting with athletes have been produced that may help trainee consultants develop behavioural maps of how to operate (e.g., Brewer, Van Raalte, & Petitpas, 2000). Showing students videos of practitioners in action before they undertake role-plays may help to reduce some of their insecurities by allowing them to develop an idea of how to behave as ASE psychologists.

Teaching staff acknowledged the need to create safe environments for role-plays because “if it’s not a safe environment, then it’s going to be a harrowing experience for everyone, and it’s lost; it’s wasted [as a learning opportunity].” Part of developing a safe environment was helping students avoid thinking in moral absolutes, as suggested in the following quote: “I try to instil in students that right and wrong just keep us locked up . . . fascination unlocks us, especially when you fuck up totally in front of the class, it’s fascinating, we are all going to learn from it.” The speaker may have used the phrase “fuck up totally” to emphasise how badly students might feel when they believe they have made mistakes in role plays. Given the complexity of ASE psychology service delivery, labelling most consultant

behaviours as right or wrong seems absolutist, naïve, and counterproductive to student learning. Instead, most consultants' actions may be more, or less, helpful for clients.

*Research and Theory Were Valuable When Applicable to Clients*

Staff and some graduates identified benefits from studying theory and reviewing research. Reviewing research and theory (a) gave students frameworks from which they operated as consultants, (b) helped them understand their clients, (c) assisted in the selection of suitable interventions, and (d) derive confidence in their actions. Other ASE psychologists have written about similar benefits of studying theory and critiquing research (Hill, 2001; Taylor, 1991). In discussing the value of theory and research one graduate said:

I think you need to [understand theory] because I mean without that, what are we? We're just another person having an input into what's going on, [but] what we do bring is that we have an understanding of psychological theory, and because of that we should have some understanding of how people might react, what people are doing.

Often, ASE psychologists have to demonstrate how they can assist sports participants. Having insights into human behaviour that guide psychological interventions can form part of consultants' reasons for their involvement with athletes.

Some graduates did not value learning research and theory if the knowledge did not seem readily applicable to clients. One graduate said "we did a lot of research subjects in sport psych and presented a lot of articles, and I don't know how much that's really helped me personally [to become a practitioner]." Another participant said "people that pay me want to see how they can take it [theory] home and use it



today.” The individual’s perspective appears similar to findings from counselling psychology research (Skovholt & Rønnestad, 1992). Skovholt and Rønnestad suggested that when trainees are exposed to conceptual ideas or research findings they apply them to their clients,’ friends,’ families,’ or their own lives. If the ideas or findings make sense in the application to people’s lives, then students become committed to them. The above participant thought theory was useful if it could be applied to his clients’ situations. The focus on immediate benefits could reveal a short-term focus, yet the application of theory may take time to yield positive results. Seeing positive results early in psychotherapy, however, is often a stimulus for keeping clients working over the long-term (Beck & Weishaar, 2000). The quote also highlights that service delivery for this graduate was evaluated primarily by client feedback, a characteristic common among neophyte therapists (Skovholt & Rønnestad).

In reference to applicability, graduates highlighted two shortcomings in the current ASE psychology literature. The following quote reveals that one participant thought a lot of research had been unsuitable for athletes he had consulted with in his placement:

If you look at a lot of the research that’s done . . . in North American big universities or schools . . . that’s where a lot of the data and the theory and the research is coming from, and what I realised a lot of the time was that at my placement if [I was] working with someone who’s the world champion, I quickly realised that, fuck, with regards to that research I think I’m dealing with an outlier here.

The second shortcoming was captured in the following quote: “I think a lot of it is too textbook, I think it is not applicable to real life.” The graduates’ criticisms of the

literature may partially reflect their level of development. Inexperienced ASE psychologists may be unable to apply theory and research unless explicit and precise implications are detailed. Not all graduates had extremely negative views of theory and research. A more appreciative view of theory and research was expressed by a graduate who said that practitioners benefited from the “skill of drawing out the drops of gold or the important parts or whatever, that are in all of the research and theory.” The graduate’s perspective complemented the academics’ views that students benefit from learning to analyse theory and research critically.

Attitudes towards the relevance of psychological research and theory for service delivery were well illustrated when participants discussed the thesis components of the masters degree programmes. Both graduates and staff suggested that students were keener to work with clients than to undertake research, as indicated by one graduate: “I’ll be honest, at that time I couldn’t have cared less about my thesis . . . I had a love-hate relationship with it you know, and I just wanted to get out there and practice.” Although graduates were generally more interested in working with clients, they did identify several service delivery-related lessons they learned from completing their theses. Lessons included: (a) becoming knowledgeable about a particular topic, an intervention, or a specific population; (b) developing self-organisation and project management skills; and (c) enhancing written and oral communication capabilities. Some graduates also believed they had obtained employment because of their theses’ topics. Faculty added to this list, suggesting that completing theses allowed students to develop the abilities to problem solve and evaluate ASE psychology literature.

*Social Interactions Contributed to Service Delivery Competence*

Staff and graduates perceived that the interactions students had with their classmates assisted their learning of service delivery competencies, both in and out of the classroom. Based on their therapist development research, Skovholt and Rønnestad (1992) wrote that students' classmates "are not just anyone – they are very credible because they have been accepted for graduate study and are preparing for professional therapy/counselling work" (p. 25). Paralleling Skovholt and Rønnestad's findings, graduates listed many benefits of students' interactions with each other. Those benefits that appeared to assist their development of service delivery competence included (a) sharing information ("we would all just swap, swap information"), (b) "[discussing] things from different perspectives" and "[throwing] ideas around," (c) being models for observational learning ("seeing how other people do things"), and (d) challenging each other ("you couldn't just sit back and not think about what you were doing and why you were doing it because somebody would . . . inevitably challenge you on it"). In addition to mentioning the same benefits that graduates had identified, teaching staff discussed how shared learning among classmates complemented what they could offer, as explained: "Every student that enters our programme comes in with experience and knowledge, and so you know, the supervisors, professors, what have you, are not the only ones with knowledge and experience." There may also be occasions when academics learn from their students (Skovholt & Rønnestad, 1992).

In addition to scheduled classes and placements, reciprocal learning among classmates also occurred during informal situations, such as in cafés or at barbeques. One staff member argued that these informal learning experiences were powerful because:

They get people using their skills, interpersonal and communication skills in different settings, settings I think that are much more like the collegial work they'll do beyond [their studies], and much more like the applied sport psychology work they'll do under a tree or at a café.

Applied sport and exercise psychology work is often unscheduled, such as five minutes in a hotel lobby or on a bus travelling to a sporting event (Andersen et al., 2001; McCann, 2000; Simons & Andersen, 1995). In ASE psychology, practitioners often operate in settings that have looser boundaries than counselling and clinical psychologists (Andersen et al., 2001). Unplanned ASE psychology work may have similarities with many informal social interactions. It seems reasonable that neophyte ASE psychologists may develop their communication skills during the informal social interactions that occur at cafés or sporting events.

Graduates and staff considered relationships between students and teachers important in the ASE psychology training process. One male graduate described his course as “a transformational learning experience,” because “it was the first time I felt like I was being treated as almost an equal rather than a teacher-student relationship . . . and that gives you a little bit of confidence [personally and professionally].” By treating him “as almost an equal,” the graduate perceived that staff were suggesting that he could become a competent practitioner. Like many graduates in the current sample, as a student this individual experienced anxiety regarding his service delivery skills, and the way staff treated him helped him counter his self-doubts and believe he could be an effective consultant.

Some participants also discussed how student-teacher relationships evolved over time. One academic staff member said:

In terms of what the student gets out of supervision, I think it varies throughout the process of their degree. At the beginning I think that its information and security, and the idea that I'm not on my own, and that if I'm going to do really the wrong thing that some one will say something. . . . As things go on, its more trialling ideas and discussing them and experiences rather than more direct guidance.

Findings from the counselling psychology literature parallel the above theme.

Initially neophyte therapists benefit from explicit guidance from their teachers and supervisors. With experience, however, trainees benefit more from being questioned and challenged rather than direct instruction (Skovholt & Rønnestad, 1992; Stoltenberg et al., 1998). As therapists mature, professional elders might become colleagues rather than mentors and may seek advice from their students, as illustrated by one graduate who now meets regularly with a former teacher and thought that "its good to actually see now [the lecturer] thinks he can learn something off me, which is, which is wonderful." The former teacher is communicating a trust and belief in the graduate's knowledge and competence. Such positive reinforcement is likely to enhance the graduate's consulting self-efficacy.

An obstacle to effective learning and positive relationships between teachers and students identified by both staff and graduates was faculty workload, as indicated in the following: "I think they [staff] were too busy doing research proposals and research grants. . . and they need to get those sort of things done to get titles." There is the expectation in universities that ASE psychology academics undertake research, and promotion is partly influenced by the obtainment of grants and the number of publications produced. It is argued that effective lecturers need to be active researchers, but there is little evidence to support such a claim (Brew & Boud, 1995).

A considerable portion of the contact graduates had with ASE psychology academic staff involved placement supervision. There is evidence that trainee counsellors' perceptions of supervisory working alliances are correlated with their clients' opinions of therapeutic working alliances (Patton & Kivlighan, 1997). Possibly, supervisee-supervisor relationships are models from which neophyte psychologists learn to interact with clients. Trainee ASE psychologists' working alliance-building skills may be hindered if their supervisors are unable to develop positive supervisory relationships.

A minority of graduates believed that some general psychology lecturers (those not specialising in sport and exercise) had trivialized them, as suggested in the following quote:

I felt there was this underlying hatred towards sport psychology . . . I felt as though a lot of the other lecturers . . . thought that we weren't real psychs, like they weren't totally there to give us the complete experience. I think that they had the impression that all we did was run around the field all day with like tracksuit pants on and sneakers, and we don't do much. That really hurt.

When discussing ASE psychology staff, another graduate said "I wouldn't suggest that anyone come and do the masters course here, which is pretty bad you know, I mean that's being serious." According to this person, some ASE psychology staff had: (a) been unresponsive to requests made by students regarding course content and delivery style; (b) not treated everybody equally, with some people receiving more attention than others; (c) frequently missed scheduled appointments, often without explanation; (d) violated confidentiality; and (e) denigrated some students in front of classmates without talking to the individuals concerned. Understandably, individuals would feel hurt if they thought others considered them pseudo

psychologists or were not treating them with respect. If the above trainees' perceptions were accurate, then their learning may have been compromised.

*Specific Events Outside of Training Influenced Learning*

Specific events outside of training prior to, and during, enrolment were perceived to influence service delivery competence, a theme paralleled in trainee therapist research (Furr & Carroll, 2003; Orlinsky et al., 2001; Skovholt & Rønnestad, 1992). Sports participation was one activity graduates and staff thought helped them understand ASE psychology principles, and other practitioners have made similar observations (Brown, Gould, & Foster, 2005). When responding to a question about activities that helped him learn about service delivery, one graduate said "I also thought that the sport I played for most of my life also has a lot of that, those mental skills involved." Sporting experience seemed to be a source of confidence for this graduate. When graduates first started their placements, often they doubted their abilities to help clients. In a play on the title of Egan's (2002) book, one participant described himself as "the unskilled helper." Having played sport may have helped graduates empathize with athletes because they had dealt with similar issues personally. Prior sporting participation, however, doesn't ensure trainees will be helpful ASE psychologists.

Interpersonal interaction was a key feature to positive outcomes in the examples of helpful events outside of training that participants mentioned. Examples included: (a) previous and current employment in managerial, sales, or supervisory positions; (b) travelling overseas and communicating with people who spoke another language; and (c) being a psychotherapy client. In these examples, communicating well with others was central to positive outcomes, whether they be motivating employees, adapting to life in a foreign country, or self-exploration. When asked

what he had learned from his previous managerial employment, one graduate said: “I guess communicating and linking with people, and I guess those abilities to kind of discuss things broadly and get into the mind of the person you work with, and find out what they really want.” Although it is unsurprising that interpersonal communication skills are features of competent ASE psychologists (Anderson, Miles, et al., 2004), the above examples illustrate that therapists learn a good deal about interacting with clients from situations outside of service delivery (Skovholt & Rønnestad, 1992).

Previous employment in managerial or sales positions also helped graduates develop service delivery competencies other than relationship skills. One graduate mentioned that he had learned “things like financial management, budgeting, those sort of core business skills, which I think are important if you are running your own practice,” from his previous experience in a managerial position. Morris (1995) suggested that the number of practitioners offering services in private practice settings could increase as the scope of ASE psychology services became better known and accepted in society. Business management skills are helpful because consultants need to find, and keep, paying clients, manage money, and stay inside the confines of business law. Although private practice is one avenue of employment, there is limited ASE psychology specific literature to guide recent graduates in building their own businesses (e.g., Hays & Smith, 2002; Lesyk, 1998). Neophyte consultants may have to draw on mainstream psychology literature such as Kasperczyk and Francis’ (2002) *Private Practice Psychology: The New Australian Manual*.



### Experiential Learning Theory (Kolb, 1984)

The major findings in the current study indicate that participants thought experiential learning activities, social interactions, and specific events outside of training influenced the development of their service delivery competence. Although theory and research were also perceived to be helpful, graduates did not value them as much as client interactions. Experiential learning theory (ELT) provides a conceptual framework that helps integrate the findings of the present study (Kolb, 1984). Kolb defined learning as “the process whereby knowledge is created through the transformation of experience” (p. 41). According to Kolb’s definition, neophyte ASE psychologists learn about and develop service delivery competence as they gain, and then transform, relevant experiences. By transformation, Kolb referred to changing the way experiences are internally represented. The basis of ELT is a four-stage cycle, with the first stage labelled *concrete experience*. In Stage 1, individuals have an experience with some aspect of reality; for example, ASE psychology students have interactions with athletes or participate in role-plays. In Stage 2, *reflective observation*, learners review what occurred during their experiences. For example, ASE psychology students have reflective discussions with peers or supervisors about their concrete experiences. In Stage 3, *abstract conceptualisation*, guiding principles for future practice are formulated. For example, ASE psychology students develop guidelines for establishing rapport with clients. In Stage 4, *active experimentation*, the guiding principles are tested in novel situations that provide learners with new concrete experiences. For example, ASE psychology students use their rapport building guidelines with new athletes. Experiential learning theory has served as the foundation for over 1000 studies, and it is widely accepted as useful for

educational development (Friedman, Watts, Croston, & Durkin, 2002; Kolb, Boyatzis, & Mainemelis, 2001).

By combining the stages, Kolb (1984) developed four learning styles that characterise individual differences in information processing. The first style is termed *divergence* and refers to those people who favour concrete experiences followed by reflective observations. The second style is labelled *assimilation* and describes learners who emphasise reflective observation and the generation of abstract concepts. The third style is *convergence* and refers to people who are proficient at abstract conceptualising and active experimentation. The fourth style is *accommodation* and describes learners who focus on active experimentation and gaining concrete experiences.

People who major in mainstream psychology or work in the helping professions are often divergent learners (Kolb et al., 2001). The major themes in the current study have parallels with descriptions of divergent learners. Client interactions and role-plays were highly valued by participants and are examples of concrete experiences. Self-reflection, with classmates or in supervision, is similar to the reflective observation stage. In addition, divergent learners favour working with others, generating and exchanging new ideas, receiving personalised feedback, and considering concrete experiences from a number of perspectives. Participants in the current study discussed how social interaction, exploring events from several perspectives, and receiving feedback from others (e.g., classmates, supervisors) assisted their development as consultants. Students enrolled in APS accredited postgraduate ASE psychology training programmes, like psychologists generally, are likely to be divergent learners. Learning styles, however, were not assessed in the current study. Research, in which the learning styles of trainee ASE psychologists

are measured specifically, might provide a useful basis or adjunct for applying ELT to the training of consultants.

Experiential learning theory provides a framework to integrate the major findings of the present study. Researchers, however, could evaluate formally whether the model might apply to ASE psychologist training. For example, as mentioned above, the learning styles of ASE psychology students could be assessed. Also, the perceptions of ASE psychology students experiencing instruction designed to match their dominant learning styles could be explored. Experiential learning theory may provide a theoretical basis to guide ASE psychology education, and researchers might uncover insights that help optimise beginning consultants' education.

During data analysis, I considered Andrews' (2001) approach to psychologist training as an alternative way to integrate the findings in the current study. Based on his observation that psychotherapy was an interpersonal process, Andrews recommended that trainee psychologists develop interpersonal skills, practice difficult client situations, and receive exposure to various therapeutic systems. Although Andrews' approach had merit, I considered that ELT allowed me to include participants' discussions about research, theory, and specific events outside of training for a more complete integration of the findings.

The similarities between the current findings and existing research provide evidence for the credibility of the major themes. A number of researchers have obtained similar findings with students, recent graduates, and practitioners (Aldridge et al., 1997; Andersen et al., 1997; Furr & Carroll, 2003; Orlinsky et al., 2001; Skovholt & Rønnestad, 1992; Williams & Scherzer, 2003). The current study has extended the literature on ASE psychology training in two ways. First, the semi-structured interviews allowed issues associated with the previous findings to be

explored more in-depth. For example, participants detailed specifically why supervised placements had been beneficial. Second, participants related stories of learning experiences not addressed in previous research. Specifically, participants discussed the value of interpersonal interactions among classmates and teaching staff, specific events outside of training, and the place of theory and research in their education. The findings in the current study were similar to those from counselling psychology research (Furr & Carroll; Orlinsky et al.; Rønnestad & Skovholt, 2003). The similarities provide evidence that counselling psychology literature offers insights relevant for ASE psychology practitioner development. Perhaps the similarities also indicate that ASE and other mainstream psychology practitioners benefit from developing similar skill sets.

Although the major themes extend the findings from previous research, they have to be considered within the current study's limitations. Participants might not have been completely honest or gave the answers they thought I wanted (demand characteristics). Although it was difficult to determine if interviewees were being truthful, I attempted to establish trusting relationships with participants. I informed them about the study's purpose, risks, and safeguards. I also discussed the ethical guidelines governing participants' involvement, such as their right to confidentiality, refrain from answering questions, and stop their interview at any time. As another consideration, interviewees' responses might have been influenced by their abilities to recall their experiences accurately. One reason for offering participants the opportunity to review the interview guide was to help trigger their memories of service delivery competence development. In reviewing the interview guide, however, participants may have predetermined the information they would share with me, and their answers might have been less spontaneous than if they had not

reviewed the interview guide. The use of snowball sampling to obtain graduates' names is another issue to be considered. The academics possibly could have directed me towards their most capable graduates. Different results may have been obtained from graduates who were selected via other sampling strategies.

Consideration also needs to be given to the use of both face-to-face and telephone interviews in the current study. In using the telephone, I missed visual and nonverbal cues that aid the interview process (Sturges & Hanrahan, 2004). As a consequence, my understanding of participants' responses may have been reduced. I did not, however, identify any differences in the data collected across the two interview modes. In a recent study, researchers concluded that interview mode (telephone versus face-to-face) did not influence the quantity, quality, or depth of data collected during qualitative interviews (Sturges & Hanrahan). Sturges and Hanrahan also found that participants who chose the telephone interviews did so because of convenience and privacy. The response rate for Sturges and Hanrahan's study improved once they offered participants a choice between telephone and face-to-face interviews. Perhaps in the present study, offering participants a convenient interview mode outweighed the loss of visual and nonverbal information.

The findings in the present study offer educators and students grist for the reflective mill. After reviewing an earlier draft of the current chapter, one academic participant said, "readers of this [report] might well reflect on their teaching and improve them [their teaching]." Lecturers might, for example, consider how they structure role-plays to ensure safe environments for students, how well they draw on trainees' existing knowledge and experiences, and how their own attitudes towards theory might influence the opinions of those they teach. Educators might also consider ways that Kolb's (1984) ELT might assist them when designing and

running courses. Reflection on teaching practices may eventuate in higher quality education for students. In addition, ASE psychology students could use the results of this study for self-exploration. For example, trainee ASE psychology consultants might consider the ways they interact with their classmates, and the service delivery-related knowledge they bring to their courses. Students might also be relieved to learn that many individuals experience uncertainties and anxieties during role-plays and fieldwork.

There are several avenues of inquiry that researchers could pursue beyond those already mentioned. Researchers could engage in cross-cultural investigations by interviewing graduates and faculty members in other countries about their perceptions of training. Longitudinal studies could be undertaken with students' and their teachers' perceptions of training being directly compared. The perspectives of other stakeholders such as professional ASE psychology organisations could be examined. Increasingly in Australia, universities focus on quality assurance and rely on substantial government funding. It might be useful to consider the political influences on ASE psychology education. Another possible research direction is to observe actual behaviour in classrooms, role-plays, or placements to capture what is occurring during the process of instruction. Evaluating the efficacy of training is also important; for example, investigators could examine client satisfaction and behavioural changes associated with graduates of APS accredited ASE psychology coursework masters compared with those who complete the two-years of supervised work experience. In pursuing these research directions, investigators could draw on education literature to guide their endeavours, but ASE psychology specific investigations might provide insights that are more easily used by those in the discipline. In the context of this PhD, the focus of Study 1 was the factors perceived

to influence service delivery practice in neophyte practitioners. It seemed that related investigations could involve the examination of trainees' service delivery practices as they interacted with athletes, and the two studies that examined such issues are reported in the following two chapters.

## CHAPTER 5

## STUDY 2

Throughout the history of psychotherapy, both practitioners and researchers have considered collaboration between the therapist and the client as a central component of therapy. Themes about collaboration, for example, can be identified in Freud's (1912/1958a, 1913/1958b, 1938/1964) writings. In recent years, therapeutic collaboration has been conceptualised as a working alliance (also called the therapeutic alliance, helping alliance, or alliance). Since Greenson (1967) first coined the term, the working alliance has been defined in various ways. Recently, after reviewing the various working alliance definitions, Horvath and Bedi (2002) argued that the construct "refers to the quality and strength of the collaborative relationship between client and therapist in therapy" (p. 41). Over 2000 studies have been published since the late 1970s in which the working alliance has been examined (Horvath & Bedi). A number of writers have suggested that the working alliance is the central component in therapy. Recently, for example, Constantino, Castonguay, and Schut (2002) concluded that the working alliance was the "integrative variable 'par excellence'" (p. 82) in psychotherapy, and was "the 'figure de proue' or ultimate exemplar of a scientific-practitioner approach to the advancement of psychotherapy" (p. 123). Some professionals do not consider the working alliance the most critical component in psychotherapy, but few suggest it has no place in service delivery.

The working alliance construct has only recently been discussed, albeit limited, in the ASE psychology literature. Petitpas et al. (1999), for example, described the working alliance, along with transference, countertransference, and facilitative conditions, in discussing ASE psychologist-athlete relationships in service delivery. In his edited text, *Doing Sport Psychology*, Andersen (2000b)



argued that working alliances and consultants' personalities contribute to why ASE psychology interventions help athletes. Tod and Andersen (2005) briefly described Bordin's (1994) working alliance theory in their chapter on the characteristics of effective ASE psychologists. Research in which coaches, athletes, and consultants report that relationship-building skills are characteristics of effective ASE psychologists complements the argument that working alliances contribute to the quality of service delivery (Petitpas et al.).

The working alliance in ASE psychology service delivery has not been explored extensively. The general trends emerging from psychotherapy research, where working alliances have been examined for decades, might apply to ASE psychology. For example, the finding that the working alliance predicts psychotherapy outcomes might be relevant to ASE psychology. Practitioners in ASE psychology, however, often deliver services in unusual places (e.g., sporting arenas) and at atypical times (e.g., during sporting events), compared with the more traditional practice boundaries in psychotherapy (Andersen et al., 2001). In addition, practitioners work with a specific client group (athletes). These factors (time and place of service delivery, athlete population) may influence the ways consultants establish and maintain working alliances with athletes. Researchers examining the working alliance in ASE psychology might contribute useful knowledge to inform best practice. The specific aim of the current study was to investigate the intricacies of how athletes and neophyte consultants experience their working relationships. The focus on neophyte practitioner service delivery was a common thread to Studies 1 and 2 in this PhD. The focus in Study 1 was the factors that influence the development of service delivery competence in beginning practitioners. The focus in Study 2 was the intricacies of trainee practitioner service delivery practice, with a

specific emphasis on the working alliances they develop. Bordin's (1994) working alliance theory was the guiding framework for this study. As detailed in Chapter 2, Bordin postulated that the working alliance consists of therapists' and clients' mutual collaborations over the goals and tasks of therapy, and their interpersonal bonds. Compared with other frameworks, Bordin's theory is well developed and underpinned by research findings (see Horvath & Bedi, 2002; Martin et al., 2000).

Applied sport and exercise psychology practitioners may benefit from examinations into the ways that athletes and consultants experience working alliances. Such investigations might yield insights with which other practitioners can compare their own client interactions. Also further, outcomes of such professional self-examination could be changes in how consultants relate to and develop relationships with clients. Improved client-practitioner interactions might also result in greater athlete satisfaction. Educators and supervisors in ASE psychology might use the results from the current study to inform the training of neophyte consultants. Qualitative case examples, generated from studies such as the current one, provide realistic material that educators can deconstruct with trainees. Supervisors might also forewarn inexperienced consultants about issues that likely influence practitioner-athlete collaboration. Neophyte consultants might also learn much from considering the athletes' perspectives of the working alliance. In addition, the results from this qualitative study may stimulate others to examine the working alliance in ASE psychology. By examining the working alliance experiences of ASE psychologists and their clients, researchers may eventually be able to provide practitioners with discipline-specific insights that are instructive in building effective collaborative relationships.

## Method

### *Participants*

The trainee consultants (4 females, 3 males, ranging in ages from 22 to 32 years) were students enrolled in either the Master of Applied Psychology or the Professional Doctorate degrees offered at VU, specialising in ASE psychology. Although trainee practitioners' counselling backgrounds varied, they had each completed at least the first four years of psychology training prescribed by the APS. Two individuals had several years counselling experience. The remaining five individuals had started counselling clients the same year that data were collected for the current study. The student consultants' cultural backgrounds have not been listed to help ensure their confidentiality.

The athletes (4 males, 3 females, ranging in ages from 19 to 29 years) were enrolled in undergraduate degrees offered at VU, majoring in either human movement or psychology. Again, the athletes' cultural backgrounds have not been described to help ensure their confidentiality. The primary sports athletes played included basketball, cricket, netball, tennis, track and field, and wakeboarding, and their participation ranged from club to national level competitions. To be eligible for inclusion, athletes had to be regularly participating in competitive sports, and have personal or sporting issues they wished to discuss. Identifiable issues helped ensure that athletes had reasons to meet with consultants, and this criterion was modelled on psychotherapy research (e.g., Williams et al., 1997).

