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**Coping with the Demands of Professional Practice: Sport Psychology Consultants’
Perspectives**

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29

Abstract

30 This study aimed to gain an insight into the general coping strategies used by sport psychology
31 consultants (SPCs) based in the UK, and an in-depth understanding of their development and
32 impact. In order to achieve these aims a mixed-method approach was adopted by means of two
33 linked studies. In study one, BASES accredited and/or BPS chartered SPCs ($n = 29$) completed
34 the modified COPE inventory (Crocker & Graham, 1995) to gain a better understanding of the
35 general coping strategies utilized by practitioners. In study two, follow-up interviews ($n = 6$)
36 with participants sampled from study one were conducted to explore how the reported strategies
37 were developed, the perceived impact of coping/not coping with stressors, and how future SPCs
38 may be better prepared for the stressful nature of consultancy. Findings suggested that the
39 participants had a statistically significant preference to using problem-focused coping strategies.
40 Further, the interviews suggested that coping strategies were primarily developed through
41 reflection on experiences in different contexts. The impacts of coping/not coping and the
42 practical development implications raised are discussed.

43

Keywords: coping, consultancy, stressors, practitioner, reflection, well-being

44

Coping with the Demands of Professional Practice: Sport Psychology Consultants'

Perspectives

45 Despite its growing status, the field of applied sport psychology (ASP) is still in search
46 of its own unique identity and continues to struggle to gain widespread acceptance in its target
47 markets (Aoyagi, Portenga, Poczwardowski, Cohen, & Statler, 2012). As a result of this rather
48 tenuous position, the perceptions of those using ASP services are paramount to improving the
49 way in which the field is viewed and utilized. Indeed, one organization's perception of poor
50 consultancy has the potential to tarnish the credibility and expansion of the profession
51 (Waumsley, Hemmings, & Payne, 2010). With the reputation of ASP, therefore, relying on sport
52 psychology consultants (SPCs) to provide services that are deemed effective, an increasing
53 focus is being afforded to the ASP delivery process (Poczwardowski & Sherman, 2011). In
54 particular, emphasis has been placed on how the SPC has to continually learn and adapt to the
55 needs of each client, making practice dynamic and more complex than the mere application of
56 theory to practice (e.g., Neil, Cropley, Wilson, & Faull, 2013). Further, in order to satisfy
57 expectations, SPCs have to work industriously and innovatively to assist and support clients in
58 attaining coveted outcomes (Sharp & Hodge, 2013). Therefore, SPCs place themselves under
59 increasing pressure to 'perform' effectively (Barker & Winter, 2014).

62 Despite the proposed pressure SPCs can experience, little research attention has been
63 paid to the stressors that practitioners may encounter as a result of the very nature of the
64 profession and their roles. ASP is a helping profession, which often requires practitioners to be
65 able to cope with the strain of the issues that their client(s) brings with them (Winstone &
66 Gervis, 2006). This can be particularly demanding when client issues are personally relevant to
67 the consultant and emotive in nature (e.g., both practitioner and client are experiencing personal
68 relationship issues). By means of therapeutic countertransference, athletes can bring issues
69 associated with mental health and well-being (e.g., depression) that despite possibly falling
70 outside of the boundaries of ASP practice, may leave an emotional footprint that SPCs must

71 manage (Stevens & Andersen, 2007). Despite being professionally trained to help others cope
72 with demanding circumstances, it is worth considering that consultants, without the necessary
73 coping strategies, are also at risk of emotional strain and a declined state of well-being when
74 exposed to stressors emerging from their personal and professional situations (Fletcher,
75 Rumbold, Tester, & Coombes, 2011). When contemplating the fundamental principles of
76 emotional **labor** theory (Hochschild, 1983); effective service delivery would require SPCs to
77 refrain from demonstrating and articulating any stress-related symptoms due to the possible
78 detrimental effects of emotional contagion on their clients (cf. **Barsade, 2002**). Therefore,
79 successfully coping with stressors is essential for SPCs to maintain their own well-being, and to
80 avoid any further exacerbation of client issues through the transference of their own strain.

81 The number of roles that many practitioners fulfil that may or may not be complimentary
82 to ASP practice presents another stressor, which is likely to affect performance if not managed
83 appropriately (Tod & Andersen, 2005). Indeed, the British Psychological Society (BPS, 2009)
84 suggested that most SPCs in the UK operate on an *ad hoc* basis, with a university position
85 typically being their primary role of employment. When considering the varied responsibilities
86 that academics have to fulfil (e.g., teaching, research, enterprise), combined with the chaotic
87 schedules of athletes, sport psychology academics are almost compelled to work unsociable
88 hours should they consult (McCann, 2000). Despite universities supporting their employees to
89 extend their services outside of the institution, this added responsibility leaves little time for
90 SPCs to fully remove themselves from work and the stressors associated with it (Jackson, 2006).
91 As an extension to this, SPCs often find themselves having to go away to training and
92 performance camps as part of a holistic support network for their client(s). During such camps,
93 it is widely reported that SPCs are expected to fulfil a number of extraneous roles that can also
94 be demanding (e.g., video-recording performances, arranging accommodation; Fifer, Henschen,
95 Gould, & Ravizza, 2008). With time also needed to assess the psychological needs of their

96 clients, and for the planning and implementation of interventions, a SPC's time and personal
97 resources needed for effective practice can become extended (Timson, 2006).