### *Procedure*

*Recruitment.* After the VU Human Research Ethics Committee approved the study, I contacted the trainee ASE psychologists, and explained the study's purpose, risks, and safeguards before inviting them to participate. Individuals were given

information for participants sheets and provided written informed consent (Appendix C). Of the eight individuals approached, one declined to participate for personal reasons. Patton's (2002) homogenous sampling strategy was used because I chose trainee practitioners who had similar backgrounds in postgraduate training. The eight trainees represented the entire intake for VU's ASE psychology programme for that year. Patton's convenience sampling strategy was also employed because both the student practitioners and I were enrolled in the same university.

To identify potential athletes, I explained the study's purpose, risks, and safeguards to students enrolled in undergraduate ASE psychology classes. I asked them to complete pro-formas privately and indicate if they were interested in learning more about the study. Of the nine individuals who indicated an interest in learning more about the study, four were available to meet with consultants. Demographic information was collected including age and sports played. These student athletes were also asked about the issues they wished to discuss with the trainee ASE psychologists. The issues covered areas such as anxiety management, returning to competition after injuries, concentration, motivation, and relationship difficulties. The remaining three student athletes (also completing undergraduate degrees at VU) learned about the study via informal social networks, and were invited to participate after they expressed interest in the study. The seven athletes were given information for participants sheets and provided written informed consent before participating in the study (Appendix C). Patton's (2002) convenience sampling strategy was used to identify athletes and the athlete sample size equalled the number of trainee consultants.

*The trainee practitioner-athlete consultations.* Each student athlete met with a trainee ASE psychologist on three occasions, at times and locations of mutual

convenience. Participants chose to space the consultations at least seven days apart, and the dyads took between three and six weeks to complete the planned sessions. In six dyads, participants had not previously met the other individuals with whom they interacted during this study. In one dyad, the student consultant had taught a subject in which the athlete had been enrolled for two weeks before withdrawing. I was unaware of the previous association until after the third consultation. Just prior to the first consultation, I reminded participants of the study's purpose, risks, and safeguards, and gave them further copies of the information for participants sheets. I videotaped the first and third consultations to allow the thought listing exercise described in the next chapter to occur. I switched on the video camera and left the interview room before the consultations started. Participants stopped the video camera after they had finished. The recorded consultations lasted 25 to 90 minutes. Times and locations for further athlete-practitioner consultations, and the research interviews described below, were then arranged.

### *Interviews*

I interviewed the 7 student consultants and 7 athletes individually after consultations 1 and 3 at the earliest possible opportunities. Of the 28 athlete and novice practitioner interviews, 24 were conducted within 24 hours of the consultations, two took place within 48 hours, and the remaining two occurred within 72 hours. Participants were not always available to be interviewed immediately after the consultations. At the start of each interview I gave participants opportunities to ask questions. We then watched the videotape of the previous consultation, completing the thought listing exercise described in the next chapter. Following the thought listing exercise, I talked with participants about the consultations by following the interview guide described below. At the completion of interviews

following the first consultations, I finalised the times and places of the following trainee ASE psychologist-athlete sessions. After the interviews following the third consultations, I debriefed individuals and gave them opportunities to ask questions.

The interview guide used in the current study was developed according to procedures detailed in Chapter 3 (page 67) and from relevant literature (Andersen, 2000b; Bachelor, 1995; Bordin, 1994; Petitpas et al., 1999). The initial interview guide consisted of 22 questions, and was reviewed by two ASE psychology academics. The 22 questions were reduced to 16, and I then practiced using the interview guide with two ASE psychologists. After reviewing the practice interviews, two questions were added, and the final guide is included in Appendix D.

#### *Interview Transcription, Data Analysis, and Research Credibility*

The procedures used for interview transcription, data analysis, and credibility were detailed on pages 67-76 in Chapter 3 of this dissertation.

### Results and Discussion

The findings are presented according to the major divisions of Bordin's (1994) working alliance theory. Although primarily I used Bordin's theory to interpret the data, I also drew on other models such as Skovholt and Rønnestad's (1992) therapist development framework. The client-athletes' views complemented those of the student ASE psychologists, and similar themes emerged for both groups during the two interviews. The themes presented include quotes from both samples, and I have indicated whether the speaker was an athlete or a trainee practitioner. I have used the female gender for references to individuals to help protect participants' identities.

### *General Working Alliance Experiences*

Athletes perceived that their consultants were both friendly and professional. One athlete, for example, thought that her consultant was “professional” because “she just addressed issues like I said, she was fairly direct and addressed them and sorted them out.” The athlete also found her consultant to be “smiling and nodding and just friendly.” That athletes perceived two dimensions to their relationships with the trainee ASE psychologists parallels current theory about working alliances. Recently, Horvath and Bedi (2002) discussed the cognitive and affective dimensions of working alliances. The cognitive aspects include goals, tasks, and collaboration, paralleling the professional dimension described by the current athletes. The affective dimension includes the interpersonal bond, and is similar to the friendly aspects athletes described.

Consultants also perceived the friendly and professional dimensions of the working alliances. One consultant said about the relationship in her dyad:

It was fairly friendly I think, fairly relaxed, the relationship. I guess I was fairly conscious of it being more of a therapeutic relationship, and I got a sense that maybe she [the athlete] wasn't as sort of clear of that boundary.

The consultant might be displaying a professional understanding of therapeutic relationships. She realised that although consulting relationships can be friendly, they exist primarily for the purposes of helping athletes. Potentially, when consultants become too close to their athletes they may risk developing dual relationships that stretch the boundaries between practitioner and friend. The APS' (2003) code of ethics stipulates that psychologists avoid dual relationships with clients, including being a close friend. Bordin's (1994) writings imply that the more positive the interpersonal bonds, the greater the likelihood of positive outcomes. Sometimes,

however, strong interpersonal bonds, such as those in close friendships, may interfere with positive therapeutic outcomes. In the above quote, the consultant was unsure if the athlete understood the differences between a therapeutic relationship and a friendship. Decisions about when ASE psychologists and athletes have become too close are subjective. Practitioners in ASE psychology often work in informal settings and avoiding dual relationships is not always possible or desirable. Practitioners, as part of sports teams, also serve in other roles to help teams operate smoothly (Andersen et al., 2001). The above quote might also illustrate that consultants are more aware than clients of the potential negative influences of dual relationships. After the third consultation, the athlete in this dyad had an unclear understanding of the practitioner's role. Perhaps if the student consultant had ensured the athlete understood the ASE psychologist role then concerns about a possible dual relationship may not have emerged.

In establishing working alliances practitioners can be friendly towards athletes without becoming too close to clients. The following example illustrates how being friendly may enhance working alliances. One athlete thought her consultant was friendly and said, "[consultant's name] was very, very easy to talk to, as soon as she walked in the room she was . . . relaxed, she didn't make you feel like there was any status difference . . . anything I said, she wasn't judgemental." The consultant's friendliness seemed to engender openness and trust from the client. The athlete was aware that ASE psychologists might draw on their qualifications and knowledge to create personal imbalances with clients. The athlete also thought the consultant had treated her with unconditional regard. With an atmosphere of equality and acceptance, athletes might feel safe sharing the types of personal information that



contribute to the realisation of positive outcomes. It is understandable that the athlete said, “I did get a lot out of the session.”

In the current study, athletes and student ASE psychologists appreciated the cognitive and emotional involvement of each other in their interactions, supporting the belief that collaboration is fundamental to working alliances (Horvath & Bedi, 2002). One athlete said of her consultant, “you could see it in her eyes that she was processing what I was saying.” The individual appreciated her consultant taking an active interest in her because “it makes you feel like you have got some worth.” The quotes illustrate that taking an interest in clients has therapeutic value, as argued by counselling psychologists (e.g., Egan, 2002). The trainee ASE psychologists also considered the athletes’ involvement as signs the working alliances were developing, as exemplified in the following quote: “her involvement in the actual process is a good indicator of whether the rapport is building.” Some of the better predictors of psychotherapeutic outcomes include client cooperativeness, collaboration, and contribution to the bond (Orlinsky et al., 2004). Neophyte consultants, however, tend to accept full responsibility for therapeutic consequences (Skovholt & Rønnestad, 1992), and some might feel incompetent when unable to connect with unresponsive clients.

#### *Participants’ Experiences Regarding Interpersonal Bonds*

Athletes and consultants generally expressed liking for each other, indicating that positive interpersonal bonds had formed. Participants used words such as “friendly,” “comfortable,” “easy going,” “relaxed,” “trustworthy,” and “respectful,” to describe each other and their relationships. Many participants’ words were the same as Bordin (1994) used when describing good interpersonal bonds. Interpersonal bonds will likely enhance working alliances and consultancy outcomes. With close

interpersonal bonds, athletes and ASE psychologists may want to spend time together, be themselves, and value each other's contributions. Athletes who like their ASE psychologists may be more open to trying consultants' interventions.

Participants believed that having similar sporting backgrounds contributed to the interpersonal bonds. One athlete thought that talking about similar sporting backgrounds helped the consultant and her connect because "she's not just trying to find out stuff about me and try to help me out with questions, it was just a normal conversation." Discussing similar sporting histories helped the consultant and client relate to each other, perhaps because the practitioner understood what it was like to be an athlete. Athletes might feel they are being treated as "subjects" if they perceive that consultants do not understand them or have an empathic connection. One student ASE psychologist said, "if you come from the same sporting background, that can be a real help because you can put yourself in the person's shoes," indicating her belief that a similar athletic background assisted her in empathising with the client. In addition, the trainee ASE psychologist also mentioned, "I know exactly how it feels there [to participate in that sport] and I know that if . . . nothing else, I can give her something really meaningful to go away with." Neophyte consultants are typically unsure about their competence in the helping process (Skovholt & Rønnestad, 2003), and similar sporting backgrounds might enhance their confidence in their knowledge and abilities to assist athletes. The phrase "I can give her something really meaningful to go away with" may imply the consultant perceived she was able to give the athlete special knowledge, a view held by many inexperienced therapists (Skovholt & Rønnestad, 1992). When Bordin (1994) argued that interpersonal bonds grew out of participating in shared activities, he was referring to psychotherapy and not to other common interests. Most times in ASE psychology, sport will be a

common interest among participants and may enhance interpersonal bonds. Similar sporting experiences, however, may also negatively influence working alliances. Practitioners may over-identify with clients, use athletes to work through their own sporting histories, and be perceived as uninterested in helping athletes if focussed on their own sporting endeavours. Having limited understanding of athletes' sports may help prevent ASE psychologists from adopting coaching roles (Anderson, Miles, et al., 2004). Also, athletes can become "experts" who teach consultants about their sports, and this might help to balance the distribution of power and enhance working alliances (Andersen, 2002; Anderson, Miles, et al.).

Both athletes and practitioners believed good listening was a consultant behaviour that contributed to the interpersonal bonds. One athlete said, "I suppose I respect her for just listening." Bordin (1994) did not explicitly address listening in his writings; instead, it was an implied practitioner attribute. Another athlete thought that she had a good interpersonal bond with her consultant because "I always get along with people who make themselves listen to me." The phrase "make themselves listen" may indicate the athlete's belief that other people are not interested in her stories. One possible benefit when ASE psychologists listen to clients is that athletes realise their stories are worthy of attention. Athletes often experience people who are interested in their sporting abilities rather than them as individuals. The phrase "make themselves listen" could also be interpreted as implying that listening is difficult. Egan (2002) suggested that counsellors benefit from having well-honed listening skills. The influence that poor listening might have on ASE psychology service delivery will be discussed more fully under the heading *Working Alliance Strains*.

Related to listening is how ASE psychologists process the information athletes divulge. One student practitioner said:

I pulled myself up a little bit in the interview once when I noticed I was being diagnostic. So I caught myself interviewing rather than conversing and chatting and like letting the story unfold. . . . I made a deliberate effort at that point to go back to conversing with her.

Being diagnostic for this consultant referred to making clinical judgements about the athlete and her issues. The student practitioner referred to deliberately directing the session according to her agenda, and demonstrated insight into how diagnostic thinking may change the dynamics of working alliances, such as moving sessions from being client to consultant driven. Allowing athletes to tell their stories, however, does not preclude ASE psychologists from making decisions about issues worthy of exploration. Effective listening involves a degree of evaluative thinking to help facilitate the counselling process. Trainee ASE psychologists probably find it challenging to let athletes tell their stories and interweave diagnoses into consultations.

Related to her tendency to make clinical judgements and direct sessions, the consultant also often coached the athlete. The practitioner said, "I kept getting drawn back to like coaching her rather than counselling her." By coaching, the consultant meant offering her opinions about the athletes' issues, rather than helping her client find her own solutions. When evaluating her tendency to offer opinions, the consultant said "I think, I think, so what, who cares what I think, this is her time." The consultant demonstrated significant insight into her own biases. The neophyte practitioner was aware that the athlete had a coach and probably would not benefit from an ASE psychologist confused about her role. The phrase "who cares what I

think, this is her time,” may indicate the student practitioner perceived that offering her opinions focussed the session on herself rather than the athlete.

### *Participants’ Perceptions Regarding Service Delivery Goals*

In the current sample, athletes’ reasons for meeting with the student ASE psychologists varied. One athlete, for instance, wanted to learn competitive anxiety management strategies, whereas another wanted to talk about returning to competition after an injury. Bordin (1994) used the term “change goals” to describe the objectives of psychotherapy, and these were similar to outcome goals as discussed by a number of ASE psychology professionals (e.g., Hardy et al., 1996; Tod & McGuigan, 2001). A predominant focus on change goals, however, may restrict the scope of consultations. Change goals may not fit with athletes’ motives for seeking ASE psychologists’ assistance. *Service delivery goal* is a broader term that includes more than the objective of changing behaviour and cognitions. Not every athlete in the current sample wanted to alter their behaviour or thinking. Some athletes wanted to discuss situations they were experiencing.

The beginning ASE psychologists often had personal goals related to their development as practitioners. Examples included: “be as natural as I possibly could,” “work on my own style,” and “hear as much as possible for what’s going on for her right now.” Setting goals may assist practitioners to develop as effective helping instruments, and is consistent with the finding that therapy is a cognitive process for trainees (Skovholt & Rønnestad, 1992). The goals of the current student ASE psychologists complemented the athletes’ motives for seeking assistance. Identifying personal consulting goals appears to reflect the student-practitioners’ motives for self-improvement and reveals self-awareness. Potentially, however, ASE psychologists may have aims that interfere with service delivery, such as using

athletes to attain wealth, fame, or other ego-related goals (Andersen, Van Raalte, & Brewer, 2000).

The negotiation of service delivery goals is an on-going process through which strong working alliances can be built. One athlete believed she had received benefits from meeting with her consultant, and when discussing why stated, “at each stage we would stop . . . go through what we wanted to aim at, what I’ve said, where we go to from there . . . and about the issues we should go for.” When consultants negotiate service delivery goals with clients they reinforce collaboration and respect, and this process, according to Bordin (1994), is one reason why working alliances have therapeutic power. Supporting Bordin’s claims, goal consensus and collaboration predict both client return after intake sessions and therapeutic outcomes (Tryon & Winograd, 2002).

Service delivery goals may not always be explicitly discussed. In the present sample, participants varied in their understandings of the service delivery objectives. The athlete quoted in the last paragraph had a clear understanding of the goals she and the consultant were striving towards. The athlete had met an ASE psychologist previously, whereas the other student-athletes had not consulted previously with ASE psychology practitioners. These participants were often unclear about what was involved in service delivery. One athlete said, “you could sort of tell that she was going to try and help you . . . she asked me about the issues I have been having, so you know she is going to try and help you overcome them.” The quote indicates that the athlete developed an understanding of the purposes of ASE psychology from participating in the process. Athletes enter relationships with ASE psychologists with a variety of preconceptions. Some athletes may have vague understandings, and in the absence of information from, or negotiation with, consultants, those perceptions

might remain unclear. In some dyads there were still no explicit service delivery goals by the end of the third sessions. One athlete said after the third consultation, “the second session she handed me out advice on how to deal with my anxiety . . . so I expected her to ask me about this, but she barely touched the subject.” The athlete began the third session with expectations that were never realised. The student ASE psychologist this athlete had worked with was also unclear on the service delivery goals. For the third session, the consultant had “two or three general dot points that I wanted to investigate.” Having three topics to discuss was anxiety provoking for this trainee ASE psychologist, as illustrated in the quote: “I didn’t really have an idea to be honest where we were going to go after that, and I spent most of the week going ‘oh shit, what else can we talk about?’” The consultant’s anxiety reflected her insecurities about her competence, along with a desire to direct athlete interactions. Instead of allowing the athlete to raise issues, the consultant thought she had to initiate discussion. Insecurities about competence and the desire to take responsibility for sessions are common experiences among many neophyte practitioners (Skovholt & Rønnestad, 1992).

According to Bordin (1994), effective therapists explicitly negotiate goals with patients. Some theorists believe that practitioners and clients may not have to negotiate explicit service delivery goals. According to Gelso and Hayes (1998), therapists and clients may not discuss goals explicitly, but instead, have a shared sense of mission. The following athlete quote illustrates the type of shared mission to which Gelso and Hayes were referring:

It [the goal] wasn’t really some sort of solid thing, like I’m going to teach you how to do handstands today. It was just kind of we will work on your handstand, but its not going to be finally, you do handstands for a minute.

The service delivery goal in this dyad identified an area the practitioner and athlete were focused on, but they had not negotiated a specific measurable target. One possible limitation of not explicitly negotiating service delivery goals is that athletes might not understand why consultants are pursuing certain topics. One athlete mentioned “some of the questions were . . . obviously not relevant . . . I felt that they were completely irrelevant, but obviously I still answered them, looking back on it, you can sort of see some connection.” When athletes are confused about the direction of sessions, they may become distracted.

Although a number of athletes were not clear on the service delivery goals, they reported finding the sessions helpful. Some of the benefits included “being listened to,” “learning new techniques,” and “getting a new perspective.” Also, the athletes generally were complimentary about the student ASE psychologists, did not discuss many negative experiences, and had few suggestions about how consultants could improve. From my own perspective, I thought the student ASE psychologists demonstrated many sound competencies, particularly in the area of interpersonal communication. Possibly, however, the athletes refrained from reporting some of their negative thoughts. Psychotherapy clients have a tendency to give positive rather than negative feedback (Safran, Muran, Samstag, & Stevens, 2002), and athlete-clients might be expected to behave in similar fashions. Clients are not always able or willing to disclose when they are unhappy or disagree with their counsellors (Safran et al.). Not voicing unhappiness is sometimes an act of deference. The reasons why clients might defer to their therapists include fear of criticising practitioners, desiring to meet consultants’ expectations, not wanting to threaten their counsellors’ self-esteem, and feeling indebted to their helpers (Rennie, 1994).



### *Participants' Perceptions Regarding Service Delivery Tasks*

After the first consultations, athletes varied in their understandings about strategies they and their consultants could use to achieve service delivery goals. One athlete who believed that clear service delivery goals and tasks had been negotiated stated, “[consultant’s name] was willing to use what I’ve done in the past in future sessions . . . she said we would use that for helping in the next two sessions.” Some ASE psychologists have suggested that effective consultants build on the strategies athletes have previously used to cope with their issues (e.g., Orlick, 1989). Another athlete said, “I do have some idea because I am doing the applied sport psych elective within my course, but if I hadn’t done that, then I probably wouldn’t really know what she might have for me.” Although service delivery tasks had not been clearly negotiated in this dyad, the athlete had drawn from previous experiences to predict what might happen in the second consultation. Generally, by the end of the third consultations athletes had lucid understandings of some strategies for resolving their issues.

Perhaps some athletes were unclear about service delivery tasks because some consultants felt unable to suggest suitable strategies. One trainee ASE psychologist, who admitted to experiencing self-doubt in her ability, said “I got my applied sport psych books out as a follow-up for the last two sessions . . . I knew what areas she was describing . . . I just did a bit of reading for my own confidence.” The consultant understood the athlete’s issues but was hesitant in suggesting possible strategies, and probably referred to her textbooks to help alleviate anxiety. This practitioner’s example reflects that neophyte psychologists may often want the comfort of knowing they are delivering the “right interventions” in the correct ways

and may otherwise experience doubts about their competence (Skovholt & Rønnestad, 1992).

One possible consequence of not negotiating clear goals and tasks is that athletes are unsure how they can benefit from service delivery. Bordin (1994) emphasised that success in psychotherapy was partly dependent on separating goals from tasks. Researchers have found that psychotherapy clients may confuse goals and tasks (Hatcher & Barends, 1996). Even though goals and tasks were not always explicitly negotiated in current dyads, the participants appeared to distinguish between them, as illustrated in the following athlete quote: “in the second session, she [the consultant] handed me out advice on how to deal with my anxiety, a reframing strategy.” The athlete identified the goal of anxiety management, and the task (reframing strategy) to achieve this goal. The current athletes had studied ASE psychology, and may have learned to separate goals from interventions. Athletes without prior exposure to ASE psychology may not always distinguish goals from interventions. From a psychological skills training perspective, Vealey (1988) argued it is necessary to separate skills (goals) from methods (tasks). According to Vealey, without distinguishing goals from interventions, consultants may use methods indiscriminately, regardless of athletes’ issues. Also, athletes might not receive full explanations for the interventions practitioners suggest.

One potential drawback of not identifying tasks clearly is that clients become confused about their responsibilities. After the first session one athlete said: “I’m still unsure, and it is partly my responsibility to ask questions like this, but I’m unsure of what my role is . . . am I suppose to go and act on these discussions or am I not?” The athlete may have reaped suboptimal benefits if unclear about what to do after the consultation.

### *Working Alliance Strains*

Researchers have found that strains regularly occur in counselling (Safran et al., 2002). From time to time, ASE psychologists have to deal with relationship strains with athletes. Although generally positive, the working alliances in the current study were not free from strain. The minor tensions that developed, however, did not prevent participants from working with each other. Examining the working alliance tensions from the current study may lead to insights into the dynamic processes of service delivery.

One sign of strained working alliances is athlete unresponsiveness. After the third consultation, one trainee practitioner discussed how she experienced frustration because her client was “fairly passive and its only when you make a strong connection that you get any real reaction at all . . . you don’t really know what’s going on there.” The following story, expressed by the consultant, may point to one possible reason why the athlete was passive:

I was finding myself doing something which worried me a little bit, and that was that [the athlete] said that she was a bit causal about her [sport], and I kept on, in my own mind I said, “no you have got to have goals for your [sport], what do you want to do with your [sport]?” And I kept on at it. . . . I thought to myself after a while “why are you doing that? Maybe she doesn’t have a goal, maybe she doesn’t want to be like you. . . . I kept on thinking to myself, “no you have got to have a goal, it’s not good enough,” . . . I’d go, “no you do have a goal, but you just won’t tell me.”

The student ASE psychologist realised that she was imposing her own values on the athlete, and not accepting the individual unconditionally. Positive regard, or unconditional acceptance, influences therapeutic outcomes (Farber & Lane, 2002).

Athletes, feeling unaccepted, most probably refrain from freely disclosing personal information and might be perceived as unresponsive. Athletes may also be unresponsive if they do not know how to answer ASE psychologists' questions. Continuing with the current example, the athlete said, "when you are able to talk about things its easier [the consultation is easier]." The athlete found consultations difficult when she didn't "know what you want to talk about, you can't say it properly, or you might not be able to think of that time that she [the consultant] was asking you about." According to the athlete: "if you are not talking, then you are wondering what she's thinking, whether she thinks your trying to hide something or she knows that you can't remember." There seemed to be a lack of mutual trust in this dyad because the athlete was concerned about how the practitioner was interpreting her silences, and the consultant questioned the client's openness. The lack of mutual trust appears to have undermined the working alliance.

The current case example also illustrates that ASE psychologists and athletes perceive working alliances differently. When the athlete was describing to me her relationship with the student ASE psychologist, the following exchange took place:

Athlete: I think in the first one [consultation], because we were just thinking of ideas, there was more . . . her telling me stuff and giving me ideas, but then in the third session it was more like working together.

David: What do you mean by working together?

Athlete: Well not together, but more like bouncing ideas off each other, so where like the first session where she's just giving me the ideas, and then maybe I'll elaborate on them to make them work for me. In the third session, you sort of have your own ideas that she can help you develop.

David: Wow, what was that like?

Athlete: I think you need to have both probably to get started, but it feels a lot more helpful when you are working together because you are having some input as well.

The athlete believed that the working alliance was stronger when she and the student practitioner had collaborated. The student practitioner said: “I didn’t think there was any real bonding there, there was probably a reasonable amount of respect in the relationship, but not a lot of warmth.” The quotes reflect that the participants had different perspectives on their relationships.

The ways that ASE psychologists manage sessions may strain working alliances. In one dyad, both participants commented on the consultants’ decision to end the third session abruptly. The trainee ASE psychologist thought, “it might have been unhelpful that I said I was looking at the clock and saying ‘ok we will turn this off now’ [finish the session], and we talked for probably another 10 minutes.” The athlete mentioned, “it kind of felt unfinished . . . I probably could have asked her more questions.” When asked what the abrupt ending was like, the athlete stated,

Probably more like “oh that’s annoying” than disappointing. I was like “oh whatever, get over it” I think. Yeah probably just a little bit, but I wouldn’t even say I was annoyed; it was ok, but [I was] not happy.

The athlete seemed to be convincing herself that the abrupt ending did not concern her, when really, she was rather annoyed. The practitioner admitted to being anxious about the video camera. Regarding her decision to end the consultation, the practitioner said: “I was just like, all of a sudden towards the end when I started looking at the clock I remembered the video, and so it was like lets get this off.” It seemed that the consultant’s anxiety influenced her decision to end the session

abruptly. Abrupt endings might occur for a number of reasons and reveal much about working alliances. If not addressed, abrupt endings may leave athletes with various perceptions, such as believing consultants are uninterested or unable to help them. Some of the work consultants have done to establish working alliances with athletes might be lost with abrupt endings. Occasionally, consultants may have to finish sessions before natural end points arise. One strategy might be to summarise the major themes in the discussion and arrange with athletes to return to the topics in following consultations.

Working alliance strains may also occur when athletes are unsure about ASE psychologists' roles. In one dyad, the consultant had difficulty working with the athlete because "she didn't sort of have a glaring issue, particularly from a performance aspect, it seemed that the issue stemmed more from her relationship [with her partner]." The athlete, however, did not reveal this issue immediately. Athletes may take some time before discussing some issues, particularly those that are personal (Henschen, 1998), and only if they realise ASE psychologists do not focus on performance issues exclusively. The establishment of working alliances in which athletes feel accepted will likely enhance their disclosure of personal information. In this example, the athlete may have been cautious for a variety of reasons; she may have been uncertain about the ASE psychologist's role, embarrassed about her personal issue, or uncomfortable with the practitioner. The following quote indicates that after the third session the athlete was trying to understand the consultant's role:

She was more, it was more like a teacher, but it's not a teacher but more like a friend, but it's not like a friend . . . I have never sat down and talked to a sport psych or any other psychologist . . . and it didn't feel like I was in a

doctor's room, and I was talking to a doctor about my problem . . . it was kind of like a very interesting new area. She wanted to know what's your handicap, and what's your advantages, and what's your disadvantages, and tried to normalise you if you felt disabled or nervous.

Athletes never exposed to ASE psychology may find it helpful to discuss the range of services consultants offer. Explaining services may help broaden clients' perspectives and normalise their own experiences once they realise their consultants have worked with similar issues previously. In the absence of any formal understanding about ASE psychology, athletes are likely to draw on social stereotypes and media portrayals. In the current example the athlete said, "I was a little bit suspicious of what she will think, you know psychologists always think about you." The athlete drew on the stereotype that psychologists analyse and evaluate individuals. Such attitudes might inhibit working alliances by reinforcing athletes' perceptions that consultants' are judgemental. Athletes may also have unclear understandings about ASE psychology because there is substantial variability in the ways professionals portray themselves and the services they offer. In addition, athletes who have previously worked with ASE psychologists may have had negative experiences and thus be wary of consultants.

The consultant in this dyad was nervous because she thought the athlete was not being open and honest. The student ASE psychologist thought the athlete was "presenting a better picture of herself than maybe is true . . . and that I guess makes me, not nervous, but maybe a little bit apprehensive about what . . . is really happening." People censor their self-disclosures for a number of reasons, such as to present themselves favourably, achieve desired reactions from others, or avoid dealing with disliked aspects about themselves. Both participants in this dyad had

doubts about each other's honesty and credibility, and probably, such perceptions weaken working alliances.

Relationships may become strained when athletes perceive that ASE psychologists are not listening. When reflecting on the first consultation, one athlete said:

Sometimes I was a bit puzzled, that I thought on one hand she seemed to be quite understanding and you know really taking in what I was saying, but in some parts I realised, or I thought I realised that she didn't really pay attention to what I was saying before, because in some parts I told her when I started playing [my sport], and then she asked me again how long I had been playing [my sport].

Practitioners may listen to athletes on multiple levels, such as hearing clients' words, along with searching for underlying issues. There are several reasons why consultants might not remember everything athletes have said, including being anxious about their performance as psychologists, not being fully attentive, being overloaded with information, or being distracted by their own inner dialogue. In addition, for several trainee ASE psychologists in this study knowing that I would watch recordings of the consultations might have influenced their recall abilities. In the current example, the athlete doubted her consultant's genuineness as revealed in her statement: "because of some of the questions she would ask . . . I'm not too sure about whether its all real or just a work face that she puts on." The consultant did not realise that she had not remembered factual details about the athlete, and was unaware of the potential strain on the working alliance.

Positive outcomes might result when athletes and ASE psychologists examine the strains in their interactions. Resolving relationship strains may help practitioners



and athletes develop stronger working alliances than if the conflict had not occurred (Bordin, 1994). As another example, clients may develop relationship-building skills from learning to work collaboratively with therapists and resolving working alliance strains (Bordin). In the current study, three of the current athletes discussed relationship issues they were having with other people (i.e., teammate, partner, ex-partner). For these three athletes, resolving working alliance strains with their trainee ASE psychologists may have helped them develop skills they could use in other relationships.

I have given considerable attention to strains that occurred in this study. Further qualitative research may provide more case examples that help neophyte and experienced ASE psychologists learn about working alliance ruptures and strains. Examination of alliance strain, however, focuses on conflict in service delivery. There are likely to be benefits from also investigating times when service delivery occurs without conflict.

#### *Transference and Countertransference*

Material relating to transference and countertransference emerged in some dyads. Bordin (1994) briefly mentioned transference, suggesting that it interfered with working alliances. One athlete who had a transferential reaction to her consultant said, “I related to [consultant] as one of my cousins, but I can’t think of anyone in particular.” As a child, the athlete was in awe of her cousins because they were older, had boyfriends, had jobs, and gave her their clothes. When describing her consultant, the athlete mentioned, “she’s done stuff . . . academic wise and other stuff, and she’s doing what she wants to do and stuff, and seems to be happy doing it.” The athlete respected both her consultant and cousins. The participant said, “I always respected my cousins even though they weren’t particularly academic or

anything like that, I always looked up to them so I guess [consultant's name] would probably be someone that I would look up to." The athlete's "cousin" transference seemed to influence the development of the working alliance positively. The athlete trusted her consultant and was thankful for the practitioners' assistance. Although Bordin (1994) argued that transference impeded working alliance development, some ASE psychologists have suggested that if athletes and consultants are aware of, and manage transference then more positive outcomes can be attained (Andersen, 2004c, 2005c; Petitpas et al., 1999; Strean & Strean, 1998).

Countertransference often influences service delivery at the subconscious level. One trainee ASE psychologist said, "I don't see her [the athlete] as a big sister [might see her] . . . there's none of those relational countertransference things." Yet this neophyte ASE psychologist, who had considerable coaching experience, also said, "I see a lot of what I do as coaching her [the athlete] in her mental skills." The consultant justified the parallel between coaching and ASE psychology service delivery by saying, "the athlete is their own best coach and that would be a similar philosophy I guess I would have to psychology." In relating to the athlete in similar ways as would a coach, the trainee ASE psychologist demonstrated countertransference. Perhaps the consultant's countertransference may have negatively influenced the working alliance. Athletes are not always their own best coaches, nor always benefit from coach-psychologists. Although athletes can often help themselves cope with their sports' physical and mental demands, working as a mental skills coach is different from the arguably broader perspective of being an ASE psychologist. Also, in adopting a coaching approach towards the athlete, the student practitioner may have introduced dual relationship issues to the working alliance. The athlete said "I don't really know what a sport psychologist looks like,"

indicating she was unclear on the consultant's role. Possibly, the athlete's lack of clarity may have been influenced by the student practitioners' coaching approach to service delivery. Bordin (1994) did not discuss countertransference in his writings. Relationships between working alliances and countertransference/transference configurations have received limited attention from both ASE psychology and psychotherapy researchers (Ligiéro & Gelso, 2002). There is recognition that the working alliance and the countertransference/transference configuration are related constructs (Gelso & Hayes, 1998). Further exploration, however, of the interactions between the two constructs most likely will lead to a more complete understanding of the service delivery relationship.

#### Bordin's (1994) Working Alliance Theory

Bordin's (1994) model provides a useful, but incomplete, framework for understanding the ASE psychologist-athlete relationship. Bordin does not, for instance, describe how working alliances can be developed. Neither is there direction on how working alliance strains are best handled. Neophyte ASE psychologists often desire concrete guidance on how to handle their client interactions, and may need to read more than Bordin's writings. Trainee ASE psychologists, for example, might learn from Egan's (2002) and Safran et al.'s (2002) works about how to develop relationships and deal with working alliance strains. In fairness to Bordin, his model was not designed to be a comprehensive training tool.

From a theoretical perspective, there are aspects of the working alliance in the current study that Bordin (1994) did not examine, such as the possibility that close interpersonal bonds may lead to dual relationship issues. Also, Bordin did not reflect on the influences that practitioners' personal goals might have on working alliances. Bordin emphasized change when discussing service delivery goals, and not other

possible client objectives, such as wanting to talk through issues. These issues merit researchers' attention because understanding the full gamut of potential factors that influence ASE psychologist-athlete working alliances will better inform practitioners in developing their service delivery skills. Bordin's theory may contribute to ASE psychology through his emphasis on collaboration and negotiation, concepts fundamental to the working alliance. Data from the current study, for example, provide some evidence that athletes can be confused when service delivery goals and tasks are not clearly negotiated.

Researchers have given considerable attention to evaluating the influence of cognitive-behavioural interventions on performance (see reviews by Meyers et al., 1996; Vealey, 1994), but much less attention to the ways that ASE psychologists help athletes use such techniques. In the absence of research designed to investigate the ways ASE psychologists deliver interventions, neophyte practitioners might rely too heavily on the interventions to bring about change. That is, inexperienced ASE psychologists might underestimate their roles as change agents. It is likely, for example, interventions and working alliances influence each other. That is, the ways ASE psychologists and athletes collaborate most probably influences the effectiveness of psychological interventions (Andersen, 2002; Petitpas et al., 1999). Also, the effectiveness of psychological interventions may influence working alliances. Researchers might investigate how relationships and interventions co-contribute to service delivery outcomes and athlete satisfaction.

Bordin's (1994) working alliance theory describes service delivery differently to models usually appearing in the ASE psychology literature. Some ASE psychology theorists have proposed service delivery models that involve a number of phases or stages such as assessment, intervention, and evaluation (e.g., Thomas,

1990). One drawback of stage-like models is the impression that ASE psychology service delivery progresses in a linear fashion. In addition, the focus in stage models is often on problems and interventions. The relationships between athletes and consultants are usually treated as added extras, almost like condiments that make service delivery meals more appetising to clients. Rather than a linear approach, Bordin (1994) emphasised the on-going interactions between clients and consultants. Practitioners and athletes negotiate service delivery goals and tasks continuously. Bordin's model emphasises the establishment of the relationship as of paramount importance. From this perspective, the working alliance is not a condiment, but part of the main course. Actually, some psychotherapists, such as Yalom (1980), argue that the working alliance *is* the main course, and psychological interventions are the condiments.

During data analysis, I considered Luborsky's (1976) approach to the working alliance, as an alternative to Bordin's (1994) model. Luborsky proposed that working alliances develop in two phases, labelled types I and II. Type I referred to clients' beliefs in their therapists as helpers. Type II referred to clients' experiences of working with their therapists to overcome their problems. In considering Luborsky's approach I became mindful that collaborative alliances might emerge over time from clients' perceptions that therapists cared for them. Luborsky, however, separates goals and tasks from working alliances, which are narrowly focused on collaboration. The design in the current study, however, was developed from Bordin's perspective, because Luborsky's approach did not seem as helpful for interpreting the data as was Bordin's model. The various working alliance frameworks in the literature, however, provide different perspectives on

collaboration and have diverse emphases. Drawing on these different models may contribute to a richer understanding of athlete-ASE psychologist relationships.

### General discussion

Although the current study provides initial insights into the alliances that develop between neophyte ASE psychologists and their athletes, there are some limitations to consider. As in Study 1, participants may not have been completely honest during the interviews, although I did try to establish trusting relationships with them. In addition, participants' interview responses could have been influenced by a number of factors, including their abilities to recall their experiences, and reflections they had after the practitioner-athlete consultations. As a further issue, data saturation was not achieved, and new information emerged with each dyad. Given the complexity of ASE psychology service delivery, and the multiple combinations of athletes, practitioners, and issues that could be observed, a large sample might be necessary for data saturation to occur. I limited the dyads to the number of student ASE psychologists who began their masters of applied psychology or professional doctorate degree programmes in the same year. Investigators could replicate the current study using other ASE psychology students, seasoned practitioners, and athletes participating in other sports.

The presence of the camera conceivably influenced the consultations. Some participants were nervous knowing they were being recorded, as illustrated in the following quote: "it was nerve-racking with the video, I didn't like it with the video but I got past that . . . overall it was pretty comfortable, it felt very relaxed apart from the video." The working alliances that developed among participants might have been different had the camera not been used to record the consultations. In addition,

the participants knew they would be watching the video as part of the thought listing exercise (see the next chapter).

The influence of gender on working alliances was not explored in the current study. Although I presented all participants as females to help ensure their confidentiality, several participants were males and some dyads consisted of males and females. Investigators who explore the influences that gendered issues have on working alliances may provide ASE psychology consultants with information that assists their service delivery practices.

The dyads in the current study were followed through to their third consultations. Some participants continued to meet for many months afterwards, an indicator that their working alliances were most likely positive and productive. The working alliance fluctuates over time (Constantino et al., 2002), and different issues may have emerged if data collection had continued. Longitudinal research might provide information about interactions among interpersonal bonds, goals, and tasks, along with environmental influences on working alliances. Researchers could also examine how working alliances develop as practitioners gain experience. The ways that consultants perceive and attempt to establish working alliances might change over time. It might be expected, for example, that ASE psychologists find it easier to develop working alliances as they mature as consultants.

The working alliance can be observed from the practitioner's, client's, or independent observer's perspectives. As discussed in Chapter 2, the research findings regarding the working alliance have varied according to the perspective measured. The research question in the current study was focused on examining the working alliance from the perspectives of the trainee practitioners and athlete-clients, and independent observers' viewpoints were not included. The individuals in a position

to provide informed perspectives on the dyads were the ASE psychology academics who also taught the masters students. These ASE psychology academics could not be independent observers because they had prior relationships with the practitioners. The ASE psychology knowledge base most likely will be extended with the inclusion of working alliance related data from independent observers' perspectives, and researchers might consider including such viewpoints.

Many ASE psychology professionals are increasingly recognising that effective consultants do more than prescribe psychological interventions to solve athletes' issues (Andersen, 2002; Murphy, 2000; Petitpas et al., 1999; Tod & Andersen, 2005). Effective consultants have highly developed relationship-building skills and form collaborative alliances with their athletes. Currently, there is only a limited number of articles and books available to practitioners that review ASE psychology working alliance material (e.g., Andersen, 2005b; Petitpas et al.). The current study complements the existing literature by providing an in-depth examination of the working alliances that form in neophyte ASE psychologist service delivery. The results might assist practitioners to reflect on their own service delivery practices, and possibly modify their athlete interactions. The results might also prompt additional examination of the working alliance in ASE psychology.



## CHAPTER 6

## STUDY 3

Some counselling psychology professionals argue that during psychotherapy, practitioners' self-talk influences their feelings, actions, and session outcomes (e.g., Hill & Williams, 2000). In *The Skilled Helper*, Egan (2002) wrote "to be an effective helper, you need to listen not only to the client but also to yourself" (p. 88). Egan labelled counsellors' self-talk as a "second channel" that had the potential to be "a positive form of self-consciousness" (pp. 88-89). Therapists' inner dialogues, however, are not always positive. Self-talk, particularly in trainee therapists, can be negative, anxiety provoking, and associated with lowered perceptions of helpfulness (Borders, 1989; Borders et al., 1988; Nutt-Williams & Hill, 1996).

Within ASE psychology, researchers have focussed almost exclusively on athletes' self-talk when participating in sport and exercise. There is some evidence that self-talk influences skill execution and muscular strength (e.g., Hatzigeorgiadis, Theodorakis, & Zourbanos, 2004; Johnson, Hrycaiko, Johnson, & Halas, 2004; Tod, Iredale, & Gill, 2003; Van Raalte et al., 1995). Researchers, however, have not studied self-talk during athlete-ASE psychologist interactions. More broadly, as discussed in Chapter 2, the processes of ASE psychology service delivery have received scant attention from researchers. Self-talk may be a suitable variable to include in process-oriented research (along with the working alliance as discussed previously). According to cognitive-behavioural theorists, self-talk is a key influence on feelings and behaviours (e.g., Beck & Weishaar, 2000; Ellis, 2000). Possibly in-session self-talk might influence practitioners' behaviours, and indirectly, service delivery. Some psychotherapy researchers have found that retrospective accounts of therapist self-talk are related to other aspects of therapy, such as perceived

helpfulness (e.g., Nutt-Williams & Hill, 1996). Potentially, the findings from psychotherapy may have parallels in ASE psychology, but more conclusive evidence is needed. A useful starting point involves describing the dimensions of ASE psychologists' in-session self-talk. Similarly, another way to extend the knowledge base about self-talk is to explore athlete-clients' in-session self-talk. Client self-talk may also influence their behaviours, and in turn, service delivery. The aim of this study was to describe and compare novice ASE psychologists' and athlete-clients' reported in-session self-talk. Study 3 was designed to complement Study 2. In both investigations information related to neophyte ASE psychologist service delivery was gathered, albeit from different perspectives. The focus in Study 2 was on participants' perceptions about their working alliances, and in Study 3, the emphases was placed on the covert thoughts they experienced.

A number of possible benefits might be accrued from examining in-session self-talk. Understanding athletes' in-session self-talk, and how they perceive practitioners' actions and service delivery, might equip consultants better to empathise with clients and form strong working alliances. In addition, knowledge about practitioner in-session self-talk could potentially assist ASE psychologists in reflecting on how they think during athlete collaborations, and such self-reflection may lead to changes in how they undertake service delivery. Possibly educators and supervisors will use in-session self-talk knowledge to inform trainees about the types of thoughts they and their athletes may experience. Beginning consultants may feel better prepared knowing the self-talk that typically occurs, and find comfort in comparing their own internal dialogues with those of other neophyte practitioners. The results from this study might also provide direction for researchers wishing to

measure relationships between self-talk and other variables, such as athlete satisfaction or working alliances.

## Method

### *Participants*

Participants were the same individuals described in Study 2 (see pages 107).

### *Procedure*

*Neophyte ASE psychologist and athlete recruitment and consultations.* The recruitment procedures and the neophyte ASE psychologist-athlete consultations were described in Chapter 4 (see pages 107-110).

### *Thought listing exercise*

After the first and third consultations, the student practitioners and the athlete-clients recorded their thoughts while watching a video recording of the previous athlete-practitioner consultations. The athletes and practitioners completed the thought listing exercises individually, and at the earliest convenient opportunities. Of the 28 thought-listing sessions, 24 were conducted within 24 hours of the consultations, 2 took place within 48 hours, and the remaining 2 occurred within 72 hours. The thought listing exercise was modelled on previous literature (e.g., Borders, 1989; Borders et al., 1988; Cacioppo & Petty, 1981; Dole et al., 1981). To begin, I reminded participants about the purpose of the study, along with the risks and safeguards. I also allowed opportunities for questions. I then explained the thought listing exercise, and asked participants to record what their thoughts were at the times shown on the videotapes. I told participants all responses were acceptable, even if irrelevant to the consultations, and they could write “blank” if unable to remember what they had been thinking. The participants and I then watched the recordings of the previous practitioner-athlete consultations. I paused the tapes after

each consultant-athlete couplet as described by Dole et al. A consultant-athlete couplet consisted of a practitioner's statement followed by an athlete's response (Dole et al.). Participants could stop the videotapes at any time to record additional incidents of self-talk. Occasionally, I also stopped the tape after statements that seemed meaningful to me. For example, I stopped the videotape on one occasion after an athlete said "I don't want to win."

### *Data Analysis and Research Credibility*

I followed the framework of data preparation, description, and interpretation described earlier (Chapter 3, pages 67-71). First, I typed participants' written responses verbatim and identified individual self-talk text units (Cacioppo & Petty, 1981). I then categorised the self-talk statements according to Dole et al.'s (1981) classification framework. As discussed in Chapter 2, in Dole et al.'s system each statement is assessed across six independent dimensions: time, place, focus, locus, orientation, and mode. In addition to the client, counsellor, and client-counsellor units in the focus dimension, I included two categories labelled *counsellors' supervisor* and *other* used by Borders and colleagues (Borders, 1989; Borders et al., 1988). An example of a counsellor's supervisor self-talk unit is "I wonder what my supervisor would say?" The other category included self-talk that could not be assigned to other focus dimension categories. In the mode dimension, Borders and colleagues also added a category labelled *planning* (e.g., "I need to ask her about her father.") that I included in the current study. These additional categories were used to assist the comparability between the results in the current study and those from Borders' research, because her samples consisted of neophyte counsellors.

As a measure of reliability, another postgraduate psychology student independently classified the self-talk data. We compared results and calculated inter-

rater reliabilities. The inter-rater reliabilities for the six dimensions were above 80% as recommended by Dole et al. (1981). The specific inter-rater reliabilities were 85% for time, 92% for place, 87% for focus, 83% for locus, 98% for orientation, and 86% for mode. Self-talk units on which we disagreed were removed from analysis.

Frequency tables were developed to aid the presentation and interpretation of the results.

## Results

There were a total of 1290 self-talk statements identified with consultants providing 764 and athletes 526. The mean percentages and ranges of each category within the six dimensions of Dole et al.'s (1981) framework are presented in Tables 1 and 2. The neophyte ASE psychologists' results for both the first and third consultations are tabulated in Table 1, with the equivalent athlete data presented in Table 2.

### *Student Practitioners' Self-talk and Examples*

*Time.* Just over half of the student ASE psychologists' self-talk in both consultations was focused on present events. Examples of present focused self-talk included "this is not ground breaking stuff but I think she likes it," "I feel confident talking about this," and "what is her motivation for playing?" Approximately 30% of consultants' self-talk was focused on future events, both in and after the current consultation. Examples of future oriented self-talk included "the next few sessions will look at strategies relating to concentration and attention," "there will be days when I'm a sport psych and I feel tired and have to work," and "fuck, here comes the weight issue." The remaining self-talk was focused on past events and examples included "I wonder if she played to her expectations?" "I remember that cold day and Dad was rubbing my hands," and "oh that used to happen to me all the time."

Table 1

Student Practitioners' Self-talk in the First and Third Consultations (Expressed as Percentages)

Self-talk Dimension	First Consultation		Third Consultation	
	Mean	Range	Mean	Range
Time				
Past	14.9	10.3 - 18.3	18.7	10.0 - 29.4
Present	51.8	44.7 - 59.2	54.1	46.8 - 63.0
Future	33.3	23.2 - 44.7	27.3	21.2 - 31.3
Place				
In-session	79.7	53.9 - 95.0	81.2	61.7 - 93.3
Out-of session	20.3	5.0 - 46.2	18.8	6.7 - 38.3
Focus				
Athlete	38.2	23.7 - 60.0	46.1	23.5 - 74.3
Consultant	38.8	25.0 - 55.2	35.3	8.6 - 58.8
Athlete-consultant relationship	6.3	0 - 12.9	4.4	0 - 8.3
Supervisor	0.3	0 - 1.6	0.0	0 - 0
Other	16.5	10.0 - 25.6	14.2	7.3 - 21.3
Locus				
External	53.9	40 - 63.2	51.0	37.1 - 63.5
Internal	46.1	36.8 - 60.0	49.0	36.5 - 63.0

Table 1 (continued)

Student Practitioners' Self-talk in the First and Third Consultations (Expressed as Percentages)

Self-talk Dimension	First Consultation		Third Consultation	
	Mean	Range	Mean	Range
Orientation				
Professional	93.8	79.5 - 97.5	95.9	87.2 - 100.0
Personal	6.2	2.5 - 20.5	4.1	0 - 12.8
Mode				
Neutral	47.0	32.8 - 60.8	54.6	40.8 - 62.9
Planning	34.7	20.8 - 44.7	23.4	12.9 - 29.3
Positive	5.5	0 - 10.4	9.9	0 - 22.4
Negative	12.2	5.3 - 19.5	12.5	8.6 - 17.6

*Place.* Across both consultations, approximately 80% of the consultants' self-talk was focused on in-session material. Examples included "I need further clarification," "I need to summarise," and "I need to keep up with her story." About 20% of the consultants' self-talk was focused on out-of-session material. Examples included "we need to organise times for the next sessions," "I can't believe I did a presentation on this [topic] a few weeks ago," and "there is no urgent need to see each other again."

*Focus.* Approximately 40% of the consultant's self-talk was about the athlete and examples included "she's asking me for my opinion," "just let her say what she feels," and "her body language is still urgent around this." Just less than 40% of the student ASE psychologists' self-talk was focused on themselves. Examples included "I am feeling more relaxed," "good summary and reflective listening," and "how do I explain this question?" About 5% of the consultants' self-talk was about the relationships between themselves and the athletes. Examples included "I hope I didn't destroy any of the working rapport we had generated," and "have I got a good enough rapport and background info to work with him?" One student ASE psychologist had two thoughts about her supervisors and both occurred in the first consultation. The two statements were "I will show [my supervisor] that I have descent counselling skills," and "[My supervisor] would have put up a huge neon sign here!" The remaining 15% of consultant self-talk was about other topics and examples included "automatic or automated?" "What's the time?" And "the old breathing technique – most people don't breathe properly."

*Locus.* Slightly more than 50% of consultant self-talk was about observable events and just less than 50% was focused on inferred traits and cognitions. Examples of self-talk about observable events included "I need to not waffle," and "I



am yawning.” Examples of self-talk about inferred traits and cognitions included “I wonder what she thought of that?” “She likes positive reinforcement,” and “bugger it, she needs to know I understand her sport.”

*Orientation.* About 95% of consultant self-talk was professional and relevant to the consultation. Examples included “lets give a bit of dramatic self-disclosure,” “I think I am going overboard on this [topic],” and “that was such an interpretation.” The remaining 5% of the student ASE psychologists’ self-talk was focused on personal issues not relevant to the consultation. An example was “[my brother] has no clues, probably never will.”

*Mode.* About 8% of self-talk was positive in tone and about 12% was negative. Examples of positive statements included “good open question,” “it’s good she disclosed that,” and “good reflective listening.” Examples of negative statements included “why did I ask ‘how do you interpret that?’ Stupid question!” “I don’t feel qualified,” and “I am a dickhead!” Approximately 50% of consultant self-talk was neutral in tone, and slightly less than 30% involved planning statements. Examples of planning statements included “I really need to keep track of the time,” “I need to give a bit back so she knows I’m listening,” and “ask her about her week to develop more rapport.”