98 Spending more time in working environments and away from home may also further
99 expose themselves to a disproportionate work-life balance. Waumsley (2005) suggested that a
100 work-life balance "is about being able to achieve a balance between working life and life away
101 from work that is acceptable to the individual; a balance which allows the successful fulfilment
102 of potential in both domains with minimal stress" (p. 4). When considering the demands
103 imposed on SPCs, achieving a healthy balance between the work and non-working life (e.g.,
104 family/social life and leisure activities) and the conflicts that may arise as a consequence may
105 become a complex endeavor (Houston & Waumsley, 2003). Further, with long working hours
106 being associated with work-family conflict (cf. Hyman, Scholarios, & Baldry, 2005), which
107 itself is heavily associated to psychological burnout (Ringrose, Houterman, Koops, & Oei,
108 2009), the demanding work-life of SPCs may indirectly predispose them to detrimental well-
109 being affects. Previous research has suggested that work experiences are far more likely to have
110 an impact on family life than *visa versa* (Houston & Waumsley, 2003). Nevertheless, without
111 the necessary coping strategies, emotive non-work stressors (e.g., family, financial,
112 relationships) may negatively impact the well-being of SPCs and the quality of their practice.

113 Despite substantial research attention being afforded to how athletes (e.g., Calmeiro,
114 Tenenbaum, & Eccles, 2014) and coaches (e.g., Olusoga, Butt, Maynard, & Hays, 2010) cope
115 with the stressors they encounter, little work has been conducted to understand the coping
116 experiences of SPCs. Nonetheless, it is permissible to accept that the findings of research in
117 other areas could transfer to that of ASP. For example, Frey's (2007) concerns over the
118 misconception that coaches are merely problem-solvers and cannot be subject to problems of
119 their own bares similarity to those of SPCs. Specifically, SPCs are also exposed to various
120 demands, can have problems of their own, and have to cope effectively with these stressors in
121 order to maintain well-being and ensure effective service delivery. Further understanding can be

122 gleaned from research conducted in similar professions (e.g., psychiatry) that has explored the
123 stressors encountered and coping strategies utilized by therapists (e.g., Kramen-Kahn & Hansen,
124 1998). **For example**, Veron and Saias (2013) explored the coping strategies of psychologists
125 who were exposed to patients suffering with extreme issues (e.g., depression) on a daily basis
126 and found that the coping strategies used most frequently by psychologists were: engaging in
127 supervision, working on oneself, talking with colleagues, and lightening their workload.

128 Regardless of the potential efficacy of transferring findings from other fields, there
129 remains a need to gain a better understanding of how SPCs cope with the vast amount of
130 demands that they encounter in their day-to-day lives. Indeed, context specific research that
131 attempts to make sense of the way in which practitioners cope in the face of such demands
132 **would contribute to the extant literature** by generating further understanding of how SPCs can
133 be better prepared to operate effectively. Additionally, it is likely that such research will help to
134 explore the way in which SPCs can better manage themselves both personally and
135 professionally, **and potentially increase the attention paid to the well-being of current and future**
136 **practitioners in ASP by its professional bodies and their training programs, respectively.**

137 Therefore, we aimed to glean an in-depth understanding of how **UK-based** SPCs cope with the
138 demands they face. Due to the dearth of research in the area of SPC coping, a mixed-method
139 approach was adopted by means of conducting two linked studies. First, we aimed to identify
140 quantitatively the types of coping strategies used by SPCs **practicing in the UK (study one)**. The
141 intent here was to gain a better understanding of the current landscape of approaches to coping
142 in the profession. Second, we conducted a qualitative follow-up study with the intention of
143 acquiring an understanding of: (a) how those strategies were developed; (b) the potential impact
144 that coping, or not, can have on the SPC and their practice; and (c) how ASP training programs
145 might help to better prepare practitioners to cope with the demands associated with being a SPC
146 **(study two)**. The methods and findings of these studies are presented separately before
147 discussing the findings of both studies together.

148 **Study one: Prevalence of coping strategies**149 **Method**

150 **Participants.** The sample consisted of 29 SPCs ($n = 20$ males; $n = 9$ females) aged
151 between 26-53 years old ($M = 37.9$, $SD = 7.3$). All participants were either/both British
152 Association of Sport and Exercise Science (BASES) (Support) accredited and/or British
153 Psychological Society (BPS) chartered and had been practicing SPCs between 4 and 20 years (M
154 $= 12.96$ years, $SD = 5.6$) at the time of the study. The level of sport that the sample had
155 consulted/were consulting with was amateur (89.29%), semi-professional (78.57%), professional
156 (85.71%), regional (82.14%), national (82.14%), international (89.29%), and Olympic (46.43%).