#### *Athletes’ Self-talk Results and Examples*

*Time.* Approximately 60% of athlete self-talk across both consultations was about currently occurring events. Examples included “she is giving me real direction,” “she may be getting at something,” and “I like it when she sums things up.” Just less than 30% of athlete self-talk was focused on past events and about 13% was about future events. Examples of self-talk about past events included “I’ve been [performing] really well lately,” and “have I left out anything that may be

Table 2

Athletes' Self-talk in the First and Third Consultations (Expressed as Percentages)

Self-talk Dimension	First Consultation		Third Consultation	
	Mean	Range	Mean	Range
Time				
Past	29.0	21.2 - 38.2	26.36	5.6 - 37.3
Present	58.2	46.7 - 68.8	60.6	34.9 - 88.8
Future	12.7	5.0 - 26.7	13.1	5.6 - 32.6
Place				
In-session	71.2	25.8 - 93.3	58.4	20.9 - 91.7
Out-of session	28.9	6.7 - 74.2	41.9	8.3 - 79.1
Focus				
Athlete	52.4	40.0 - 80.9	45.7	19.4 - 60.5
Consultant	27.0	7.9 - 43.8	29.5	2.3 - 63.9
Athlete-consultant relationship	9.5	0 - 26.7	6.0	2.8 - 14.0
Coach	0.0	0 - 0	1.3	0 - 5.1
Other	11.1	0 - 28.6	18.1	11.1 - 30.4
Locus				
External	50.0	35.0 - 61.7	49.0	37.0 - 59.3
Internal	50.0	38.3 - 65.0	51.0	40.7 - 63.0

Table 2 (continued)

## Athletes' Self-talk in the First and Third Consultations (Expressed as Percentages)

Self-talk Dimension	First Consultation		Third Consultation	
	Mean	Range	Mean	Range
Orientation				
Professional	98.0	93.6 - 100.0	95.7	85.7 - 100.0
Personal	2.0	0 - 6.4	4.3	0 - 14.3
Mode				
Neutral	65.0	60.0 - 66.7	66.0	60.6 - 71.2
Planning	4.1	0 - 13.3	3.3	0 - 7.4
Positive	20.4	7.9 - 27.5	21.9	8.9 - 34.4
Negative	10.1	0 - 21.35	8.8	0 - 17.7

important?” Examples of future oriented self-talk included “It will be good to try some of these things [ideas] out,” “I hope this routine will help,” and “what have I got coming up in the next few weeks?”

*Place.* Approximately 65% of athlete self-talk focused on in-session content, whereas about 35% was about out-of-session material. Examples of in-session focused self-talk included “she is going to have a preconceived idea that I’m really good,” “[I] can’t really think of anything else to say,” and “do I sound like a spoiled brat who gets upset when things don’t go their way?” Out-of-session self-talk examples included “I’ve tried basketball, and I know I’m crap,” “I remember how it felt when I became unfit,” and “[player’s name] is a good person to have on the team.”

*Focus.* Just less than 50% of the athletes’ self-talk was about themselves and examples included “I always am pretty self-critical,” “I can’t believe how much I couldn’t be bothered playing,” and “I felt a bit rushed.” Slightly less than 30% of athlete self-talk was focused on the consultant. Examples of self-talk about the student ASE psychologists included “she’s made a good point,” “I like her comment of making ‘clear-cut’ assertive comments,” and “what she’s saying makes sense.” About 7% of athlete self-talk was oriented towards the relationships they had with consultants, and examples included “I feel very comfortable talking to [consultant],” and “[it’s] amazing how easy it is to tell her this.” Two athletes thought about their coaches during their second consultations. One athlete had one self-talk statement about her coach and thought “[my coach] would like that.” The other athlete thought “not too many coaches have done a good job as far as I am concerned,” “the coach will kill me and give me a hard time,” and “the coach was really a pain in the arse.” Approximately 15% of the athlete self-talk was about other topics. Examples

included “work keeps getting more and more,” “that was a good game,” and “sport is great!”

*Locus.* About 50% of athlete self-talk referred to observable events, whereas 50% was about inferred traits and cognitions. Examples of self-talk about observable events included “this session has been very long,” and “hasn’t she asked me that before?” Examples of self-talk about inferred traits and cognitions included “some of my team mates probably never understood the word team,” “why do I actually play my sport?” And “[I] have not really thought about that yet!”

*Orientation.* About 95% of athletes’ self-talk was professional and relevant to the consultations. Examples included “this [session] has been really helpful,” “she’s doing so well to remember things about [my sport],” and “I hope I’m doing this right [a relaxation exercise].” Less than 5% of athlete self-talk was about personal issues that seemed irrelevant to the consultations. Examples included “I have to pick up mum,” and “there is so much I have to do tonight.”

*Mode.* Slightly more than 20% of athlete self-talk was positive in tone, whereas slightly less than 10% was negative. Examples of self-talk statements that were positive in tone included “that was a really good technique,” “wow, that was unreal, I can really feel and see it,” and “she is caring about what I am saying.” Examples of self-talk statements that were negative in tone included “now that I’m thinking about it, the apprehension is worrying me,” and “I am really nervous about my knee next Saturday,” Approximately 65% of athlete self-talk was neutral in tone and less than 5% involved planning statements. Examples of planning statements included “let’s get started,” and “keep this answer short.”

## Discussion

In the current study, trainee ASE psychologists' retrospective accounts provided evidence that their in-session self-talk statements were generally (a) present focused, (b) about in-session material, (c) about the athletes or themselves, (d) about both internal and external events, (e) professional (i.e., related to the session), and (f) either neutral or planning statements. The athlete's retrospective accounts indicated their self-talk statements were generally (a) present focused; (b) about in-session material; (c) about themselves, and to a lesser extent the consultants; (d) about both internal and external events; (e) professional (i.e., related to the session); and (f) neutral.

The finding that trainee ASE psychologists' retrospective self-talk was neutral in emotional tone, focused on present, professional, and in-session material, and contained planning statements is consistent with results of previous research (e.g., Borders, 1989). Perhaps when ASE psychologists' self-talk is focused on present in-session material, clients, and service delivery processes it reflects that they are listening to athletes' stories. The findings that athlete's self-talk was professional, present-oriented, and in-session focused possibly reveals they found the consultations engaging. The athletes told me they enjoyed the consultations and found them beneficial.

It is understandable that the student practitioners thought about the athletes during the consultations. Helping athletes with their issues was the primary purpose of the consultations. The trainee practitioners also thought a lot more frequently about themselves than the experienced therapists examined by Gold and Dole (1989), and such a difference might be expected. Often trainee psychologists are self-focused

when interacting with clients because they may be unsure of how to proceed or are coaching themselves through the helping process (Skovholt & Rønnestad, 1992).

The percentages of self-talk focused on external and internal events were different from those of some previous studies (e.g., Borders, 1989; Borders et al., 1988). The trainee consultants in the current study thought about external and internal events with similar frequencies. Trainee counsellors in some previous studies have focused more on internal events (e.g., Borders). Whether self-talk is internal or external is probably influenced by the topics that practitioners and clients discuss. Perhaps the focus on sport in the trainee practitioner-athlete consultations may have increased the frequencies that the trainee ASE psychologists thought about external behaviours and events, such as performance. Researchers could further explore the factors that influence in-session self-talk.

The variations in trainee practitioners' self-talk frequencies were similar with those in previous investigations (e.g., Borders, 1991). The measures used in the present and existing studies provide evidence that participants varied in their self-talk. In this study, perhaps some of the student practitioners' self-talk findings were understandable given their counselling backgrounds. For example, some of the trainee ASE psychologists with the highest frequencies of negative self-talk also had little counselling experience compared with the other student practitioners. Much of their negative self-talk was self-focussed, and examples included "I'm struggling here," "I am a dickhead," and "I don't feel qualified." Researchers have also found that neophyte practitioners often doubt their counselling abilities and feel inadequate when initially interacting with clients (e.g., Loganbill et al., 1982; Stoltenberg et al., 1998).

Some of the neophyte practitioners with the highest levels of negative self-talk also admitted to being anxious about their client interactions. For example, one participant with one of the highest levels of negative self-talk in the third consultation said,

I probably felt more nervous in this last session than any of them [the previous consultations], performance anxiety. I suppose because I felt like I was on camera, I had to show some significant progress today, that we had worked on something really great that had come off. She had to go away with something. That's just my own stupid expectations on myself.

Another practitioner with high levels of negative self-talk felt “nervousness because of the video, because I don't usually have people watching me do intake assessments [and] I knew that I was going to be looking at it again.” Possibly the practitioners' negative self-talk was related to their anxieties. It is somewhat speculative, however, to interpret in-session self-talk as reflecting participant anxiety without considering their interpretations of their self-talk. In addition, the study was not designed to investigate any relationships between self-talk and practitioner anxiety. Researchers could complement in-session self-talk data by collecting information about participants' perceptions of their self-talk.

On most of the dimensions in the Dole et al (1981) scoring system, the trainee ASE psychologists' retrospective self-talk accounts were similar to those of trainee counselling psychologists (e.g., Borders, 1991). Perhaps other in-session self-talk findings from psychotherapy research also have parallels with ASE psychology. For example, ASE psychologists' in-session self-talk could be related to service delivery experience, perceived helpfulness, perceived counselling performance, and ego development, findings that have emerged from counselling psychology research



(e.g., Borders, 1991; Nutt-Williams & Hill, 1996). Researchers could continue to examine the extent that psychotherapy in-session self-talk findings apply to ASE psychology.

The current study extended literature by examining clients' and trainee ASE psychologists' self-talk. Knowledge about what occurs during trainee ASE psychologists' athlete consultations might be further extended by drawing on other relevant counselling psychology literature. For example, Williams (Williams, Judge, Hill, & Hoffman, 1997; Williams, Polster, Grizzard, Rockenbaugh, & Judge, 2003) has broadened her research on self-talk by examining novice counsellors' self-awareness and reaction management strategies. Results have provided evidence that trainee counsellors experience a range of emotions and critical self-talk during client interactions, some of which interfere with their service delivery abilities. Adopting a client focus, using self-awareness, self-coaching and self-disclosure, and suppressing their feelings are strategies neophyte practitioners use to manage their personal reactions. Trainee ASE psychologists might learn about ways to manage their emotions, self-talk, and personal reactions by reading Williams' work. In addition, research in which the experiences and self-management strategies of neophyte ASE psychologists is examined might yield ways that Williams' work is applicable to ASE psychology service delivery.

Some issues regarding the scope of the current study's results warrant further consideration. For example, participants' awareness that they were being studied probably influenced their behaviour, self-talk, and emotions during the practitioner-athlete consultations. For example, a few self-talk statements revealed that some participants were anxious about the video camera. It is difficult to conceive of ways to examine in-session self-talk without possibly distorting ASE psychologists' and

athletes' behaviour, thoughts, and feelings. It is unethical, for example, to study athletes and practitioners without their consent. In the current study, I tried to reduce practitioners' and athletes' anxieties by telling them they could withdraw from the study and their participation was confidential.

Collecting self-talk data retrospectively is another limitation. It is likely the participants' retrospective accounts were influenced by a number of factors. First, the reflections participants had between the athlete-practitioner consultations and the thought listing exercises may have affected their responses. It was desirable, but not practical in this instance, to complete the thought listing exercises immediately after the practitioner-athlete consultations. Second, with my presence during the thought-listing exercise, participants may have been embarrassed to admit some of their thoughts. Third, participants may have also varied in their willingness to complete the thought listing exercise. Fourth, the interactions the participants had with me may have influenced their responses. For example, any feedback I gave the trainee practitioners about their performance may have influenced their retrospections (see Brewer, Linder, Van Raalte, & Van Raalte, 1991). I refrained from telling participants my opinions of what occurred in the consultations. Memory involves the construction and reconstruction of events and does not always respond to reality (Tulving, 2002). The participants' retrospective accounts probably differed from their actual in-session self-talk, but the degree of distortion is unknown (Dole et al., 1981). Collecting undistorted self-talk data is improbable. Although there are some threats to the validity of thought listing procedures, they are among the best techniques currently available to measure in-session self-talk.

The use of frequencies is perhaps a third consideration related to the scope of the current study's results. Frequencies do not indicate the meaningfulness of self-

talk (see Krane et al., 1997). For example, in the current study about 50% of consultants' and 65% of athletes' self-talk was neutral in emotional tone whereas less than 10% was negative for both groups. Possibly, however, negative self-talk (e.g., "I am a dickhead") had more influence on participants' emotions than neutral statements (e.g., "we need to organise times for the next sessions").

Potentially, thought listing procedures have a number of uses for ASE psychology professionals beyond examining self-talk. Instead of asking participants to record their self-talk, they might be asked other questions, such as about the critical issues they believe were raised by athlete-clients. Thought listing procedures may help investigators study how ASE psychologists of varying experience levels react to stimuli such as specific athlete behaviours. In addition, thought listing procedures might be used to investigate consultants' case conceptualisations and intervention plans. Potentially, data from thought listing based studies could illuminate individual differences in consultant trait anxiety, self-confidence, defence mechanisms, or countertransference. The use of thought listing could assist in understanding the ways that athlete-clients experience service delivery. Thought listing research could complement the effective consultant characteristics research reviewed in Chapter 2. For example, athletes from different sports could also detail ways they prefer consultants to demonstrate qualities such as genuineness and positive regard.

Thought listing procedures are probably being used for ASE psychology educational purposes already. For example, some supervisors and supervisees may watch recordings of students' athlete consultations during supervision sessions. Studies on the use of thought listing procedures during ASE psychology supervision may provide information that helps professionals learn ways to make optimal use of

the method. Qualitative case studies can document supervisees' and supervisors' experiences and reactions to thought listing procedures. In longitudinal studies, investigators could examine the types of influences thought listing have on subsequent consultant behaviour.

The common thread through Studies 2 and 3 was the focus on beginning ASE psychologists' service delivery practice. Given the emphasis that the ASE psychology graduates and academic staff from Study 1 placed on practical experience, it seemed suitable to explore what occurred during service delivery when trainees collaborated with athletes. Having considered the results from Studies 1, 2, and 3, it seemed that exploring development issues in neophyte practitioners would contribute to the current PhD. Some of the information yielded in Studies 1, 2, and 3 had parallels with knowledge from therapist development research. For example, the trainee practitioners experienced anxiety regarding service delivery. In Study 4, I investigated ways that beginning ASE psychologists changed as they matured professionally. Although Studies 1, 2, and 3 proceeded in a sequential manner, Study 4 was conducted in parallel with the others, and is reported in the next chapter.

## CHAPTER 7

## STUDY 4

The phrase “consultants are the instruments of service delivery” has been mentioned in the ASE psychology literature to communicate that practitioners are central to intervention implementation (e.g., Poczwadowski et al., 1998; Tod & Andersen, 2005). Researchers have not, however, examined extensively the personal and professional qualities of consultants. Through interviews and surveys, athletes, coaches, and sport administrators have reported that helpful ASE psychologists have technical expertise they apply to specific situations and well-refined interpersonal skills (Anderson, Miles, et al., 2004; Orlick & Partington, 1987). In addition, ASE psychology practitioners have suggested being committed to helping athletes, developing their own abilities, engaging in self-reflection, and seeking interactions with colleagues contributes to service delivery expertise (e.g., Simons & Andersen, 1995; Straub & Hinman, 1992). There remains, however, much to learn about how the instrument of service delivery develops. Following neophyte ASE psychologists over time may yield knowledge about how they mature as service providers.

There has been some speculation about the stages of development through which ASE psychologists proceed. As presented in Chapter 2, Morris and Thomas (2004) used Berliner’s (1994) skill learning model to describe ways trainees may change as they mature. Andersen and colleagues (e.g., Van Raalte & Andersen, 2000) used Stoltenberg’s (1981) counsellor development theory when making recommendations about supervision models that may be suitable for trainees of varying experience levels. To date, however, knowledge about the ways ASE psychologists develop is sparse. The extent, for example, that the models proposed by Berliner and Stoltenberg describe ASE psychologist maturation is unknown.

Researchers investigating ways that neophyte ASE psychologists change over time, and develop service delivery competence, most likely will provide information useful for supervisors, educators, students, and practitioners. Supervisors might tailor their supervision to suit neophyte and maturing consultants' needs. Similarly, knowledge about practitioner development may assist educators in matching their teaching practices with students' preferred learning methods to help optimise development. Practitioners and students might benefit from understanding how their developmental histories compare with others. For example, some individuals might be relieved to learn that their anxieties about their competence are shared by other trainees. Beginning consultants might feel more confident about becoming effective practitioners if they foresee the likely changes they will experience. Novice practitioners may use consultant maturation knowledge to assist them in planning their professional development activities. Such planning may help individuals optimise their development and service their clients' needs better.

At present, supervisors, educators, students, and practitioners in ASE psychology can draw from psychotherapist development literature (e.g., Rønnestad & Skovholt, 2003; Stoltenberg et al., 1998). Investigations on ASE psychologist development, however, may provide helpful discipline-specific information. The purpose of the current study was to gain narrative accounts of ASE psychology students' development as service providers during the first two years of their postgraduate studies. The model of counsellor development proposed by Rønnestad and Skovholt (2003; Skovholt & Rønnestad, 1992), as presented in Chapter 2, was the guiding framework for the current study.

## Method

### *Participants*

At the beginning of the study, the participants (6 females, 3 males) were enrolled in the MAP offered at VU, specialising in ASE psychology. All participants began their postgraduate qualifications at the same time and ranged in age from 22 to 32 years. Previously, participants had completed at least the first four years of psychology training prescribed by the APS. The participants' counselling backgrounds varied from individuals with several years experience to those who had never interacted with clients. The cultural backgrounds of the students have not been detailed because doing so may identify individuals.

The participants were initially enrolled in the MAP, with eight being registered as full-time students and one part-time. One individual withdrew from the MAP after the first semester to pursue a different career. After the students' first year, VU began offering the professional doctorate. The participants were able to upgrade to the professional doctorate if they had made excellent progress in their studies, and five individuals transferred from the MAP.

### *Procedure*

*Recruitment.* After obtaining ethical approval from VU's Human Ethics in Research Committee, I approached the students privately prior to the commencement of the MAP, verbally explained the study's purpose, risks, and safeguards, and invited them to participate. Individuals were given information for participants forms, and they provided written informed consent (Appendix E). All nine individuals enrolled in the course agreed to participate.

*Course structure.* Detailed descriptions of the MAP and professional doctorate degrees are posted on VU's website (2005a, 2005b). The three major

components of the MAP include 1000 hours of supervised practical experience, a research thesis, and prescribed coursework. The supervised practical experience includes both ASE and generalist psychology placements. The coursework includes subjects in ASE psychology theory and interventions, psychological practice, research methods, and sport and exercise science. In the professional doctorate, students complete two additional subjects entitled *Advanced Reading Unit* and *Practicum Class*, an extra 500 hours of supervised practical experience, and a substantially expanded thesis.

### *Interviews*

I interviewed eight participants individually three times throughout the first two years of their postgraduate education. Interviews occurred at times and locations convenient for the students. Of the initial round of interviews, five occurred in the week before the students' first semester began, and the remaining three took place during week one. The second round of interviews occurred in the month after students completed their first year of study. The final interviews took place in the six weeks after trainees completed their second year of study. I interviewed the individual who withdrew from the MAP in the first round of interviews, and again one year later. The interview guides used were based on Skovholt and Rønnestad (1992), were developed according to procedures described on page 67, and are included in Appendix F. The interview guides were reviewed by two ASE psychology academics and pilot-tested with two practicing psychologists. Changes were made to the interview guides based on feedback from the two academics and results of the pilot interviews. For example, the 23 questions in the initial guide for the third interview were reduced to 20.



### *Interview Transcription, Data Analysis, and Research Credibility*

The procedures for interview transcription, data analysis, and research credibility were detailed in Chapter 3 of this dissertation (pages 67-76).

### Results and Discussion

The results are presented as three composite case examples, developed from participants' stories. Composite case examples were used to help maintain participants' privacy and protect their confidentiality. My supervisors taught the participants, and I considered that other presentation methods might allow them to identify individuals. I discussed confidentiality and presentation with participants, and they were comfortable with composite case examples. Using composite case examples also allowed me to gather and present the salient information into a manageable form, and reduce redundancies. The case examples reflect three clusters of participants that emerged during data analysis. Each cluster appeared to include individuals whose conceptualisations of service delivery were similar to each other, and were different to people in other groups. The categories Skovholt and Rønnestad (1992) used in their original therapist development model helped guide data analysis. The categories, as presented in Chapter 2, were (a) definition and time period, (b) central task, (c) predominant affect, (d) sources of influence, (e) role and style, (f) conceptual models, (g) effectiveness, and (h) methods of learning. I renamed the definition and time period category *motivation* to describe accurately the type of information presented. In Skovholt and Rønnestad, the definition and time period category described therapists' stage of development, and information about motivation was included. In data analysis I did not assign participants to any of Skovholt and Rønnestad's stages, but I did examine their motivations for studying ASE psychology. After examining participants' stories, I considered ways their tales

did, and did not, fit Skovholt and Rønnestad's model. I also drew on other literature when interpreting the students' stories (e.g., Stoltenberg et al., 1998). The case examples are based on participants' actual stories, with identifying details changed or deleted. I have used few direct quotes because individuals often speak idiosyncratically, and by not presenting participants' exact words their privacy was likely to be maintained. In writing this chapter, I was guided by Sparkes' (2002) *Telling Tales in Sport and Physical Activity*. Sparkes suggested that a common justification for fictitious case examples is to protect participants' identities. I was also influenced by Klein's (1993) book *Little Big Men*, in which he developed a fictitious gym, based on data collected from four establishments, to present his findings about professional bodybuilding.

### *Jane*

Jane was 23 years old when she enrolled in the MAP, having completed bachelors and honours degrees in psychology. She had never provided psychological services for clients, and she began her university studies immediately after high school. Jane's case is illustrative of how anxiety about client interactions may interfere with practitioner development.

*Motivation.* Jane's reasons for pursuing an ASE psychology career were similar to some of those Skovholt and Rønnestad (1992) listed for why individuals become therapists. She was fascinated by psychology and saw herself as a caring individual who wished to help others. It also seemed that Jane was motivated to help others with issues similar to those stemming from her own experiences. According to Skovholt and Rønnestad, beginning students are often unaware of the motivating influence of unresolved conflicts. Jane, however, knew that frustrations concerning unrealised sporting goals influenced her decision to enrol in the MAP. She had

played rugby union until a career ending knee injury. Although talented, Jane had not realised her dreams of representing Australia because she was unable to control her anxieties around sport and competition. Jane believed mental techniques had improved her sporting experiences, and she wanted to help others with similar issues. The motives individuals have to become consultants have not received much attention from ASE psychology researchers. Examining the various ASE psychologists' motives might provide information that practitioners can reflect on regarding their own desires and needs. Self-reflection may contribute to practitioners' understandings of how their needs and motives influence their interactions with athletes.

In the second and third interviews, Jane's motives for completing the MAP were tempered by a realisation of limited ASE psychology job opportunities. Jane thought she might have to obtain non-ASE psychology employment. She believed, however, non-ASE psychology work might be more satisfying to her than ASE psychology employment because "real life" issues were more serious than sporting issues. Jane appeared to be minimising athletes' sporting issues. Her reasoning might have reflected attempts to find congruence between personal motives and vocational choices (Skovholt & Rønnestad, 1992). At the third interview, Jane considered working in academia after completing a PhD. As discussed below, anxiety led Jane to avoid client interactions, and her thinking seemed to illustrate Skovholt and Rønnestad's suggestion that some individuals with little confidence in their counselling abilities may pursue jobs in related careers to avoid confronting their fears. As an academic, Jane would not be responsible for the well-being of students in the way she would as an ASE psychologist working with athlete-clients.

Alternatively, Jane's decision might reflect a realisation that her skills were better suited to a different career path in ASE psychology.

*Central task and predominant affect.* *Central task* and *Predominant affect* have been combined in Jane's case because the relevant material was intertwined. Her perceived competence concerned Jane throughout the two years she participated in this study. Her apprehensions in the first interview reflected Skovholt and Rønnestad's (1992) suggestion that new students focus on mastering and applying new knowledge. Jane was nervous because she was not confident she could reach the high standards expected of students in the MAP. Additionally, Jane doubted her ability to counsel others, and hoped the coursework would prepare her adequately. Jane also felt stressed because ASE psychology was her chosen career, yet she was moving into "unknown territory." The term unknown territory described Jane's lack of knowledge about how to make a successful career from ASE psychology. Beginning students may experience excitement about working with clients (Skovholt & Rønnestad), but Jane was too preoccupied with her anxieties to feel enthusiastic. A second major task Jane identified was to balance her studies with other commitments in her life, such as family, employment, and friends. Jane was worried about her ability to balance commitments. Skovholt and Rønnestad discussed the influence personal suffering and traumatic non-professional life events can have on counsellor development, but did not emphasise the challenge of balancing life commitments. Perhaps Skovholt and Rønnestad did not focus on commitment balancing because it is not specific to therapist development. Commitment balancing might be considered a background stressor with which most individuals grapple.

In her first year, Jane had not undertaken placements, and throughout the year, she became anxious when thinking about client interactions. A number of

issues contributed to her anxieties, and these paralleled those Skovholt and Rønnestad (1992) discussed. First, she was not confident in following any particular service delivery model. Second, she was afraid clients, supervisors, and classmates would think her incompetent. Third, Jane became confused when trying to integrate the various counselling topics she had been taught. Fourth, Jane worried that clients would be worse after meeting her because she believed herself to be incompetent. Despite completing placements in her second year, Jane had counselled only a few individuals and still felt anxious with clients. According to Skovholt and Rønnestad, trainees' anxieties usually begin to be replaced with feelings of security and confidence after their first year of study. Jane, however, was still coming to terms with client interactions and her negative emotions. She experienced anxiety and shame, particularly when clients were negative and unresponsive, or when supervisors discussed her mistakes.

*Sources of influence.* Several sources had influenced Jane's decision to pursue an ASE psychology career. Inspirational people had been one source, such as the charismatic university lecturer who had given her a relaxation script. Jane had also met elite rugby union players who had stressed the contribution psychological factors had in their careers. Jane enjoyed reading Orlick's (2000) writings because he offered practical advice, and she was inspired by biographies of successful athletes who discussed psychological issues, such as Michael Jordan. Another information source had been her experiences applying psychological principles in competition, such as the relaxation script. Jane's friends had encouraged her to pursue a psychology-related career because they said she was a good listener and had helped them with their problems. Skovholt and Rønnestad (1992) wrote that before graduate training, people are influenced primarily by non-professional experiences rather than

by theory, research, and teachers. Skovholt and Rønnestad did not separate undergraduates from individuals with no formal training in psychology. As illustrated in Jane's case, undergraduate students are exposed to theory, research, and lecturers before entering graduate programmes. These professional sources may be influential in practitioner development.

In the second and third interviews, Jane discussed practical experiences, lecturers, supervisors, classmates, professional literature, and events outside of training as sources that had influenced her understanding of ASE psychology. The sources Jane discussed were similar to those Skovholt and Rønnestad (1992) suggested might be influential.

Regarding practical experience, Jane found classroom activities, such as role-plays, group presentations, and hands-on exercises to be helpful in building her counselling self-efficacy and shaping her ASE psychology skills. The perceived importance of practical experience in ASE psychology has been previously documented (e.g., Andersen et al., 1997; Williams & Scherzer, 2003). Jane had been hesitant to volunteer for role-plays because of anxiety, but had found watching and discussing them helpful. Delivering group presentations had contributed to her counselling self-efficacy because she had received positive feedback from staff and students. Other hands-on exercises, such as making relaxation tapes and motivational videos, had also helped her counselling self-efficacy. In the second year, Jane completed two placements that she found valuable to her development because she observed other psychologists working with clients and these opportunities helped her develop an understanding of how service delivery proceeded. In addition, Jane's supervisors had taught her lessons about consulting, had challenged her tendency to avoid clients who had negative attitudes about psychology, and had encouraged her

by reinforcing her service delivery strengths. Other researchers have described similar benefits of supervision (e.g., Andersen, Van Raalte, & Harris, 2000; Van Raalte & Andersen, 2000).

Discussing her lecturers elicited some intense emotional reactions from Jane. She praised some lecturers and vilified others. Jane spoke highly of one staff member who had comforted her, and had given her an extension when she had not completed an assignment because of a family issue. In the second year, one staff member had become angry in class when no students had volunteered for a role-play. The lecturer had told the students they lacked professionalism, and they were not taking responsibility for their education. Jane had felt ashamed because she seldom contributed in class or volunteered for role-plays, and she approached the staff member about the issue. Jane valued the individual's encouragement when she became upset. Jane got angry when discussing other lecturers who had not stuck to timetables, failed to communicate information, such as assignment dates, and had lost or not returned students' work quickly. Jane had felt particularly lost in one subject because the lecturer had not produced a course handout until week 6 of the semester, and most of the readings were not available in the library. Perhaps some staff had not fulfilled their teaching responsibilities. Alternatively, Jane may have been projecting her insecurities and disappointments about her efforts in the course onto the staff (Skovholt & Rønnestad, 1992).

Classmates supported Jane in numerous ways. Skovholt and Rønnestad (1992) argued that classmates are credible sources of support because they are aware of training demands and are social equals. Jane's perceptions paralleled many themes in Skovholt and Rønnestad's model. Listening to classmates' placement stories helped Jane's learning, although she felt intimidated by the more experienced

students. Several classmates offered Jane emotional support and were encouraging when she discussed her anxieties. She found comfort knowing that other classmates were also experiencing similar emotions, such as trepidation over placements and frustrations about some lecturers' teaching styles. In addition, Jane learned a lot when classmates challenged her thinking or she helped them.

Jane was overwhelmed by the amount of professional literature she had to read in the course. The books and articles she found most helpful were those that contained readily applicable information, such as Egan's (2002) *The Skilled Helper*. She also valued qualitative research articles about athletes' experiences and the process of service delivery. She had not enjoyed reading articles containing complex theoretical information or multivariate statistics because they had not helped advance her understanding of service delivery. Jane's case seems to reflect the finding that novice practitioners often desire easily applied concrete information that will help them interact with clients (Skovholt & Rønnestad, 1992). Material not easily applied to clients may be discarded. Jane was surprised when she had applied theory in her placements, perhaps because this contradicted her doubts about the utility of theory, and her doubts about her service delivery skills. For example, Jane had felt good when she had used the theory of planned behaviour (Ajzen, 1991) to develop strategies to encourage clients' exercise adherence during her generalist placement. Overall, however, Jane considered that interactions with peers and staff had helped her more than the professional literature, a finding similar to the results of other investigators (e.g., Orlinsky et al., 2001).

Specific events outside of training helped Jane develop her ASE psychology service delivery knowledge, paralleling Skovholt and Rønnestad's (1992) view that professional development is not limited to formal education and client contact. Jane



had tried using counselling skills with her friends and family with mixed success. For example, she was surprised when she had encouraged friends to talk by using empathic reflections, because such events challenged her view that she lacked counselling competencies. Often, however, Jane felt manipulative when using her counselling skills with her friends, because she thought she was not being natural or authentic. Perhaps Jane felt uncomfortable because she lacked experience in using the counselling skills she was learning. On one occasion, Jane became unsettled when her mother asked her for advice about changing one of her father's habits. She thought that helping her mother may have blurred the boundaries between being a daughter and a trainee psychologist. Although Jane doubted her ability, she was able to apply counselling knowledge, such as ethical principles to specific situations. Possibly, this anecdote also reveals that her mother's expectations of Jane had changed now that she was studying to be a psychologist. In her second year, Jane entered psychotherapy for a personal issue, and the process proved valuable. Through the experience, Jane realised the value of relationship-building skills, and that as a consultant, she was not solely responsible for resolving clients' issues. The benefits Jane received were similar to those described by other ASE psychology professionals who have recommended that students undertake psychotherapy (e.g., Andersen, Van Raalte, Brewer, 2000; Petitpas et al., 1999).

*Role and style.* In the first interview Jane had difficulty verbalising the ASE psychology service delivery process and practitioners' roles. Her difficulty was understandable because she had limited experience and education in the formal helping process. Jane's service delivery views were similar to the sympathetic friend approach described by Skovholt and Rønnestad (1992). Sympathetic friends provide emotional support, identify problems quickly, and give advice based on their own

experiences (Rønnestad & Skovholt, 2003). Jane also believed she was responsible for ensuring clients obtained benefits from service delivery, a characteristic common among trainees. Jane's belief that she was responsible for client outcomes may have contributed to the anxieties she experienced with regards to service delivery (see Rønnestad & Skovholt). Jane's approach to service delivery showed little change during the first year. She was still adopting a sympathetic friend model in the second interview. Perhaps her approach had not changed much because her lack of client interactions meant that she had not experienced, or experimental with, different ways of delivering services.

Compared with the first two interviews, Jane's approach to service delivery seemed to have changed by the third interview. By this time she had experienced some client interactions after completing two placements. Jane's understanding had moved from being a sympathetic friend to being an expert problem-solver. As the expert, Jane solved clients' problems by suggesting and implementing interventions. She had a straightforward service delivery approach that was influenced by cognitive-behavioural therapy (CBT). When collaborating with clients, she made assessments of their issues through interviews and observations, and helped them use CBT interventions. Inexperienced consultants often adopt concrete styles, and adhere strictly to theoretical service delivery models, to help manage their anxieties and assist clients (Skovholt & Rønnestad, 1992). Jane's rigid adherence to her service delivery model was weakened in her sport placement. For example, she had started her placement thinking that client interactions typically had formal time and space boundaries. Consultants, for example, often made 45-minute appointments and saw clients in private offices. Jane had been surprised when some clients had responded better when approached informally and when they had met in other places. Jane was

learning that ASE psychology consulting can involve short informal interactions that occur in a variety of settings (Simons & Andersen, 1995). Jane had also observed that connecting personally with clients contributed to positive outcomes. She viewed the consultant-athlete relationship as a means to an end. The relationship helped facilitate the attainment of service delivery outcomes but was not necessary.

*Conceptual model.* Jane's discussions about the conceptual models she followed with clients further illustrated how anxiety can hinder neophyte practitioner development. According to Skovholt and Rønnestad (1992), the postgraduate years involve an exploration for service delivery models to guide client interactions. Client collaboration often helps students develop allegiances to models of practice. Jane's exploration may have been hindered because in her first year, as a result of her anxieties, she avoided placements and did not involve herself in role-plays when in class. By the end of the second year, Jane was following a CBT approach when interacting with clients. She had studied CBT in an elective class and had used it with clients. Jane resembled what Rønnestad and Skovholt (2003) describe as the "true believer;" the individual who follows one approach to service delivery.

*Effectiveness.* Across the three interviews, Jane gave similar responses regarding how she would evaluate her effectiveness as an ASE psychologist. Her views were consistent with Skovholt and Rønnestad's (1992) suggestions regarding novice practitioners. Primarily, she relied on clients' behaviours, cognitions, and feedback. One behavioural change Jane identified was clients' improved sports performance. Some ASE psychology practitioners argue that performance is not a suitable indicator of consultant effectiveness because of difficulties in attributing performance changes to interactions with consultants (e.g., Andersen, 2002). Jane also felt effective if clients said they were happier, were less depressed, had greater

insights into their issues, were more self-reliant, or wanted additional sessions. Jane's measures of her effectiveness most likely reflected her desire to help athletes, a primary reason she chose to pursue an ASE psychology career. As a secondary source, Jane thought that supervisor feedback was useful, and her feelings towards herself varied with the comments she received.

*Methods of learning.* In the three interviews, Jane stated that practice was her preferred method of learning. She learned best when applying knowledge to real world situations. Jane was aware that her development as an ASE psychologist had been hindered because she had not participated in role plays, and she had avoided placements in her first year. Perhaps as a defence, Jane also said that vicarious experiences, such as hearing other students' placement stories and observing role-plays, was an alternative way that she learned. In the third interview, Jane discussed self-reflection as a learning strategy. The academic staff had emphasised self-reflection in much of the coursework and supervision. Jane had found self-reflection difficult and threatening, partly because she lacked practical experience on which to self-reflect. Jane also had difficulty verbalising many of her emotions and intuitions. She feared that others might think her self-reflections dishonest.

Jane's case example illustrates how trainees can avoid client contact and other learning opportunities because of performance and evaluation anxieties. Avoidance of training experiences impedes consultant development. The next two case examples demonstrate the progress novice practitioners can achieve when not focussing on negative emotions. Some themes presented in Jane's case also appear in the stories of the following two individuals. These similar themes have been briefly revisited in the next two case examples to provide a fuller description of the

individuals. I have focused, however, on the themes unique to the following individuals.

*Jack*

Jack was 24 years old when he began the MAP. He had completed a double bachelors degree, majoring in human movement and psychology. Jack had then completed a graduate diploma in psychology. As part of his graduate diploma, Jack had completed a counselling subject and a short placement in an employment agency. He had watched the agency's senior psychologists counselling clients, helped administer psychological tests, and performed various administrative tasks. Jack had also coached junior cricket, and in this role helped players make use of goal setting and imagery.

*Motivation.* In the first two interviews, Jack discussed that one reason he choose to pursue a career in ASE psychology was to help athletes with issues that he had experienced when he played cricket. When playing cricket, Jack had often been worried that he would not perform well and be labelled a "loser" by team mates. Jack believed his focus on avoiding failure had reduced his enjoyment. A second motive that Jack discussed was his desire to interact with elite athletes and attend international competitions. Jack had not reached an elite level of competition and he thought that being an ASE psychologist was a way to work with highly skilled athletes and be part of international sport.

Jack's understanding of his motives broadened during the second year, as is often the case with developing consultants (Skovholt & Rønnestad, 1992). In the third interview, Jack mentioned how consulting with athletes had replaced his own sporting participation as the main source of his athletic identity. Jack had ceased participating in competitive sport just prior to enrolling in the MAP. In addition,

through supervision Jack realised that pleasing his parents was a major reason for becoming an ASE psychologist. His parents had frequently told him he was unemotional and aloof. Becoming a psychologist was his way of showing his parents he was a warm, sincere person who cared for others. In recognising that his desire to please his parents was one motivating factor underlying his decision to work with athletes, Jack was demonstrating self-awareness. Such awareness probably assisted Jack in considering the ways that his motives may have enhanced or impeded his client interactions. Early childhood experiences, such as the desire for parental approval, can have positive influences on professional development and may influence therapists' motives to become practitioners (Rønnestad & Skovholt, 2003). In addition, Jack's recognition of the influence of childhood experiences on his current motives may have contributed to his interest in learning about psychodynamic principles. Researchers have found that the adoption of psychodynamic models are associated with childhood family conflicts and desires for self-healing (Poznanski & McLennan, 2003).

*Central task.* In the first interview Jack discussed two central tasks. First, he wanted to undertake practical experiences to determine if he could develop his counselling skills and be an effective consultant. Although he had completed a placement in his graduate diploma, Jack had not counselled clients and was unsure of his counselling skills. Completing placements was the way Jack could address his self-doubts. Second, Jack felt it necessary to balance his studies with other commitments. Jack did not appear to be as anxious about his competence or time management as Jane. Instead, he seemed to have a belief he could achieve the central tasks he identified.

During the year, Jack completed two placements, gaining experience delivering psychological services in both generalist and sport settings. A session with a client late in the year had influenced his thinking. He had used guided imagery with the individual, who broke down in tears during the intervention. The client's reaction unsettled Jack, and he was overwhelmed by this evidence of his ability to influence the client's emotions. Perhaps this incidence illustrates that Jack viewed himself as the active agent in service delivery. Many beginning practitioners have narcissistic views of therapy in which they are powerful and can change clients (Skovholt & Rønnestad, 1992). In the second year, Jack wanted to learn how to help clients express their emotions but be in control of them when they left sessions.

Self-development as a professional practitioner was a central motif in the third interview. Jack believed that learning to act professionally had been a key developmental task in the year just completed. For Jack, professional practitioners delivered ASE psychology services in proper and competent ways. When discussing the proper delivery of services, Jack referred to the knowledge he had learned from books and supervisors. Perhaps Jack's case reflected the finding that throughout the years of postgraduate training, student-practitioners often become progressively more externally driven and cautious with clients (Skovholt & Rønnestad, 1992). That is, beginning practitioners are motivated to behave correctly and deliver interventions according to external authorities, rather than rely on their own intuition.

*Primary affect.* Prior to beginning the MAP, Jack was both nervous and excited about undertaking placements. After spending the previous four years studying psychology, Jack relished the prospect of working with athletes. He was also worried that clients might view him as incompetent if he could not answer their questions. Jack frequently experienced anxiety during the first year. On one

occasion, he understandably became nervous when interacting with a suicidal client because he felt responsible for preventing the person from dying. Jack gave the individual his telephone number and found being available stressful. He also found that he thought about the individual constantly and was relieved when his supervisor took responsibility for the client. Jack realised he had to learn how to manage his emotions and professional thoughts between client sessions to avoid becoming consumed by consultancy work. In addition, the suicidal client had taken Jack by surprise because he had thought that ASE psychologists rarely dealt with such individuals. Perhaps Jack's surprise reflected his view that ASE psychology service delivery equated purely to mental skills training for performance enhancement purposes.

Jack also felt awkward "hanging out" when he worked with a regionally selected soccer team because he was not helping players with their issues. Jack's reaction is common among many novice practitioners who might see hanging out as doing nothing. According to Andersen (2000a), hanging out is not doing nothing, but is part of gaining entrance into service delivery, becoming part of the sport environment, and developing relationships with athletes. Hanging out may have been a difficult lesson for Jack to learn because he wanted to do something to justify his involvement, a common theme among many beginning practitioners (Skovholt & Rønnestad, 1992).

In the third interview, Jack talked about how his emotions had fluctuated during the second year. His emotions mirrored his varying confidence levels, a pattern often observed in novice practitioners (Skovholt & Rønnestad, 1992). After a good session with a client, he experienced intense delight and was confident in his consulting abilities. Often, however, Jack still experienced nervousness, particularly



when unsure how to proceed with a client, or when trying a new intervention. The session from the previous year, in which the client broke down when Jack used guided imagery, had left a lasting impression. His anxiety reflected his belief that he had the power to harm clients.

*Sources of influence.* Jack's sporting experiences, his reading, and an ASE psychologist had influenced his decision to become an ASE psychologist. Through his sports participation, being a coach, and reading popular psychology books, Jack thought he understood the psychological demands of competition. His learning so far had been based on trial and error, and Jack hoped the MAP would help him systematise his ASE psychology knowledge. In high school, Jack had spent a work experience day with an ASE psychologist, who had inspired his interest in ASE psychology.

Placements, professional elders, classmates, and readings helped Jack learn about ASE psychology during his two years in the MAP. Placement experiences had been the most influential information source. Clients had taught Jack a great deal; for example, the suicidal client discussed above. A negative reaction Jack received from another client when he used self-disclosure had taught him about its role in counselling. The client had felt trivialised when Jack compared his (the clients') painful experiences with his (Jack's) own. As another example, there had been coach-player conflict in a soccer team with which Jack had worked. He had been tempted to take sides and offer his opinion, but was thankful when he took his supervisor's advice to remain impartial and focus on facilitating the reconciliation process. Jack was grateful because he believed his supervisor helped him contribute to resolving the conflict and avoid overstepping his ASE psychologist role. As a further example, Jack worked with a golfer who told Jack he wanted help with his

performance, and did not want to address non-sporting issues. Yet in the course of the consultancy, the client repeatedly talked about how playing well was related to his perceptions of being a man. Through working with this individual, Jack learned how sport is a personal issue for many athletes.

Associated with placement had been supervision, and Jack spoke highly of his first year supervisor. His supervisor had given Jack specific, concrete, and practical advice about how to approach different situations. In addition, his supervisor had been encouraging and supportive, often approaching Jack's mistakes in a caring manner. Jack changed supervisors in the second year, and took time to adjust to the new individual's style. Whereas the previous supervisor had offered a lot of direct advice, the new person focused on Jack's thinking behind his actions and on his relationships with clients. The supervisor frequently challenged Jack, and continually had him self-reflecting. Although Jack initially resisted the supervisor's guidance, he came to value the time they spent together. Jack's experiences paralleled recommendations from therapist development researchers regarding supervision styles (e.g., Hogan, 1964; Rønnestad & Skovholt, 1993; Stoltenberg et al., 1998). Beginning students often appreciate direct guidance from supervisors because they doubt their own abilities to make effective consultation decisions. Advanced students, in contrast, sometimes find being challenged by supportive supervisors more helpful than being given directions. Being challenged, for example, may help advanced trainees reflect on their client experiences.

Classmates and lecturers helped Jack learn a great deal about service delivery. Jack had been inspired by, and had learned a great deal from, listening to classmates' placement stories. As a group, the class had shared information, delegated classroom tasks, and helped ensure that each other had understood course

material. Jack had found most of the academic staff supportive and knowledgeable. Jack, however, experienced negative emotions with some of the lecturers. He had, for example, felt humiliated after giving a class presentation when the teacher denigrated his work. Jack believed the teacher misunderstood his presentation because she did not have an ASE psychology background, and was particularly incensed by her dismissive attitude when he defended himself. Two classroom incidents that occurred within two weeks of each other prompted Jack to consider how open he was with other people. The first incident involved the staff member's outburst previously described in Jane's case. The second incident involved a class on suicide in which classmates had disclosed personal details. In both incidents Jack had been surprised at the emotional reactions of several classmates and the way they had admitted their vulnerabilities. He was encouraged to be more expressive with his feelings, more open with his vulnerabilities, and to contribute more often in class. It seemed Jack was beginning to address his past issues regarding the hiding of his emotions.

Throughout the two years, Jack valued books and articles focussed on the process of service delivery, and included in-depth case studies, more than those reporting research projects. One piece of advice, for example, was Egan's (2002) suggestion to help clients look for the potential opportunities their problem situations afforded them, and he obtained some positive client reactions when using this idea. Yalom (1999) was another author who had influenced Jack's thinking, because his writings contained many extended case studies that illuminated the counselling process. Jack did not find many ASE psychology studies helpful because he was unable to apply them to clients. For Jack, class discussions about course readings often were more beneficial for his learning than the specific article or chapter. The

discussions helped bring the knowledge alive and gave it meaning. As illustrated by Jack, the influence of the professional literature is often mediated by interactions with clients, colleagues, and professional elders. The validation of theoretical knowledge via interactions with people is a key developmental experience for trainee practitioners according to Skovholt and Rønnestad (1992).

Jack also learned by practicing his skills in non-counselling situations. Jack liked to participate in classroom activities, such as intervention exercises, because they helped him learn how to use techniques. He liked role-plays because of the discussions that emerged afterwards, when he heard the various opinions about what had occurred. In his first year, Jack frequently used his counselling skills with people outside of his course. Jack had been encouraged when he kept a stranger at a party talking for over an hour about his job. Conversely, he was discouraged when his partner told him to stop being a counsellor. His partner's reaction helped Jack realise that he was using his counselling skills to influence other people and get them to talk, rather than as tools to understand other individuals.

*Role and style.* In the first interview Jack had a limited understanding of ASE psychology, and he adopted an expert problem solver approach to service delivery. He saw his role as suggesting solutions to clients' issues. Jack believed that service delivery was facilitated if he understood clients as individuals, and they accepted him as the consultant. Jack viewed the working alliance as a means to an end. A good consultant-athlete relationship helped service delivery to proceed more smoothly, but it was his solutions that helped clients.

After his first year, Jack thought that counselling was more complicated but easier than he had initially thought, a theme other novice therapists experience (Skovholt & Rønnestad, 1992). Jack realised that counselling was more complicated

because he had become aware of many aspects that influenced the process and the ambiguities often present in clients' stories. Jack found counselling easier because he was less anxious when talking with clients, and he had learned a model (CBT) to guide his actions. Jack discussed the "Homer Simpson voice" in his head. Often, he guided himself through the process consciously. Jack still adopted an expert problem solver approach, and still believed a good relationship was helpful in enhancing his problem-solving mission.

In the third interview, Jack discussed how he still found counselling a cognitive process, and the Homer Simpson voice had expanded to become the "voices of the entire Simpson family." In addition to his own self-talk (Homer), Jack often remembered the words of his supervisors and lecturers (Marge, Maggie, Lisa, and Bart), illustrating that many neophyte practitioners begin to internalise the beliefs of their professional elders (Skovholt & Rønnestad, 1992). There appeared to have been a shift in his thinking regarding service delivery. When helping athletes with specific performance enhancement issues on short-term bases, Jack still used an expert problem solver approach. For example, he helped a golfer control pre-competition anxieties for an upcoming tournament. For issues that could not be addressed in a single session, such as relationship difficulties, he attempted to establish close relationships with clients, and was prepared to be open about his own experiences and emotions. Jack attempted to adopt principles that he had learned from authors such as Yalom (1989) who argued that the psychotherapeutic relationship is the mechanism that heals.

During the second year, Jack also considered the ways that he interacted with clients and presented himself. Jack wanted to present himself as approachable and down to earth, rather than being "wanky." In describing wanky, he told a story in

which he had seen a psychologist who had begun the session asking him in a soft slow voice, “what would you like to unload with me today?” Jack felt patronised. The psychologist had provided a model of how Jack did not want to interact with clients. As another example, Jack discussed how he made more attempts to communicate with clients from their perspectives. For example, he had read about Aboriginal mythology when working with a client interested in myths and legends, because Jack thought it might help him to connect with the individual.

It seemed that Jack’s expert problem solver approach to service delivery had evolved over the second year with a shift from being consultant focused to client led, and had developed flexibility in his style. Sometimes, instead of being the expert from whom clients could get solutions to their problems, Jack tried to get along side his clients and work with them. Jack’s flexible approach to service delivery parallels the recommendations of experienced practitioners (e.g., Orlick, 1989; Simons & Andersen, 1995). Some athletes, for example, want to be taught techniques they can use to control their thoughts and emotions, and do not desire further exploration of their circumstances. Other athletes do desire in-depth examination of their issues and appreciate consultants with whom they develop close relationships.

*Conceptual models.* Jack had evolving and expanding relationships with theories. He seemed to illustrate Rønnestad and Skovholt’s (2003) multiple serial attachment example. Prior to beginning the MAP, Jack believed that the CBT approach made the most sense compared with other models and would help the majority of sports people deal with their issues. In the second interview, Jack discussed how he applied CBT principles in his placements, but was becoming interested in psychodynamic models because he realised how clients’ histories and past relationships influenced their present behaviours, thoughts, and feelings. Jack’s

interests in psychodynamic approaches developed throughout his second year. In the final interview, Jack talked about how he relied on CBT less because it did not help him address the causes of many clients' issues. Jack also became interested in existential principles because he believed they resonated with his own past. For example, throughout his life he had worried about dying and the deaths of his family members. He had found Yalom's (1980) writings on death anxiety helpful in normalising his experiences. Jack illustrates the influence of the course he was completing. The three lecturers with whom Jack and his classmates had considerable contact each adopted psychodynamic, existential, and CBT principles in their athlete collaborations to varying degrees.

*Effectiveness.* Across the two years, Jack used clients' reactions and feedback to evaluate his effectiveness as a consultant. Jack believed he had been helpful if clients wanted to meet him again, were willing to try interventions they discussed, and wanted to contribute to service delivery. One incident helped Jack realise he could not always take client behaviour at face value. One individual ended a session abruptly, cancelled the next one, and when contacted declined a further session. Jack thought he had been unhelpful. Some time later, the athlete arranged another session and Jack asked about his effectiveness as a consultant. The athlete explained that he finished the original meeting abruptly because he had had another meeting. The athlete said he appreciated Jack's assistance and wanted to continue their relationship.

In the final interview Jack discussed how he normally avoided using a client's sporting performances as an effectiveness indicator. Recently, however, he had felt compelled to use performance to evaluate his effectiveness. Jack had been offered paid consultancy work with a cricket team. Members of the team spoke

highly about another ASE psychologist who had recently given them a workshop on mental preparation. The players believed that Jack could help them achieve high levels of performance, but he was anxious about his ability to meet their expectations. During a practice session, Jack taught one player a concentration strategy and then watched the player closely, hoping for a dramatic performance improvement to help justify his involvement. It seemed being paid intensified Jack's anxieties, and prompted him to find evidence he was meeting his clients' expectations and his involvement was worth the money they were paying.

*Methods of learning.* In each interview, Jack stated he learned best from practical experience, and interacting with clients was central to his development as a practitioner. In the second and third interviews, Jack discussed the contribution self-reflection had made to his learning. Jack now thought he learned a great deal when he reflected on what occurred during client interactions, had been presented in lectures, or discussed in articles he read. According to Jack, self-reflection allowed him to learn about service delivery related issues from almost any human interaction. For example, he had benefited from being a participant in the current study because he had reflected on his development as an ASE psychologist. According to Rønnestad and Skovholt (2003), self-reflection "is a prerequisite for optimal learning and professional development at all levels of experience" (p. 29). Possibly, Jack may have developed service delivery skills without deliberately engaging in self-reflection. His learning, however, was mostly likely enhanced because he did undertake self-reflection.

Jack illustrated some of the ways individuals might develop during their postgraduate training when not consumed by anxieties. The many parallels between Jack's development and the therapist development model proposed by Skovholt and



Rønnestad (1992) may reflect his similarity with the modal students described in the framework: young individuals who start their training after high school. Individuals who begin practitioner training later in life may experience professional development differently than high school leavers (Skovholt & Rønnestad). Below, Jenny is an individual who began her ASE psychologist training several years after completing high school.

### *Jenny*

Jenny was 31 years old when she began the MAP. She had completed a double bachelor's degree in PE and psychology, along with a diploma of education. Jenny had then taught high school PE for several years, but became bored with teaching and decided to complete a graduate diploma in psychology. After her graduate diploma Jenny had counselled clients at an employment agency for three years before starting the MAP. She still worked part-time at the employment agency to support herself financially.

*Motivation.* When completing her undergraduate degree, Jenny's interest in ASE psychology had been stimulated by an influential lecturer. While teaching PE, she found that students shared their issues with her, and she enjoyed helping them. Jenny's perception of herself as a natural helper is characteristic of many newly enrolled postgraduate students (Skovholt & Rønnestad, 1992). For Jenny, becoming an ASE psychologist represented a longer lasting and more fulfilling career than teaching. In addition, she regretted giving up netball to focus on her teaching qualification, and wanted to help athletes use their talents fully.

The excitement that Jenny felt when beginning the MAP, however, had begun to fade by the second interview, and she discussed her reservations about making a full-time living from ASE psychology. She desired the financial stability of a full-

time job, and thought there was insufficient work available for the number of ASE psychology graduates entering the labour market each year in Australia. Jenny seemed to be developing a realistic view of employment opportunities in Australia. Jobs at sports institutes and with professional teams are not plentiful, and few individuals make a full-time living from ASE psychology service delivery.

In the second year, through supervision, Jenny developed greater insight into her motives for pursuing a career in ASE psychology. Jenny realised that one reason she was pursuing ASE psychology was to work with elite and celebrity athletes. Her motive reflected a desire to enhance her status among others, and was perhaps related to her regrets about having not been an elite netball player. A second reason she wanted to be a registered psychologist was because of images that such individuals were powerful and knowledgeable about the human psyche. Jenny's motive reflected a narcissistic view of service delivery, one in which the practitioner is a special person.

In the third interview, Jenny discussed that she was now questioning her desire to remain working in the discipline. Often, she became bored when working with athletes. Jenny perceived that non-sport clients challenged her more than athletes. Jenny thought ASE psychology was often superficial, and athletes typically wanted quick remedies. Jenny found long-term collaboration with clients on deep-seated personal issues to be more satisfying. Jenny was aware that she tended to "homogenise" athletes as a group, perhaps reflecting an understanding that not all wanted superficial solutions to their issues. Perhaps Jane was aware that she might not make a full-time living from athletes and was looking for reasons why other client groups could be satisfying.

*Central task.* A key theme of professional development throughout many therapists' careers is growth towards the integration of their professional and personal selves (Skovholt & Rønnestad, 1992). Jenny identified the integration of her professional and personal selves as her central task while enrolled in postgraduate study. She described how her undergraduate lecturers had been "cardboard cut-outs," because although they taught her, they had not seemed open or had expressed their personalities. By integrating her professional and personal selves, Jenny wanted to express her individuality when working with clients. For example, Jenny liked to "have a laugh" and wanted to feel free to share jokes with clients. For Jenny, integrating her personal and professional selves would allow her to become more genuine with clients. There is some evidence that being genuine plays a role in effective psychotherapy (Klein, Kolden, Michels, & Chisholm-Stockard, 2002), so perhaps Jenny's attempts to be herself with clients may have contributed to the working alliances she established.

In the second and third interviews, Jenny discussed ways that she had developed as a practitioner, and had become more "real" with clients. She described her development as "tuning the instrument." Through supervision and placement, for example, she became more aware of her foibles, such as avoiding challenging situations, suppressing emotions, and tendencies to stereotype individuals. In her second year, Jenny had interacted with some prominent members of an Aboriginal tribe, who had taught her about their culture, the suitable ways she might interact with them, and their experiences as members of an ethnic minority. Jenny believed she had gained greater understanding about how being a European female influenced her interactions with clients, and how she had a privileged position in society compared with others.

Jenny's goal of integrating her professional and personal selves is a characteristic of experienced rather than beginning consultants (Skovholt & Rønnestad, 1992). Often, novice practitioners focus on learning skills to help them cope with their client interactions and control their anxieties. Jenny had probably developed beyond the novice practitioner level. From the three years counselling experience she had prior to beginning the MAP, Jenny most likely had developed her service delivery skills sufficiently to allow her to cope with client's demands and control her anxieties.

*Predominant affect.* In interview one, Jenny admitted to feeling lost and nervous when beginning counselling after completing her postgraduate diploma. After several years' experience, however, she had more control of her anxieties, and was more relaxed with clients. She was more aware of how she reacted with particular clients. For example, she had felt disgusted with a man facing a sexual harassment suit, feared for her safety with psychotic clients, and been uninterested with uncooperative individuals. Being aware of how she reacted to individuals probably helped Jenny reflect on the ways she influenced service delivery and decide if she could offer them assistance.

The emotions that Jenny experienced when working with a basketball team in her first year illustrates the range she felt when interacting with clients. Often, Jenny felt anxious when counselling athletes because she had limited sport-specific knowledge and the need to be a "perfect" practitioner to obtain favourable evaluations from her supervisors. Jenny illustrates the finding that mature practitioners may experience anxieties when they move into new professional domains (Skovholt & Rønnestad, 1992). Jenny also felt anxious when she had "hung out" with players and was not counselling them; feelings similar to those Jack

experienced. Hanging out was probably a new experience for Jenny because her service delivery at the employment agency involved the time and space boundaries associated with more traditional counselling practice. Jenny had felt “big sister” feelings towards one of the younger players, and through this experience began to explore the roles of countertransference in ASE psychology service delivery. Jenny was fascinated in how she wanted to nurture and protect the individual, and thought her approach may have hindered the athlete’s growth and issue resolution.

*Sources of influence.* Jenny discussed how previous counselling experience and supervision at the employment agency had expanded her service delivery knowledge before enrolling in the MAP. Similar to previous research findings, Jenny had learned a lot from clients (Orlinsky et al., 2001). In addition, Jenny also believed that non-professional experiences had helped shape her competencies. For example, traumatic events, such as family members with alcohol dependencies, had helped Jenny learn coping skills. In addition, Jenny believed she could empathise with clients better. Jenny’s experiences mirrors Skovholt and Rønnestad’s (1992) observation that therapists may consider personal suffering helpful to their development as practitioners. Jenny believed that other events outside of training, when she was enrolled in the MAP assisted her learning. For example, she attended a series of public lectures given by people who had experienced natural disasters, including survivors, journalists, doctors, and military personnel. Jenny had been inspired by many of the presenters, particularly with how they coped with the situations they faced, and had learned about resilience in the face of calamity.

The sources of influence that Jenny discussed in the second and third interviews were similar to those detailed by Jane and Jack. Skovholt and Rønnestad (1992) suggested that practitioners are influenced by common sources of information

(e.g., clients, colleagues, professional elders, theory and research, non-professional events, and social environment). The ways these sources influence practitioners, however, are unique to each individual. The different patterns of influences help explain why Jane, Jack, and Jenny had different developmental paths.

Jenny believed that client interactions had the greatest influence on her development. She identified how working with athletes had developed her sport-specific knowledge, such as a greater understanding of the culture and dynamics of male team sports after consulting with an Australian Rules Football squad. The lack of sport-specific knowledge was suggested by Jenny as a limitation in her knowledge base in the first interview, and she seemed relieved it had been addressed in training. Examples of the learning she achieved with other clients have already been mentioned, such as athletes with whom she interacted when consulting with a regional soccer team.

Along with client interactions, supervision had been a tremendous influence. Jenny received supervision from three individuals over the two years and had benefited from each person. The supervisors had helped her understand how her own issues influenced service delivery, as previously discussed under the heading *Central task*. Jenny talked about her experience of having two supervisors ask her to observe them working with clients and give them her opinion. In addition to feeling complimented, the experiences had helped her re-examine her values and service delivery knowledge. The primary outcome of Jenny's self-reflection was her realisation of how her service delivery approach had changed since first interacting with clients. These changes are summarised under the *Role and style* heading. It is understandable Jenny felt complimented when her supervisors asked for her input because such requests indicated their beliefs in her competence.

In the third interview, Jenny discussed at length the ASE psychology supervisor she had in her second year. She seemed ambivalent towards this person. Jenny described her supervisor as knowledgeable, nurturing, and caring. Her supervisor had taught her a great deal about forming working alliances with clients, and about how her own issues influenced service delivery. For example, her supervisor helped Jenny confront her shame about her body shape, and draw on her experience when working with clients with similar concerns (e.g., by being empathetic). Jenny also related times when she was hurt by her supervisor and discussed his limitations. She described how hurt she was when he called her “infantile”, and then criticised him for creating a power differential between them. To illustrate the power differential, Jenny talked about how her supervisor demanded she reflect on her behaviour but never seemed to engage in self-reflection himself. Jenny felt she could not raise her concerns with her supervisor because he was “temperamental;” indicating she feared the individual’s ability to hurt her and prevent her passing the course. Rønnestad and Skovholt (2003) described how advanced students may experience conflict with supervisors. Supervisory tensions result from interactions between students’ desires to be autonomous practitioners and their supervisors’ expectations. Possibly Jenny was experiencing similar tensions. Her reference to a power differential may have represented her desire to assert herself as an independent practitioner, and her fear of raising her concerns with her supervisor may have reflected her acknowledgement she had to meet his expectations to pass the course.

Along with clients and supervisors, teaching staff had also helped Jenny learn. Jenny told a story in which she clashed with a lecturer over teaching style, and whom she believed was patronising students in the sport and exercise stream of the

MAP. Jenny raised the issues with the individual on a private basis, and through the process they resolved their differences. The lecturer discussed how personal issues had left her feeling fragile. The incident taught Jenny about managing conflict and about the humanness of professional elders. Jenny came to appreciate the individual's teaching style, and after the subject had finished, she continued to seek assistance from the person. Perhaps ASE psychology educators and students sometimes fail to appreciate each other as people because their interactions may be limited to the classroom. Jenny, for example, better appreciated her teacher when she realised that the individual was dealing with personal issues.

Jenny's case seems to illustrate how students may initially place professional elders on pedestals and over time develop negative evaluations of them. During the first and second interviews, Jenny spoke highly of the ASE psychology lecturers. Her regard seemed to express itself most strikingly in her hero worship of one particular individual. Jenny described how she sat in this individual's classes with "my chin in my hands." The individual had a broad knowledge base, had a large number of publications, and made intelligent comments regardless of the topic. Possibly the belief that her lecturer was knowledgeable may have helped Jenny believe she was learning the correct ways to deliver services to clients. Jenny also, however, found the individual's extensive knowledge intimidating, and was nervous when handing in assignments because high standards were expected. Her anxieties reflected her doubts that she could meet the standards of the course, concerns that were intensified when the lecturer gave her feedback on some coursework. Jenny was staggered at the number of changes suggested. Jenny's nervousness was countered by the way the individual revealed personal information in class and provided support, both emotionally and practically, to students. The teacher seems to have recognised his



power and attempted to lessen his intimidating manner by revealing his own weaknesses in class and assisting students with their issues. In the third interview Jenny was ambivalent towards the ASE psychology lecturers. She described how hurt she had been when the lecturer with whom she experienced hero worship had an emotional outburst in class over the students' lack of contribution and professionalism. Jenny thought she had already been contributing in class and used the incident to criticise the lecturer and other staff on the course. Jenny believed staff did not appreciate that students had commitments outside of the course and their demands for the course being given the highest priority were unrealistic. Perhaps Jenny's criticism was an attempt to deal with the pain from receiving a rebuke from a valued lecturer who had previously been helpful. Jenny's criticism probably also reflected her worries about her father's recent minor heart attack. Understandably, Jenny had reached a decision that her family was of greater priority than the course.

Jenny valued the camaraderie among her classmates. She discussed how the supportive environment allowed them to challenge each other in ways that assisted learning. During one role-play on sexual abuse, for example, Jenny became upset because the topic triggered painful associations about her family. Her classmates had been empathetic and had helped Jenny consider how her experiences might assist her when working with sexually abused clients. In the first year, Jenny had been uncomfortable when classmates said they felt intimidated because she was a "superior" student. They were intimidated by her counselling experience, her confidence, and her maturity. Jenny was embarrassed because she did not feel superior but was aware of her limitations as an ASE psychologist, such as having limited sport-specific knowledge. Through the incident Jenny learned about how she presented herself in public, and the ways she was perceived by other people.

Some literature Jenny read over the two years had been helpful, whereas some had seemed pointless. Texts detailing basic prescriptive counselling methods had not helped Jenny compared with writings containing case examples and authors' reflections. Perhaps Jenny's comments reflect that as therapists develop, their preferred learning methods change (Skovholt & Rønnestad, 1992). Books that detail basic service delivery instruction may not help advanced students if they already have client collaboration competencies. Advanced students might benefit more from books containing complex information against which they can compare their own perspectives. Jenny felt the process of completing a thesis had not helped her development because conducting research seemed different from working with clients. The reading, however, she had done on the topic, career transition, had assisted when she had worked with an unsuccessful professional golfer. Jenny thought reading ASE psychology research had often been unhelpful to her learning because few studies addressed service delivery issues and many investigations had limitations that restricted their value, such as poor methods or unsuitable statistics. Perhaps Jenny's attitude towards research was a defence mechanism. If she came to believe that research could not help her, she could justify not reading investigation reports. Jenny adopted a utilitarian approach to her thesis and the literature she read. Reviewing research, studying theory, and completing a thesis were valuable to Jenny if they helped her client interactions. Jenny's attitude was also characteristic of Jack and Jane.

*Role and style.* During the third interview we discussed how Jenny's understanding of counselling had changed during the several years she had collaborated with clients. Many of the themes that Jenny mentioned were similar to those discussed by Skovholt and Rønnestad (1992). First, she now took much less

responsibility for clients' outcomes than previously. Whereas Jenny had tried to fix clients' issues, now she attempted to help them find their own solutions. Second, structure was another way she had changed. Whereas Jenny had previously followed a CBT model rigidly when interacting with clients, she now preferred to follow clients' agendas. She was not compelled to "follow the script" of particular schools. Third, Jenny believed the relationships between herself and clients contributed to positive outcomes. Developing intimate relationships helped clients and provided them with safe opportunities for self-learning. Fourth, Jenny thought that she listened to clients differently. Previously, she had forced clients' stories to fit her model of service delivery, and had ignored information not fitting her framework. Jenny now tried to understand clients' issues from their perspectives. She also considered information not easily accommodated theoretically rather than discarded it. Fifth, Jenny was aware how her needs and issues influenced service delivery. Sixth, counselling had become a less cognitive process, and she did not coach herself the way she had when first collaborating with clients. On some recent occasions she had established such close connections with clients that she lost awareness of her self-talk and acted intuitively. Jenny was pleased when her supervisor told her these experiences were positive signs of her development. In summarising her development, Jenny said she had changed as a person, in addition to having more knowledge. The themes Jenny discussed are not unique to Skovholt and Rønnestad's model, and are also part of other therapist development frameworks (e.g., Loganbill et al., 1982; Stoltenberg et al., 1998).

*Conceptual models.* The journey Jenny followed in the adoption of counselling models was similar to the one Jack undertook. Prior to entering the MAP, Jenny had been CBT oriented because the model had been emphasised in her

graduate diploma and by former supervisors. She had thought the CBT approach was the easiest to understand, and had followed the framework when she started counselling clients. The person-centred model also appealed to Jenny because of the emphasis on treating clients with respect (see Raskin & Rogers, 2000). Jenny had looked forward to talking with two psychodynamically oriented MAP lecturers, because she was unsure how the approach could be used in ASE psychology service delivery. Jenny attributed her interest to her limited knowledge about the psychodynamic approach.

By the time interview two occurred, Jenny was unsure about the counselling model she followed. She still found CBT appealing because it was an “active” approach, and the interventions seemed suited to helping athletes with their issues. Jenny had also begun to appreciate the diversity of psychodynamic schools. Specifically, she had a greater appreciation for the influences clients’ histories, and their previous relationships with significant others, could have on their current behaviours. After year two, Jenny believed that CBT was most valuable when athletes wanted techniques to address performance enhancement issues. For personal concerns, such as deep-seated personality issues, she thought CBT was limited, and Jenny tried to adopt principles she had learned from psychodynamic writers. When describe those principles, she discussed how she explored family histories, analysed “points of pain” (reasons why clients were hurting) and displays of emotions, and examined what clients discussed and the details they did not verbalise. She also considered the ways she reacted to clients. Jenny felt neglectful if she failed to consider the whole person and their circumstances. Psychodynamic concepts were appealing because they helped Jenny understand her issues and history. For example,

dynamic concepts about transference had helped her understand why she had big sister feelings towards one client.

*Effectiveness.* Similar to Jane and Jack, throughout the two years Jenny used clients and her supervisors as sources for evaluating her consulting effectiveness. She considered verbal and nonverbal client feedback useful sources of information including their comments, reactions, willingness to participate, and desire for further contact. Jenny said that discussing cases in supervision and hearing her supervisors' opinions had also been valuable. Unlike Jack and Jane, Jenny also considered in detail her reactions to sessions. Jenny appeared to be developing personal criteria for evaluating her effectiveness and was not reliant solely on client improvement or feedback, a theme described by Skovholt and Rønnestad (1992) as characteristic of maturing therapists. For example, Jenny was satisfied with her counselling performance if she maintained professional standards, was positive towards clients, and provided opportunities for them to explore and resolve their issues. Possibly, Jenny's criteria reflected her changed perceptions regarding her role as a practitioner, discussed above. For example, whereas Jenny had wanted to find solutions for clients' issues when she first collaborated with them, she now wanted to facilitate their attempts to resolve their concerns. It seems understandable that Jenny would now evaluate herself on how well she had facilitated clients' attempts to resolve their issues, instead of whether they thanked her for identifying solutions.

*Learning.* Jenny identified self-reflection as the major learning method that helped her develop as a consultant, and her thoughts were similar to those of Jack. In the three interviews, Jenny discussed how self-reflection was necessary if she was to learn from placement, supervision, readings, lectures, or classmates. Jenny

emphasised her view by saying that she would learn more from reflecting on a single client session than completing one year of unexamined service delivery experience.

### General Discussion

Primarily, I drew on the therapist development model proposed by Rønnestad and Skovholt (2003) to interpret the participants' stories in the current study. The findings, however, have several parallels with other therapist development frameworks (e.g., Hogan, 1964; Loganbill et al., 1982; Stoltenberg et al., 1998). For example, the supervision styles preferred by some participants evolved as they gained service delivery experience. Initially, some trainees preferred supervisors who gave direct advice on how to proceed with clients. With experience, however, several students preferred supervisors who challenged them and encouraged independent thought. Most of the novice practitioners in the current study experienced anxiety when first interacting with clients. With experience, the anxiety levels of several participants diminished and they became more comfortable interacting with clients. Most of the practitioners seemed to focus initially on learning skills and techniques that helped them interact with clients. With experience, several students began to focus more on themselves as practitioners and less on techniques as they began to realise the significance of consultant-client relationships. The current study provides evidence that therapist development models stemming from psychotherapy research can contribute to understanding ASE psychologist maturation. Utilising maturation frameworks may help practitioners develop insights to guide their professional development activities.

As with the previous three studies in this PhD, there are limitations that warrant attention when considering the scope of the current findings. The participants may not always have been truthful during the interviews. They might,

for example, have been concerned that my supervisors were their teachers. In addition, participants may have presented idealised versions of themselves and their development. I tried to establish trusting relationships with them by explaining their rights as participants and involving them in decisions about how their stories would be presented. As another limitation, it is possible the composite case examples present ASE psychologist development as more eventful than was experienced by participants. As explained earlier, I considered composite case examples the most suitable way to present the data for ethical reasons. As an alternative, researchers could write individual case studies. Such case studies may more fully reflect individual differences in ASE psychologist development. The current findings are based on the perspectives of trainee ASE psychologists and did not include those of other people involved with the MAP programme. Researchers could include other individuals' perspectives such as supervisors, lecturers, clients, and classmates.

The participants were part of a unique programme. The ASE psychology training pathway in Australia is uncommon around the world. Graduates are not always eligible for psychologist registration on completion of their training in most countries. There are few psychodynamic ASE psychologists in the discipline (Andersen, 2000a), yet two of the four ASE psychology lecturers were psychodynamically oriented. The programmes that the participants had enrolled in changed over time (e.g., further education to doctoral level became an option after the participants' first year). Replication of the current study in other countries and with different programmes in Australia will complement the current findings and identify similarities and differences among different novice practitioner samples.

The participants were influenced by their involvement in this investigation. Jack, for example, discussed how the interviews gave him opportunities to self-

reflect on his development. Some of the individuals in this study were also participants in Studies 2 and 3. Possibly, involvement in the three studies may have contributed to the participants' development as practitioners. Many individuals expressed gratitude to me because they believed they had benefited from participating in the studies. The extent, however, that their development was influenced is unknown.

Investigators using a variety of research designs might contribute further insights about ASE psychologist development useful for practitioners, students, and educators. Trainee ASE psychologists might be followed beyond graduation to explore ways practitioners mature after completing their training. Cross-sectional studies might identify differences among individuals with varying amounts of experience. Qualitative studies will provide rich accounts of development and quantitative studies might help identify developmental trends in ASE psychology. Examining clients' perceptions as ASE psychologists mature might provide information on ways consultants become more effective as they develop. Research into ASE psychologist development may accrue benefits such as those described in the introduction of this chapter. Supervisors and educators might use developmental findings to assist their attempts to train students. For example, trainees might be forewarned of obstacles that may hinder their development. Practitioners and students might use findings to help plan their professional growth, resulting in optimal maturation.

In the current study, lecturers and supervisors seemed to influence trainee ASE psychologists' development and initial client interactions. Supervisors and educators are in positions similar to sport coaches; they help individuals develop their skills. Similar to coaches, educators and supervisors also experience the joys



and pains of observing their trainees develop and perform. The case examples presented in this chapter provide glimpses into the process that occurs as beginning practitioners grow, develop, and anticipate leaving their university playing fields and lecturer-coaches. Findings from this study, and those from the other investigations in this PhD, provide information that lecturer-coaches can use to help trainee practitioners develop service delivery competencies and serve the needs of their athlete-clients.

## CHAPTER 8

### REFLECTIONS

I have learned much about service delivery competence by listening to academics and practitioners discuss how students develop consulting skills, observing trainees interact with athletes, and following them over two years. There are parallels between the trainee practitioners in Studies 2, 3, and 4 and myself. Both they and I have been, and still are, developing ASE psychology-related competencies. In this chapter I engage in a self-reflective process similar to what I asked participants to undertake. Specifically, I identify what I have learned about ASE psychology service delivery, the research process, and myself. I hope my self-reflections provide another perspective on ASE psychology development that complements those already presented.

In writing this chapter I drew on Sparkes' (2002) discussion on autobiographical research. Sparkes detailed how self-narratives can be written from different perspectives, such as the experiential, reflexive, or interpretative. I chose to use an interpretative self-reflective perspective by comparing my experiences with the findings from this PhD. By comparing my story with those of the trainee practitioners studied in this PhD, similarities and differences between their training to become practitioners and my training to become both an academic and a consultant might be identified. I have structured my reflections under similar headings to those used to present the case examples in Chapter 7 to help identify similarities and differences.

## Reflections on my Service Delivery Experiences and Completing this PhD

### *Motivation*

The participants in Study 4 and I experienced a variety of motives leading to enrolment in our postgraduate training degrees. The participants in Study 4 developed deeper and broader understandings of their motives as they progressed through their courses, and such a finding paralleled my experience. One of my main motives for pursuing this PhD was to identify how effective practitioners develop their service delivery skills. Through completing this PhD, I identified ways that supervised practice, relevant theory, self-reflection, and supportive teachers and classmates contributed to helping the trainees become competent practitioners. I was also aware why the topic interested me. I wanted to address uncertainties regarding my own competencies, and enrich my understanding of how I could become an effective practitioner. Although I have completed the four studies, my uncertainties are not resolved fully. Completing this PhD has expanded my service delivery knowledge, and conducting the interviews has helped my ability to encourage people to talk about themselves. I am now a more informed practitioner, and completing this PhD has helped me realise that supervised practice will likely assist my service delivery skills and ease further my competence uncertainties. With hindsight I may have been somewhat naïve to expect completing a PhD to resolve uncertainties about my service delivery competencies. Effectiveness consultancy skills take years to develop.

Participants in Study 4 had motives I initially labelled as immature or self-serving, such as wanting to work with athletes at international competitions. Similarly, I considered some of my early motives for completing this PhD as immature. For example, I wanted to show other people that I was intelligent and

good at my job. There have been individuals in my life who implied, by their behaviour or words, that I was not intelligent or good at my job. I used to joke that I was going to make my in-laws address me as Dr Tod. The joke was based on unhappiness over the way they had treated me. My supervisors assisted my understanding that labelling our motives as immature or self-serving does not help us assess their influence on behaviour or move us forward in any meaningful way. Some participants in Study 4 reflected on how their motives influenced their service delivery, and I have also considered how my motives might influence my behaviour as an ASE psychology practitioner and academic. My desire to demonstrate I am intelligent and an effective practitioner, for example, may help me to continue trying to improve my ASE psychology skills, and develop a work ethic that seems to characterise productive academics and practitioners.

In addition, I considered what such a motive might reveal about me. In addition to showing others I was intelligent and a helpful practitioner, I wanted to demonstrate them to myself. To me, completing a PhD is a sign that I have skills, knowledge, and expertise, but I still tend to doubt my abilities. As an example, my co-supervisor asked me to help with a chapter in a well-known textbook. I felt I was not deserving of such an opportunity, and that others would believe I should not be an author. My co-supervisor relieved my concerns by showing me that many co-authors in the book were also graduate students. My doubts about my abilities have parallels with the trainee practitioners in this PhD when they were given opportunities to work with athletes. Many of the trainees doubted their competencies and believed they were not ready to work with athletes.

Associated with my self-doubts is a tendency to downplay my own achievements. Recently, my principle supervisor wrote on a draft of this dissertation

“you have a strong tendency to undersell your work – even your best stuff at times – that frustrates me!” My supervisor’s comment has made me think that being hard on myself is a defence mechanism. I have found that if I criticise myself then most other people tend to comfort me rather than point out my weaknesses. Criticising myself helps me avoid negative feedback from others. I can justify a self-critical approach by arguing that it helps me identify ASE psychology related skills I can improve. Perhaps I also need to recognise my strengths.

Both the trainee participants and I were completing our degrees to obtain ASE psychology-related employment. Rather than become a full-time practitioner, I wanted to work in academia and consult with athletes on a part-time basis. Compared with other jobs I have experienced, working in academia is rewarding and enjoyable. Employment in academia does not seem like work to me because there is little physical labour, I enjoy interacting with students, and there is freedom to manage myself rather than having a boss direct my movements. The trainees were also aiming to work in a job that they believed would be rewarding and enjoyable. These individuals found psychology an interesting area and wanted to work with sportspeople. The jobs we were desired were extensions of our interests.

### *Central Task*

Completing their qualifications seemed to be the central task for many of the trainee participants, yet initially, finishing this PhD was not the central task for me. One of my central tasks was to make an exceptional contribution to the practice of ASE psychology education. I had a vision that others might consider my PhD special, and it might influence other ASE psychology educators substantially. Although most dissertations are not widely read, initially I denied such an outcome for my PhD. Looking at the number of dissertations in the VU library helped me

acknowledge mine will most likely meet a similar fate. My supervisors' feedback has also helped me confront my views. In wanting to make an extraordinary contribution, I tried to make this PhD larger than necessary. It was like I intended to write the definitive treatise on ASE psychology education. My supervisors frequently had me cutting material because I was including too much irrelevant information. Having an unrealistic vision of this PhD triggered anxiety and echoes the experiences of the trainee practitioners. Some of the student consultants were scared to work with clients because they felt responsible for ensuring positive outcomes. Towards the end of completing this PhD I was relieved when I acknowledged that I was completing an educational qualification and not expected to produce an extraordinary groundbreaking document. I still intend to inform other ASE psychology educators about the findings of this PhD, through peer reviewed publications, because many individuals might find the results relevant and helpful to their situations.

A second central task was to make myself attractive to possible employers. Whereas many trainees in this PhD began to doubt they would find full-time positions as ASE psychologists, I continued to believe my employment goals were realistic. Throughout the three years, however, I have probably tried to achieve too many things. I considered completing a PhD insufficient for acquiring an academic job, and thought it necessary to bolster my CV with other achievements, such as conference presentations and publications.

### *Primary Affect*

The trainee practitioners in this PhD and I have experienced the full gamut of emotions. I have experienced a rollercoaster of feelings and so did many of the participants in Study 4. There were times when we felt anxious, and there were times when we felt confident about our ASE psychology skills. The neophyte practitioners

discussed the anxieties they experienced in training, an emotion I have also felt. I manifested considerable anxiety in relation to my co-supervisor. On several occasions I avoided handing him work because he is a harsh reviewer, and often I felt foolish when reading his comments. I also felt ashamed of my nervousness to hand him work because it seemed ridiculous for me, as an adult, to be worried about my co-supervisor's reactions. My experiences with my co-supervisor assisted me in empathising with the participants in Study 4. The participants were also taught by my co-supervisor, and I felt I understood some of their experiences when discussing their intimidating interactions with him.

For me, the biggest source of frustration with this PhD has been the writing. I am not an eloquent author, and I lack confidence in my writing because I received the label dyslexic when at school. I did not tell my supervisors about having been diagnosed with dyslexia because I did not want to be treated differently from others. In some ways it has been useful to be conscious of my writing skills. For example, I never gave my supervisors drafts of this PhD without proof reading them thoroughly. Writing has also provided some of the joys I have experienced completing this PhD. As an example, I was happy when my co-supervisor wrote "I like this" next to the paragraph where I compared the working alliance to the main course of a meal.

In Study 4, as some trainees progressed through their course, they became conservative and rigid in their service delivery. They were scared to make mistakes and believed there was a right way to interact with athletes. Prior to beginning this PhD I also was a rigid practitioner and followed a framework I developed from reading relevant literature. It will be interesting to see how I have changed when I begin interacting with athletes after completing this PhD. In addition, I became a rigid and conservative writer to avoid negative feedback from my supervisors. I tried

to follow the grammar and usage rules that they gave me. I kept a dictionary next to me, and I recorded a list of words that my supervisors told me I could not use in this dissertation (e.g., “impact as a verb). I was happy when my co-supervisor told me that it was acceptable to break the rules occasionally, such as splitting an infinitive, when it suited the point being made. To me, his comment was a sign I was learning because I was able to remember the rules.

I have been surprised on several occasions at how possessive and emotional I have become with this PhD. On one occasion when presenting the findings of Study 1 to a group of individuals, an academic questioned me about the contribution the study made to the knowledge base. I was offended by her questions and became defensive. The academic’s comments hurt probably because I understood them all too well. Her comments came at a time when I was unsure about the value of this PhD. My possessive and defensive reactions have disrupted the belief that I could separate my efforts in completing this PhD from my identity. I did not get emotional when receiving supervisor feedback in the early stages of this PhD, perhaps because I had not invested large amounts of time and effort in the project. Towards the end, however, I was more defensive when supervisors offered their critical comments. For example, the initial draft of Study 1 was over 40 pages, and I had to cut more than 10. My principal supervisor was insistent that much material had to be removed because it was not directly related to the research question. I resisted because it was painful to omit sections of my work. Cutting hurt because I was removing many participant quotes I thought were insightful and clever. Cutting was also painful because I had worked hard to write the material being omitted. Through the cutting process, however, I began to understand my supervisor’s reasons.



Some of the most intense emotions felt by trainee participants in this PhD were related to their professional elders. Similarly, the most intense emotions I experienced were regarding my supervisors. My supervisors also taught the trainee practitioners of Study 4. The same individuals were evoking the same emotions in me and the neophyte consultants. At times I have been angry and frustrated because I believed my supervisors were not appreciating my perspective or data interpretation, were unprofessional, and occasionally, were deliberately annoying. On one occasion, for instance, I thought my principle supervisor was trivialising my interpretations of the participants' interview responses. I was livid at his slight on my competence. In listening to the student consultants it seemed that sometimes they were projecting their feelings of inadequacy onto their teachers. I can not specifically remember times when I projected my inadequacies onto my supervisors, although such a view may reflect the limits of my self-understanding. Like the participants in Study 4, I have also felt relieved and grateful for the support, feedback, and nurturance my supervisors have given me. On numerous occasions, for example, I have fretted over whether this PhD was passable. Both supervisors have eased my fears in this regard.

#### *Sources of Influence*

I have learned from a similar range of sources that influenced the neophyte practitioners in Studies 1 and 4 (e.g., clients, professional elders, classmates, theory and research, specific events outside of training). Instead of clients, I have learned from the research participants. Through their willingness to share their stories, I was able to construct more meaning to the literature I read. For example, I learned how anxious neophyte therapists can become during client interactions. In Study 2, one participant was extremely nervous and made several negative statements about her counselling abilities. In Study 4 some of the participants talked about how they had

avoided undertaking supervised placements because of their anxieties. Participants also taught me about service delivery from the stories they shared, and I had opportunities to see them collaborate with athletes. In comparing my own service delivery practices with their experiences, I identified how to enhance my own consulting style. For instance, I have become aware of how narrow I was as a practitioner. I viewed myself as an educational ASE psychology consultant who taught athletes mental skills for sport performance. I now realise that effective athlete collaboration may involve more than mental skills training, and I desire to offer clients a broader range of services.

Both my supervisors taught me a great deal about service delivery and conducting research. Early in my PhD I decided I wanted to learn from both individuals, and they agreed to such a proposal. Often I found it difficult to integrate both my supervisors' teachings and feedback. I never anticipated the extent to which they would disagree on topics related to my PhD. I had a belief that generally they would agree with each other about most topics and procedures. On some occasions, however, I felt stuck in the middle. Study 3 is an example. My principle supervisor believes the study has value, whereas my co-supervisor believes it has few redeeming features. I found reconciling their opinions difficult because I understood both viewpoints. The self-talk data in Study 3 are participants' retrospective accounts that have been influenced by a number of considerations. If researchers do not attempt to study in-session self-talk, however, then insights that might benefit practitioners will remain unexplored. Using existing technologies may also help researchers identify ways to accurately study in-session self-talk. I learned that the research process is complex, with no correct answers to many issues. As another example, my supervisors often had different interpretations of the participants'

quotes to each other and myself. Their differing opinions helped me appreciate the complexities involved with ASE psychology service delivery. Similar to some participants in Study 4, I did not appreciate the ambiguities associated with athlete interactions, and I also thought there were correct ways to conduct service delivery.

Some of the trainee practitioners in this PhD were surprised about how much self-reflection they were asked to undertake. I also did not anticipate that my supervisors would ask me to introspect to the extent they directed. The most painful example occurred, when in an interview training session, my co-supervisor told me he was gay. I was interviewing him about his life history and he was using the opportunity to prepare me for data collection. I froze when he mentioned he slept with men, and I could not decide how to proceed with the interview. I felt shame because I knew I had failed to act in a professional manner, and I was fearful that my co-supervisor would think poorly of me. He tried to normalise my reactions, and we talked about his experiences of being gay and the sources of my homophobia. We also discussed how our reactions, as researchers and consultants during interviews, to clients' or research participants' stories can influence subsequent discussion. For example, had I reacted in similar ways with gay participants in this PhD, then they may have withheld other personal information because they were not comfortable talking to me.

The following week I again interviewed my co-supervisor. At the beginning I summarised the content from the previous interview, and I left out that we talked about his sexual orientation, an omission my co-supervisor pointed out to me. I felt terrible for two days afterwards. I began, however, to understand that I had difficulty with my co-supervisor being gay because I was afraid of offending him. To help me overcome my fear of being offensive, I sought out a gay man I knew and discussed

sexual topics with him. The individual conversed with me, and I realised that I could talk to gay men without causing offence. I also read two autobiographies of gay athletes (Freeman, 1997; Louganis & Marcus, 1995), and these books helped me see the naiveté of my thinking. For example, I had thought that gay men were camp. Through reading I began to realise that gay men could not be stereotyped.

There seems to be some parallels between the ways I confronted my homophobia and the ways some participants in Study 4 dealt with their blind spots. Two participants, for example, learned much from interactions with suicidal and aboriginal clients. We learned about how we perceive particular types of people and considered how we might best interact with such individuals. Reflecting on these experiences helped me understand the trainee practitioners' message, in Study 4, when she said her professional growth had involved more than knowledge acquisition, but had involved her changing as a person.

My supervisors also provided me with models of how to mentor others in the research and service delivery process. There were times when I offended or upset them, and yet they have continued to support and assist me. For example, on several occasions I have had arguments with my supervisors over various aspects relating to the research process and this PhD. After one argument, my principle supervisor told me that I was aggressive indicating I hurt him with my comments. My supervisors' behaviours led me to reflect on how intolerant I can be towards others. In addition, my supervisors have also modelled behaviours I want to avoid as an academic. On one occasion, for instance, my supervisors took 12 weeks to return a draft of this dissertation to me, and I became anxious because I felt my chances of completing the PhD in a timely manner were threatened. I hope that as an academic, I am not slow to return students' work.

Just as I experienced conflict with my supervisors, the neophyte practitioners in this PhD sometimes clashed with their professional elders. One participant, for instance, was unhappy with the way a teacher treated her and her classmates. Conflict, however, can be a stimulus for improved relationships and self-learning. Both the trainee participant and I used the disagreements to self-reflect and adopt the other individuals' perspectives. Through the experiences we developed our relationship building skills, and such self-learning is likely to enhance our client interactions and ability to conduct research.

At times I have adopted a similar attitude to theory and research as did many beginning ASE psychologists in this PhD. I preferred literature that could be easily applied to my situation. For example, I valued Egan's (2002) *The Skilled Helper*, because it assisted me in interpreting participants' comments. Egan presented the counselling process in a way I understood. Patton's (2002) qualitative research methods book was another example. I valued his writings because I could apply them to my situation. I was critical of other articles and books because they seemed vague and did not explain how to conduct research. My attitude reflects that I am a neophyte researcher, and prefer clear direct guidance from professional elders and books. As I progress, I will probably begin to value books I currently consider unhelpful.

Many participants in Study 4 talked about how discussions with classmates and teachers helped them understand theory and research, a perception similar to my own. I have learned from my supervisors about ASE psychology theory and research. For example, I have developed a greater ability to evaluate quantitative research. Similar to participants in Study 4, I have often validated knowledge through the application it has in people's lives. Before I started this PhD, for example, I thought

transference was not relevant to ASE psychology. Becoming aware of the transference reaction I had to my co-supervisor has led me to believe that transference influences relationships, including those that ASE psychology practitioners have with athletes. I see my co-supervisor as a father figure and sharing a beer with him reminds me of how I never developed an adult friendship with my father. Through reflecting on my relationship with my co-supervisor I have begun to make sense of why I have often developed strong relationships with older men.

Similar to the beginning practitioners in Studies 1 and 4, my classmates have been helpful in my education. The emotional support and friendship has helped make my PhD an enjoyable experience. I was touched when my peers brought me a sunhat as a leaving gift when I moved from Australia to Wales. One of the best ways that my colleagues helped me learn was via a weekly seminar we organised where we discussed our work. Each week individuals would present topics related to their PhD for discussion. These seminars were generally a safe environment for us to share the personal aspects of our work. On one occasion I shared with the group my reasons for undertaking this PhD, particularly how I doubted my abilities as a practitioner. I was surprised when others in the group spoke about their anxieties. We also discussed the role of sharing personal details in research, especially in qualitative projects. We talked about how many investigators in ASE psychology qualitative projects only detail how skilled they are at research. From our discussion, I became confident that sharing my doubts was suitable because they have influenced this PhD, and may assist in the evaluation of my work.

On another occasion at our weekly seminar I presented results from Study 3. My co-supervisor was there and he raised his concerns about the study. It was embarrassing to find that I had to agree with his criticisms. The pain I felt was due to

the ambivalence I had towards Study 3. As discussed above, I understood each of my supervisors' perspectives, but had not been able to resolve the differences. I was comforted when other students in the seminar provided support by sharing their anxieties about some of their studies and the ways that their supervisors had unrealistic expectations of them. The resultant discussion focussed on the power differentials among students and supervisors. I was encouraged when my co-supervisor shared how he had stifled other graduate students' progress by demanding too much from them. His example encouraged me to be comfortable admitting my mistakes. From that discussion I began to develop ideas about how I might assist graduate students I supervise, such as helping them to identify studies that are logistically possible and free from major methodical flaws.

I think I learned less from my fellow PhD students than the trainee practitioners in this PhD did from each other, and perhaps the difference may have been due to the qualifications we were completing. The participants in Study 4 were studying the same topics, enrolled in subjects together, and were completing similar assignments. In contrast, PhD students study different topics, may use different methods, and typically do not attend classes. There may be less scope for collaborative learning for PhD students compared with the participants in Study 4.

Both the trainee practitioners and I were influenced by events and people outside of our qualifications. My wife was the most salient person for me outside of my course. Without her encouragement I would not have committed to doing a PhD, and she often listened to my ruminations. In addition, while in Melbourne I performed on stage with an amateur acting company. Through my involvement I learned about method acting (Stanislavsky, 1973), and this approach helped me make sense of the comments participants in Study 1 made about the realness of role plays.

### *Service Delivery and Research Process*

I replaced the heading *Role and Style* used in Study 4 with *Service Delivery and Research Process* because it seemed to describe better the focus of this section. I have become more appreciative of how my issues and beliefs influence service delivery and research, a theme that echoes some of the trainee participants studied in this PhD. I discussed above the story of my homophobia and stereotyping. Another story occurred during an interview in Study 2 with an athlete for whom English was a second language. The interview was not going well, the participant was giving brief answers, and I was having difficulty following her lead. Part way through the interview I asked about her perceptions of the trainee ASE psychologist. The participant replied “she is not like you, she is interested in what I say.” Her statement revealed much about our relationship and my interview style. I was getting frustrated because she was not giving long detailed answers, and I was asking questions more than once to get information. I was distracted by my aim of getting good quality data, and I was not listening fully to the participant and helping her tell her story. In addition, I was not acting normally, and was probably treating her paternally because she was having difficulty speaking fluent English (e.g., speaking slowly and loudly). As a result she may have refrained from sharing information that added to the quality of her data. We had a working alliance strain comparable to some of those that emerged in Study 2. By reflecting on the strain I identified how to improve my relationship building skills in research and applied settings. For example, reminding myself that rich qualitative data is collected when I help interviewees tell their stories.

In completing this PhD I have also realised that relationships play a central role in ASE psychology service delivery and research. Prior to this PhD I was



technique focused in a similar way to some of the inexperienced practitioners in Study 4. For example, I adopted an expert problem solver approach to service delivery and suggested interventions to solve client problems (e.g., goal setting is used for motivational deficiencies). From a research perspective I relied on interview guides to collect data for my masters thesis. Through observing the dyads in Study 2 and listening to the trainees in Study 4, I have changed my thinking considerably. Now I believe that it is through collaborative relationships that practitioners help athletes with their issues, and similarly, researchers collect rich qualitative data.

From a research perspective, I have become aware of a tendency to adopt a quantitative mindset to conducting qualitative research. For example, with data analysis I tended to evaluate themes by the proportion of the samples that discussed them, rather than considering how they contributed to understanding the phenomenon of study. Perhaps the tendency arose because I found it challenging to consider the meaning of participants' words compared with counting the number of people who discussed particular topics. I also found it disheartening on many occasions because my supervisors seemed constantly to show me the inadequacies of my interpretations. Many times I longed for the safety of numbers.

I have also become more appreciative of the difficulty in producing insightful qualitative research that adds to the knowledge base. My supervisors frequently criticised my writing for the presence of broad sweeping statements that added little to the understanding of the topic and for pontificating. One of the most damning pieces of feedback I received was "so people learn from reading – isn't that fucking amazing!" Many times my interpretations were not deep enough, and part of the reason was because I hadn't picked up on central topics during the interviews and was left with limited data. I understand better the recommendation that researchers

should not conduct qualitative studies in linear “cookbook” fashions (literature review, data collection, data analysis, and write-up). Now I realise there is much cross-pollination to be gained from undertaking tasks in parallel. Data collection and analysis helped me attach meaning to the literature, which in turn led to richer information from subsequent participants. My experience has helped me understand how theory and practice can inform each other in an on-going circular manner, a theme that some participants in Studies 1 and 4 discussed.

The realisation that conducting tasks in a linear cookbook fashion may limit the richness of qualitative data has similar applications for service delivery. Some of more experienced trainees in Study 4 began to adapt techniques to suit athletes’ needs. Prior this PhD, I tended to fit clients’ needs to the techniques I had available to me. I now appreciate better the need to be flexible as a practitioner.

### *Conceptual Ideas*

The reasons some participants in Study 4 initially chose the models of service delivery they used were similar to why I selected Patton’s (2002) qualitative research framework. Some Study 4 participants selected a CBT approach because it was easy to understand, it had relevance for their client interactions, and they could learn it well enough to guide service delivery. I selected Patton’s framework because I understood his model, saw its relevance to this PhD, and was confident I could learn it well enough to complete this PhD.

The trainee participants in this PhD had a significant influence on my thinking about service delivery, particularly those individuals in Study 4. Across the two years, some participants moved from using, almost exclusively, a cognitive-behavioural approach to service delivery, to drawing on the ideas of authors from a variety of perspectives, for example Freud (1938/1964) and Yalom (1980). Through

the participants' experiences, I began to realise the limitations of the cognitive-behavioural model that I had employed. I also began reading Yalom's works and his writings influenced me. Many of Yalom's ideas (e.g., death, freedom, isolation, meaninglessness) resonated with my own thinking, and I could perceive their application to service delivery. In addition, I detected parallels between his views on the therapeutic relationship and the working alliance research. When I begin working with athletes again, I will consider how Yalom's ideas can inform my athlete collaborations.

I have a prejudice about what constitutes knowledge that my supervisors have pointed out on numerous occasions but I have not overcome completely. I tend to perceive articles in which data have been collected from participants, either qualitatively or quantitatively, as contributing more to ASE psychology knowledge than other types of articles (e.g., literature reviews, professional practice articles). My prejudice stems from my undergraduate training in the research process where I was taught that knowledge was generated from real world observations using accepted research tools (e.g., standardised questionnaires, interview guides). I tend to overlook that authors can legitimately use their experiences as data. Reading Sparkes (2002) helped me overcome my prejudice because he explained how the various approaches to qualitative research, such as autoethnography, are based on alternative types of data.

I have become more humble regarding my understanding of qualitative research. When I began this PhD I was confident that I understood how to conduct qualitative research because I had published a qualitative-based study. I was naïve, however, regarding qualitative research design. I thought, for example, that the different schools of thought were variations of the same approach with different

labels and terms. I found, however, that other people were asking questions that I struggled to answer satisfactorily. The qualitative research design subject that I completed in my first year and my reading of Patton (2002) were helpful in providing me with a framework for understanding the different approaches. Now I am aware that I still have much to learn about qualitative research, and I have only a superficial knowledge of some approaches.

Through learning more about qualitative research I have also realised how I can be dogmatic and treat others aggressively. Initially, when I was confident in my (limited) understanding, I held negative attitudes towards those who did not share my beliefs. On one occasion, for example, I told a fellow graduate student who was making scornful remarks about the value of qualitative research that he did not know what he was talking about, and that he was “spouting off” ideas from a previous supervisor. Instead of being tolerant, or trying to understand his views, I trivialised him and his ideas. I noticed how he was hurt, and he took some time before opening up to me again. I have become more considerate of others’ views and try to be less aggressive when explaining my opinions. I have seen signs of improvement. For example, recently I had a debate with my principal supervisor over aspects of qualitative data analysis related to this PhD. I took time to understand his views and looked for commonalities between our opinions. We resolved our differences and managed to find agreeable solutions.

### *Measures of Effectiveness*

My views on service delivery effectiveness are similar to those expressed by the trainee practitioners in Study 4, and revolve around client satisfaction. Prior to completing this PhD, I also had experienced similar anxieties that some of the trainees felt regarding the need to justify their involvement with athletes. I wanted to

show clients that they were better athletes because of my help. Although I included enhanced sports performance as a success criterion, I had not given much attention to the difficulties in determining how my client interactions had helped athletes perform better. Through my interactions with the participants in Study 4 I am more comfortable with acknowledging that client satisfaction is a primary way that effectiveness as a practitioner is assessed.

At times I forgot that an effective PhD student conducts a series of related studies that add to the knowledge base. Instead, I focussed on trying to show my intelligence and extensive knowledge. I felt a compulsion, for example, to reference every article I read. Sometimes I referenced material that was irrelevant, such as discussing Buber's (1970) work on I/Thou relationships at length in the first draft of Study 3. I over interpreted my masters degree supervisor's advice that I would not pass if I missed referencing key articles. In addition, I felt anxious that there were few studies on the ASE psychology service delivery process where researchers had collected data from practitioners and athletes. A large amount of my initial review chapter contained discussion about studies that were peripheral to my topic.

I have tussled with the value of this PhD. Once I realised that I was not going to have an extraordinary influence on ASE psychology education, I became unsure how this PhD added to the knowledge base. My awareness of the limitations of this PhD led me to question the contribution it made to the discipline. In addition, much of the knowledge generated in this PhD did not seem to be original. My views on the value of this PhD have fluctuated. There have been nights when I have not slept because I ruminated over whether I have done enough to pass. Many times I have relied on my supervisors to bolster my faith that this PhD has value for the ASE psychology discipline. I am reminded of the description of faith in the Bible, "faith is

being sure of what we hope for and certain of what we do not see” (Hebrews 11:1, New International Version). More recently, I think I have developed a realistic view of the contribution this PhD makes to the ASE psychology literature. Studies 2, 3, and 4 complement literature on trainee ASE psychologist service delivery and maturation by examining client interactions and developmental journeys of a sample of students. Study 1 contributes by documenting academics’ and recent graduates’ views about service delivery development. This PhD helps to develop a more complete understanding of how trainee practitioners perceive ASE psychology service delivery and change with experience.

### *Preferred Learning Methods*

Participants in Study 4 discussed how practical experience and self-reflection were their preferred learning methods. Similarly, I have learned much from practical experience and self-reflection. I would also include social interaction as a preferred learning method. I have gained tremendous value from exposing my ideas to others and getting their feedback. My name is associated with this dissertation but many other people (e.g., supervisors, participants, fellow graduate students) have contributed to the content. Prior to beginning the PhD I preferred studying alone. Much of my previous study involved coursework where I was given learning objectives and information sources. I had to fill my head with knowledge in a rote fashion so that I could empty it in an assignment or exam. There were also lecturers who told me the correct information to learn. In this PhD, however, I have had to determine my own objectives and information sources. Sometimes I was unsure if I was studying the correct information, and I wanted an authority to tell me I was doing the right thing. Occasionally, I was relieved when my supervisors told me to

write something or adopt a certain course of action, and I think my relief signalled an abdication of responsibility.

### Benefits of Presenting My Story

Documenting my story had helped me realise how much I have learned and changed through completing this PhD. During her third interview in Study 4 one trainee practitioner discussed how she valued doing the MAP because it had helped her change as a person in addition to giving her service delivery knowledge and skills. This person's sentiments would also apply to me. In addition to learning more about ASE psychology service delivery, I have gained much self-understanding, and have changed the ways I view and react to those people around me. For example, I am more tolerant of other people when they have different views to my own.

Also, the benefits I identified from conducting the studies in this PhD have parallels for the presentation of my story. To reiterate some of the points I have made within the relevant chapters, graduate students undertaking research-based qualifications in ASE psychology, and their supervisors, might reflect on my experiences and compare them against their own. Graduate students might, for example, find my reflections helpful in understanding what they are experiencing. Prospective graduate students could use my reflections to consider how they might extract the most benefits from their studies and how they might complete their projects effectively and efficiently. Supervisors might be prompted to consider how they interact with their graduate students, and such self-reflections might lead to modifications in their supervision styles. For example, one of my supervisors has indicated how he reflected on some of the issues raised in this chapter when reading an earlier draft. After reading about my experiences, investigators in ASE psychology might see value in further exploring research-based graduate education.

Currently, Butki and Andersen's (1994) examination of students' perceptions about the training they have received in publishing and presenting their research appears to be the only published study focussed on research education in ASE psychology.

There is scope for more investigations into research training in the discipline.

### Summary

The major purpose in presenting my experiences was to identify the similarities and differences between my development and that of the trainee practitioners studied in this PhD. There are numerous parallels and some differences between my and their stories. In presenting my reflections perhaps I have offered another perspective on ASE psychology trainee development. Beginning practitioners' development and their service delivery encounters were the main foci in this PhD. The four studies undertaken were designed to be independent but related. The studies have advanced knowledge by collecting information about how a cohort of Australian neophyte practitioners, and their conceptualisations of service delivery, changed as they matured and gained client experience. Actual client encounters these individuals had were also studied. Information about how they and their clients related to each other, and retrospective accounts of what they thought during collaboration were collected. In addition, Australian graduates and academics provided their viewpoints on the influences that contribute to service delivery development in trainee ASE psychologists. Many of the graduates' and academics' thoughts were paralleled by those of the students who were followed over 2 years (e.g., the utility of theory). Information generated in this PhD highlighted many of the parallels between counselling psychology and ASE psychology service delivery and practitioner development. Potentially, the findings have value for the training of future practitioners, such as the types of working alliances athletes prefer, and the



ways that trainees might experience anxiety. The results might also benefit educators and supervisors, such as helping them tailor their efforts to match trainees' needs. More broadly, if trainees are well-prepared for their future careers as consultants, then they will contribute to their clients' lives.

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## Appendix A

### Consent Forms and Information for Participant Forms Used in Study 1

Interpersonal, intrapersonal, psychosocial, and educational factors that influence the development of service-delivery skills in trainee sport psychologists

Information for participants: Academic staff

Although researchers have identified characteristics of effective sport psychology consultants, no one has interviewed faculty or graduates about the interpersonal, intrapersonal, psychosocial, and educational factors in postgraduate training that contribute to the development of these attributes. The aim of this study is to investigate the factors of accredited postgraduate applied sport psychology training programmes that influence the development of service-delivery competence in trainee sport psychologists, according to academic staff and graduates. The benefits of this study include: (a) documenting the perceived interpersonal, intrapersonal, psychosocial, and educational factors in postgraduate training that contribute to the development of consulting competence; (b) the potential improvement of applied sport psychology service delivery; and (c) the provision of a data base for future research. You will also have the opportunity to consider your teaching style and you may find this self-reflection to be beneficial.

I invite you to participate in this study. Your participation will involve being interviewed for approximately 45 minutes. During this time you will be asked a number of questions about the interpersonal, intrapersonal, psychosocial, and educational factors in postgraduate training that influence the development of consulting competence in trainee sport psychologists. In addition, I will ask if you can contact a graduate of your course and inquire if I may contact him or her to explain the study and invite her or him to participate.

Participation is voluntary and you are free to discontinue at any time, without the need for explanation. You may have had bad experiences in your course and talking about them may cause you distress. Also, during the interviews, you may talk about colleagues', teachers', students', supervisors', or your own behaviour. You could experience discomfort or negative social repercussions if another person, other than myself, were to learn what you talked about during your interview. You may decline to answer any question, at any time, without the need for explanation. To avoid any possible defamation of another person, please do not mention any names. Also, an independent counsellor, who is aware of the study, is available to discuss any concerns you might have about the research. To ensure your confidentiality, I will be the only person who will listen to the recording of your interview, and all references that may identify you, or other individuals, will be changed or deleted before the transcript is viewed by a third person. Also, when the study enters the public domain the results will be presented for the sample as a whole, interview responses will not be used to identify individuals.

Should you have any concerns or queries about the research project, please contact me at the address below. If at any stage you have concerns about the conduct of the research project, please contact the Secretary of the University Research Ethics Committee, Victoria University, P.O. Box 14428 MCMC, Melbourne, 8001 (Ph 9688 4710).

David Tod  
PhD student  
Victoria University  
Ph: 9688 4066



## Interpersonal, intrapersonal, psychosocial, and educational factors that influence the development of consulting skills in trainee sport psychologists

Information for participants: Graduates



Although researchers have identified characteristics needed by sport psychology consultants, no one has interviewed educators or students about the interpersonal, intrapersonal, psychosocial, and educational factors in postgraduate applied sport psychology training that contribute to the development of these attributes. The aim of this study is to investigate the factors of accredited postgraduate applied sport psychology training programmes that influence the development of service-delivery competence in trainee sport psychologists, according to academic staff and graduates. The benefits of this study include: (a) documenting the perceived interpersonal, intrapersonal, psychosocial, and educational factors in postgraduate training that contribute to the development of consulting competence; (b) the potential improvement of applied sport psychology service delivery; and (c) the provision of a data base for future research. You will also have the opportunity to consider your development as a consultant and you may find this self-reflection to be beneficial.

I invite you to participate in this study. Your participation will involve being interviewed for approximately 45 minutes. During this time you will be asked a number of questions about the interpersonal, intrapersonal, psychosocial, and educational factors in postgraduate training that influence the development of consulting competence in trainee sport psychologists. In addition, I will ask if you can contact a fellow graduate of your course and inquire if I may contact him or her to explain the study and invite her or him to participate.

Participation is voluntary and you are free to discontinue at any time, without the need for explanation. You may have had bad experiences in your course and talking about them may cause you distress. Also, during the interviews, you may talk about colleagues', teachers', supervisors', or your own behaviour. You could experience discomfort or negative social repercussions if another person, other than myself, were to learn what you talked about during your interview. You may decline to answer any question, at any time, without the need for explanation. To avoid any possible defamation, please do not mention any names. Also, an independent counsellor, who is aware of the study, is available to discuss any concerns you might have about the research. To ensure your confidentiality, I will be the only person who will listen to the recording of your interview, and all references that may identify you, or other individuals, will be changed or deleted before the transcript is viewed by a third person. Also, when the study enters the public domain the results will be presented for the sample as a whole, interview responses will not be used to identify individuals.

Should you have any concerns or queries about the research project, please contact me at the address below. If at any stage you have concerns about the conduct of the research project, please contact the Secretary of the University Research Ethics Committee, Victoria University, P.O. Box 14428 MCMC, Melbourne, 8001 (Ph 9688 4710).

David Tod  
PhD student  
Victoria University  
Ph: 9688 4066

## Victoria University of Technology

### Consent Form for Participants Involved in Research: Academic staff



#### Information for participants:

We would like to invite you to be part of the study described in the Information for Participants Form.

#### Certification by participant

I,  
Of

Certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study entitled:

Key elements that influence the development of service-delivery skills in trainee sport psychologists

Being conducted at Victoria University of Technology by:

David Tod, PhD student,  
Dr Daryl Marchant,  
Associate Professor Mark Andersen.

I certify that the objectives of the study, together with any risks to me associated with the procedures listed hereunder to be carried out in the study, have been fully explained to me by David Tod and that I freely consent to participate.

#### Procedures:

David Tod will interview me on one occasion, for approximately 45 minutes, at a time and location that is of my choosing. This interview will be recorded onto cassette tape. David Tod will also ask if I can contact a graduate of my course and inquire if he may approach them regarding this study.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Witness other than researcher:

Any queries about your participation in this project may be directed to David Tod (Ph: 9688 4066). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428 MC, Melbourne, 8001 (Ph: 03 9688 4710)

## Victoria University of Technology

### Consent Form for Participants Involved in Research: Graduates



#### Information for participants:

We would like to invite you to be part of the study described in the Information for Participants Form.

#### Certification by participant

I,  
Of

Certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study entitled:

Key elements that influence the development of service-delivery skills in trainee sport psychologists

Being conducted at Victoria University of Technology by:

David Tod, PhD student,  
Dr Daryl Marchant,  
Associate Professor Mark Andersen.

I certify that the objectives of the study, together with any risks to me associated with the procedures listed hereunder to be carried out in the study, have been fully explained to me by David Tod and that I freely consent to participate.

#### Procedures:

David Tod will interview me on one occasion, for approximately 45 minutes, at a time and location that is of my choosing. This interview will be recorded onto cassette tape. David Tod will also ask if I can contact a fellow graduate of my course and inquire if he may approach them regarding this study.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Witness other than researcher:

Any queries about your participation in this project may be directed to David Tod (Ph: 9688 4066). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428 MC, Melbourne, 8001 (Ph: 03 9688 4710)

Appendix B  
Interview Guide - Study 1

Discuss

1. Sport psychology teaching/consulting history.
2. Skills and abilities needed for service delivery competence.
3. Personal characteristics of students that contribute to or inhibit service delivery competence development.
4. How the master degree program helps students develop service delivery competence.
5. Learning experiences during the master degree program that influence service delivery competence.
6. The aspects of sport psychology emphasized in the master degree program.
7. (If already mentioned) how supervised placements contribute to students' competence as service providers.
8. (If already mentioned) ways the informal interpersonal interactions contribute to students' competence as service providers.
9. Obstacles in the master degree program that inhibit service delivery competence.
10. Ways the master degree program's effectiveness is evaluated.
11. Other topics that the participant wishes to raise.

## Appendix C

### Consent Forms and Information for Participant Forms Used in Studies 2 and 3

An examination of trainee sport psychologists' and their clients' self-talk and working alliance

Information for participants: Trainee sport psychologists



Researchers consider that the relationship between a psychologist and a client predicts the benefits a client receives. In addition, a psychologist's and client's internal dialogue, or self-talk, may also be related the benefits clients obtain. To date, self-talk and the psychologist-client relationship have not been examined in the context of a sport psychology consultation. The aim of this study is to investigate trainee sport psychologists' and their clients' in-session self-talk and experiences of the relationship. The benefits of this study include: (a) an improved understanding of the issues affecting the relationships between trainee sport psychologists and their athlete clients, and the types of self-talk in which they engage; (b) the potential improvement of applied sport psychology training programmes; and (c) the provision of a data base for future research. Involvement in the study will also be of benefit to the participants because it has elements of reflective practice: you will be provided with opportunities to reflect on your consulting abilities, and the athlete you meet will receive, free of charge, assistance with psychological aspects related to their sporting participation.

I invite you to participate in this study. Your participation will involve meeting with a student athlete enrolled in a human movement degree, VUT, on three occasions. You will be asked to conduct these sessions according to the legal, ethical, and professional standards of the Australian Psychological Society. I will videotape the first and third sessions, although I will not be present during the consultations. In these consultations you will be asked to conduct the interactions according to the principles you have learned from your training and experience. After the first and third consultations, I will interview you. During these interviews you will watch the videotape of your consultation with the athlete and will be asked a number of questions about your relationship with the athlete and your self-talk during the consultation.

Participation in this study is voluntary; that is, it is in no way connected to the requirements of the course in which you are enrolled. You are free to discontinue at any time, without the need for explanation. During this study, I will view the videotapes of your interactions with the athlete. The athlete you meet with may share sensitive personal information and may experience distress. They might also discuss information about illegal behaviour pertaining to themselves or others. As a result, you may experience some anxiety or discomfort. An independent counsellor will be available for you to meet if you experience any anxiety or discomfort (Dr Romana Morda, phone: 9688 5223, email: [romana.morda@vu.edu.au](mailto:romana.morda@vu.edu.au)). During the study you might reveal information that could be used to your detriment if it were made public. The following procedures will be used to protect your confidentiality: (a) no person, other than yourself, the athlete, or myself will watch the videotapes of the athlete consultations; (b) I will be the only person who will listen to the interview audiocassette tapes; (c) I will keep your interview responses, the videotapes, and interview cassettes in a locked filing cabinet; (d) all references that may identify you, or any other individual, will either be changed or deleted before your transcripts are read by a third person; and (e) when the study's results are made public, individuals will not be highlighted, instead the findings will be presented for the sample as a whole.

Should you have any concerns or queries about the research project, please contact me at the address below. If at any stage you have concerns about the conduct of the research project, please contact the Secretary of the University Research Ethics Committee, Victoria University, P.O. Box 14428 MCMC, Melbourne, 8001 (Ph 9688 4710).

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An examination of student sport psychologists' and their clients' self-talk and working alliance  
Information for participants: student athlete



Researchers consider that the relationship between a psychologist and a client predicts the benefits the client receives. In addition, a psychologist's and client's internal dialogue, or self-talk, may also be related the benefits clients obtain. To date, self-talk and the psychologist-client relationship have not been examined in the context of a sport psychology consultation. The aim of this study is to investigate trainee sport psychologists' and their clients' in-session self-talk and experiences of the relationship. The benefits of this study include: (a) an improved understanding of the issues affecting the relationships between trainee sport psychologists and their athlete clients, and the types of self-talk in which they engage; (b) the potential improvement of applied sport psychology training programmes; and (c) the provision of a data base for future research. Involvement in the study will also be of benefit to the participants because it has elements of reflective practice: you will receive, free of charge, assistance with the psychological aspects of your sporting participation, and the trainee sport psychologist will be provided with opportunities to reflect on her or his consulting abilities.

I invite you to participate in this study. Your participation will involve meeting with a trainee sport psychologist enrolled in the Master of Applied Psychology, VUT, on three occasions. The trainee sport psychologist will conduct these sessions according to the legal, ethical, and professional standards of the Australian Psychological Society. I will videotape the first and third sessions, although I will not be present during the consultations. In these consultations you will have the opportunity to raise any issue related to your sports participation you would like to discuss. After the first and third consultations, I will interview you. During these interviews you will watch the videotape of your interactions with the trainee sport psychologist and will be asked a number of questions about your relationship with the practitioner and your self-talk during the consultation.

Participation in this study is voluntary; that is, it is in no way connected to the requirements of the course in which you are enrolled. You are free to discontinue at any time, without the need for explanation. During this study, I will view the videotapes of your interactions with the trainee sport psychologist. Also, you may share sensitive personal information, or discuss illegal behaviour pertaining to yourself or others, and may experience distress. An independent counsellor will be available for you to meet if you experience any anxiety or discomfort (Dr Romana Morda, phone: 9688 5223, email: [romana.morda@vu.edu.au](mailto:romana.morda@vu.edu.au)). During the study you might reveal information that could be used to your detriment if it were made public. The following procedures will be used to protect your confidentiality: (a) no person, other than yourself, the trainee sport psychologist, or myself will watch the videotapes of the athlete consultations; (b) I will be the only person who will listen to the interview audiocassette tapes; (c) I will keep your interview responses, the videotapes, and interview cassettes in a locked filing cabinet; (d) all references that may identify you, or any other individual, will either be changed or deleted before your transcripts are read by a third person; and (e) when the study's results are made public, individuals will not be highlighted, instead the findings will be presented for the sample as a whole.

Should you have any concerns or queries about the research project, please contact me at the address below. If at any stage you have concerns about the conduct of the research project, please contact the Secretary of the University Research Ethics Committee, Victoria University, P.O. Box 14428 MCMC, Melbourne, 8001 (Ph 9688 4710).

David Tod  
PhD student  
Victoria University  
P.O Box 14428 MCMC  
Melbourne 8001  
Ph: 9688 4066  
email: david.tod1@research.vu.edu.au

## Victoria University of Technology

## Consent Form for Participants Involved in Research: Trainee Sport Psychologist



## Information for participants:

We would like to invite you to be part of the study described in the Information for Participants Form.

## Certification by participant

I,  
Of

Certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study entitled:

An examination of student sport psychologists' perceptions of their development as practitioners

Being conducted at Victoria University of Technology by:

David Tod, PhD student,  
Dr Daryl Marchant,  
Associate Professor Mark Andersen.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the study, have been fully explained to me by David Tod and that I freely consent to participation involving the use on me of these procedures

## Procedures:

I will meet with a student athlete on three occasions to discuss psychological aspects of this individual's sporting participation. The first and third occasions will be videotaped, although the person making the video will not be present during the consultation. After the first and third consultations with the student athlete, the individual who conducted the videotaping will interview me with this interview being recorded onto audiocassette tape.

I have been told that should I wish to speak to an independent counsellor about my involvement in this study, I may contact Dr Romana Morda by phone (9688 5223) or email ([romana.morda@vu.edu.au](mailto:romana.morda@vu.edu.au)).

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Witness other than researcher:

Any queries about your participation in this project may be directed to David Tod (Ph: 9688 4066). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428, Melbourne MC, 8001 (Ph: 03 9688 4710)

## Victoria University of Technology

## Consent Form for Participants Involved in Research: Student athlete



## Information for participants:

We would like to invite you to be part of the study described in the Information for Participants Form.

## Certification by participant

I,  
Of

Certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study entitled:

An examination of student sport psychologists' perceptions of their development as practitioners

Being conducted at Victoria University of Technology by:

David Tod, PhD student,  
Dr Daryl Marchant,  
Associate Professor Mark Andersen.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the study, have been fully explained to me by David Tod and that I freely consent to participation involving the use on me of these procedures

## Procedures:

I will meet with a trainee sport psychologist on three occasions to discuss my sporting participation. The first and third occasions will be videotaped, although the person making the video will not be present during the consultation. After the first and third consultations with the trainee sport psychologist, the individual who conducted the videotaping will interview me with this interview being recorded onto audiocassette tape.

I have been told that should I wish to speak to an independent counsellor about my involvement in this study, I may contact Dr Romana Morda by phone (9688 5223) or email ([romana.morda@vu.edu.au](mailto:romana.morda@vu.edu.au)).

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Witness other than researcher:

Any queries about your participation in this project may be directed to David Tod (Ph: 9688 4066). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428, Melbourne MC, 8001 (Ph: 03 9688 4710)

## Appendix D

### Interview Guides - Study 2

#### Interview guide: athletes

1. Tell me about your sporting participation at the moment
2. In what ways did the trainee sport psychologist try to connect or relate with you?
3. What, if any, were the goals or objectives that you and the trainee sport psychologist reached for the session?
4. What did you and the trainee sport psychologist agree about regarding the tasks each of you would complete during your time together?
5. Describe for me the sorts of issues or topics you and the trainee sport psychologist talked about
6. Describe a part of the session where you and the trainee sport psychologist were communicating well
7. Similarly, describe a part of the session where you and the trainee sport psychologist were not communicating well
8. In what ways did you find the session with the trainee sport psychologist helpful?
9. Similarly, in what ways did you find the session with the trainee sport psychologist unhelpful?
10. Tell me about the emotions you experienced during different parts of the session
11. In what ways are you confident that this trainee sport psychologist will help you with the issues you discussed?

12. In what ways did the trainee sport psychologist meet your expectations of a good consultant?
13. What should a sport psychologist be trying to achieve in working with an athlete?
14. What do you believe are the characteristics of a good sport psychologist?
15. Tell me about your expectations regarding your next meeting with the trainee sport psychologist
16. Is there anything else you would like to discuss that we haven't covered so far?

Interview guide: trainee sport psychologist

1. Tell me about your master's course at the moment
2. In what ways did you try to connect or relate with the athlete?
3. What, if any, were the goals or objectives that you and the athlete reached for the session?
4. What did you and the athlete agree about regarding the tasks each of you would complete during your time together?
5. Describe for me the sorts of issues or topics you and the athlete talked about
6. Describe a part of the session where you and the athlete were communicating well
7. Similarly, describe a part of the session where you and the athlete were not communicating well
8. In what ways do you think the athlete found the session helpful?
9. Similarly, in what ways do you think the athlete found the session unhelpful?
10. Tell me about the emotions you experienced during different parts of the session

11. In what ways are you confident that you will help the athlete with the issues that were discussed?
12. In what ways, in your opinion, did you meet your own expectations of being a good consultant?
13. What should a sport psychologist be trying to achieve in working with an athlete?
14. What do you believe are the characteristics of a good sport psychologist?
15. Tell me about your expectations regarding your next meeting with the athlete
16. Is there anything else you would like to discuss that we haven't covered so far?

## Appendix E

### Consent Form and Information for Participant Form Used in Study 4

A longitudinal examination of student sport psychologists' perceptions of their development as practitioners

#### Information for participants



To date, researchers have not examined issues associated with being a student sport psychologist. The aim of this study is to investigate student sport psychologists' perceptions of their development as practitioners, while they progress through an applied sport psychology training course. The benefits of this study include (a) an increased awareness by sport psychology educators of the perceptions held by student sport psychologists, (b) the potential improvement of applied sport psychology training programmes, and (c) the provision of a data base for future research. Participation in the study will also be of benefit to you, as you will reflect on your development as a consultant. Hence the study has elements of reflective practice.

I invite you to participate in this study. Your participation will involve being interviewed prior to the start of classes and at the completion of each year of study. Thus, you will be interviewed on 3 occasions, with each interview lasting approximately 60 minutes. During this time you will be asked a number of questions about service delivery in sport psychology and your development as a practitioner.

Participation is voluntary; that is, it is in no way connected to the requirements of the course you are enrolled in. You are free to discontinue at any time, without the need for explanation. During the study you might disclose sensitive or contentious information that could expose colleagues', teachers', supervisors' and/or your own professional or social conduct to scrutiny. This might result in you experiencing some anxiety and/or discomfort. The following procedures will be used to protect your confidentiality: (a) I will keep your interview responses in a locked filing cabinet away from VUT; (b) all references that may identify you will be either changed or deleted before your transcripts are read by a third person; and (c) no person, other than myself, will view your interview responses until you have received your notification of results at the completion of your course. An independent counsellor will be available for you to meet if you experience any anxiety or discomfort.

I thank you in advance for assisting me in this study. Should you have any concerns or queries about the research project, please contact me at the address below. If at any stage you have concerns about the conduct of the research project, please contact the Secretary of the University Research Ethics Committee, Victoria University, P.O. Box 14428, Melbourne MC, 8001 (Ph 9688 4710).

David Tod  
PhD student  
Victoria University  
Ph: 9688 4066

Victoria University of Technology  
Consent Form for Participants Involved in Research



Information for participants:

We would like to invite you to be part of the study described in the Information for Participants Form.

Certification by participant

I,  
Of

Certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study entitled:

An examination of student sport psychologists' perceptions of their development as practitioners

Being conducted at Victoria University of Technology by:

David Tod, PhD student,  
Dr Daryl Marchant,  
Associate Professor Mark Andersen.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the study, have been fully explained to me by David Tod and that I freely consent to participation involving the use on me of these procedures

Procedures:

I will be interviewed three times.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

Date:

Witness other than researcher:

Any queries about your participation in this project may be directed to David Tod (Ph: 9688 4066). If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University of Technology, P.O. Box 14428, Melbourne MC, 8001 (Ph: 03 9688 4710)



## Appendix F

### Interview Guides - Study 4

#### Interview guide 1

1. Tell me about your academic background.
2. Describe any experiences you might have had consulting with athletes.
3. Let me know about anything that influenced your decision to undertake this course.
4. There are a lot of theories and models in psychology, tell me about any that might have resonated with you.
5. People can be influential in our development as psychologists, tell me about any people who may have influenced you.
6. If clients have influenced you, describe your experiences.
7. Describe any experiences from your personal life that might have influenced your approach to consulting.
8. You have mentioned a number of influences, please let me know which ones you think were most influential.
9. In what ways has applied sport psychology knowledge ever been useful to you?
10. Have you ever compared your approach to service delivery with the approach of another sport psychologist? If you have, what was the experience like?
11. In what ways do you see yourself progressing as a psychologist?
12. What qualities of the psychologist do you think influence consulting?
13. Why might people leave the field?
14. Describe your thoughts about the process of consulting with athletes

15. Thoughts, feelings, and actions are some aspects of human behaviour;  
describe which aspects of human behaviour you focus on when working with athletes.
16. There are a number of approaches to consulting, are there any that influence you?
17. Do you think that you are structured or less structured in your consulting?
18. Are there any issues that you find difficult to deal with when you work with athletes?
19. What emotions do you experience when working with athletes? In what ways do you try to manage these emotions?
20. Have you ever felt disillusioned when working with athletes? In what ways did you deal with these disillusionments?
21. Describe any important qualities about yourself that are important in your consulting.
22. In what ways might you measure success?
23. In what ways might you measure the success of your clients?
24. What are some of the satisfactions that you get from consulting?
25. Do you think that consulting might get more straightforward or more complex as you develop as a psychologist?

#### Interview guide 2

1. Tell me about your year.
2. Describe any experiences you might have had consulting with athletes.
3. There are a lot of theories and models in psychology, tell me about any that might have resonated with you.

4. People can be influential in our development as psychologists, tell me about any people who may have influenced you.
5. If clients have influenced you, describe your experiences.
6. Describe any experiences from your personal life that might have influenced your approach to consulting.
7. You have mentioned a number of influences, please let me know which ones you think were most influential.
8. In what ways has applied sport psychology knowledge been useful to you this year?
9. Have you ever compared your approach to service delivery with the approach of other sport psychologists? If you have, what was the experience like?
10. In what ways do you see yourself progressing as a psychologist?
11. What qualities of the psychologist do you think influence consulting?
12. Describe your thoughts about the process of consulting with athletes
13. Thoughts, feelings, and actions are some aspects of human behaviour; describe which aspects of human behaviour you focus on when working with athletes.
14. There are a number of approaches to consulting, are there any that influence you?
15. Do you think that you are structured or less structured in your consulting?
16. Are there any issues that you find difficult to deal with when you work with athletes?
17. What emotions do you experience when working with athletes? In what ways do you try to manage these emotions?

18. Have you ever felt disillusioned when working with athletes? In what ways did you deal with these disillusionments?
19. Describe any important qualities about yourself that are important in your consulting.
20. In what ways might you measure success?
21. In what ways might you measure the success of your clients?
22. What are some of the satisfactions that you get from consulting?
23. Do you think that consulting might get more straightforward or more complex as you develop as a psychologist?

#### Interview guide 3

1. In reflecting on your academic learning this year, what has been really memorable? Follow up questions will help participants tell me about their experiences in their courses.
2. How have your expectations of the course this year been met or not met?
3. Tell me how people have influenced you this year.
4. Tell me about any theories or models that have resonated with you this year.
5. Describe how applied sport psychology knowledge has been useful to you this year.
6. Describe the types of consulting that you have undertaken this year.
7. Describe experiences from your personal life that have influenced your consulting.
8. Describe your thoughts about the process of consulting with athletes.
9. Describe the key aspects you focus on when working with athletes.
10. Tell me about how you think consulting should be structured.
11. What emotions have you experienced when working with athletes?

12. In what ways have you tried to manage these emotions?
13. What issues have you found difficult to deal with when working with clients?
14. Have you ever felt disillusioned when working with athletes?
15. In what ways did you deal with these disillusionments?
16. Describe any important qualities about yourself that are important in your consulting.
17. What do you enjoy about consulting?
18. How do you perceive success in consulting?
19. How do you expect your consulting experiences might change in the future?
20. In what ways do you see yourself progressing as a psychologist?