157 **Instrumentation.** An amended version (e.g., the wording of some questions was altered to
158 specifically focus on SPCs and their practice. For example, item one: *I asked team-mates what*
159 *they did or would do*, became: *I asked other practitioners what they did or would do*) of the
160 modified COPE questionnaire (MCOPE, Crocker & Graham, 1995) was utilized. This
161 questionnaire is comprised of 12 four item coping factors. Five of the 12 coping factors inherent
162 within the questionnaire are categorized as problem-focused coping strategies (e.g., increasing
163 effort, active-coping, planning). Five of the coping factors are categorized as emotion-focused
164 coping strategies (e.g., seeking emotional social support, venting of emotion). The final two
165 coping factors can be categorized as avoidance coping strategies (e.g., behavioral
166 disengagement). Each of the 48 questions is rated on an extent of use scale rated on a 5-point
167 Likert scale ranging from 1 (used very little/not at all) to 5 (used very much). A number of
168 studies have offered support for the predictive validity of the MCOPE (e.g., Giacobbi &
169 Weinberg, 2000), and Cronbach internal reliability coefficients have been reported as
170 satisfactory for all of the sub-scales except for 'Denial' ($\alpha = .42$) (Crocker & Graham,
171 1995). However, following the procedures of Kaiseler, Polman, and Nicholls (2009), it was
172 decided to include this sub-scale in the analysis because "estimates of internal consistency has
173 limited applicability when assessing psychometric properties of measures of coping" (p. 730).

174 **Procedure.** On receiving ethical approval from the lead author's University's ethics
175 committee the sample was gathered through a directed web search of the BASES and BPS
176 websites to find UK-based consultants that delivered psychological services to athletes.
177 Adopting this sampling technique provided us with participants that gave the most enriched
178 insight into the aims of the research (cf. Gratton & Jones, 2009). We contacted all ($n = 76$) SPCs
179 registered on the BASES and BPS list of practitioners via email, provided them with a
180 participant information sheet, and invited to take part in the study. A web link to the online
181 MCOPE (via Survey Monkey) was provided in the email so that those practitioners wishing to
182 participate could access the study directly. Informed consent was obtained from those
183 participants accessing the online questionnaire through them initialing the consent page at the
184 start of the questionnaire. Participants could complete the online MCOPE at a time and in a
185 location convenient to them within a 4-month window, beyond which the web link to the
186 questionnaire was removed. Finally, those completing the MCOPE were asked to provide
187 contact details only if they were willing to be approached about participating in a qualitative
188 follow-up study to this initial phase of the research.

189 **Data Analysis.** First, total, median, and mean scores were generated for each individual
190 coping strategy, which allowed for scores to be generated for each coping dimension. Following
191 this, the data for each coping dimension was found to violate the assumption of normality and
192 therefore non-parametric statistical tests were adopted. Consequently, using SPSS, a one-sample
193 Friedman's test with a significance level of 0.05 was used to examine whether there was a
194 statistically significant difference between the median usage scores for the three dimensions of
195 coping (e.g., problem-focused, emotion-focused, and avoidance coping). The scores for the three
196 dimensions were then subjected to *post hoc* tests of Wilcoxon signed rank with Bonferroni
197 correction of alpha ($0.05/3 = 0.017$). This provided an understanding of the most statistically
198 prevalent coping dimension adopted by the participants. Finally, in line with Winstone and
199 Gervis (2006), Table 1 allows for further visual inspection analyses to be conducted via the

200 overall mean scores of each coping strategy. This provides an understanding of the most used
201 coping strategy by the participants within each dimension.

202 **Results**

203 The results of the Friedman's test indicated that there was a significant difference
204 between the median scores of each coping dimension for the participants ($\chi^2(2) = 54.5, p =$
205 0.001). Further *post hoc* tests of Wilcoxon signed rank were conducted with Bonferroni
206 correction applied. The results of the tests showed that there was a statistically significant
207 greater use of problem-focused coping strategies ($M = 3.95$) over **emotion-focused** coping
208 strategies ($M = 2.03$) ($Z = -4.804, p = 0.001$) and over avoidance coping strategies ($M = 1.10$) (Z
209 $= -4.759, p = 0.001$). There was also a significantly greater use of **emotion-focused** coping
210 strategies over avoidance coping strategies ($Z = -4.268, p = 0.001$). It was not an aim of this part
211 of the study to test for the statistical prevalence of each individual strategy within each coping
212 function. However, **Table 1** allows for a visual inspection (cf. Winston & Gervis, 2006) of the
213 mean scores of each coping strategy within each coping dimension and are discussed.

214 **Study two: Development and impact of coping strategies**

215 **Method**

216 **Participants.** Six of the 29 participants who participated in Study I were invited to
217 participate in a qualitative follow-up study. These participants were randomly sampled from the
218 list of study one participants who had agreed to be contacted. The six SPC's ($n = 4$ male, $n = 2$
219 female) aged between 30-48 years old ($M = 38.8$ years, $SD = 7.9$), had been practicing for 8-21
220 years ($M = 14, SD = 5.5$). The level of sport that the sample had consulted/were consulting with
221 was amateur (83.33%), semi-professional (83.33%), professional (100%), regional (83.33%),
222 national (100%), international (83.33%), and Olympic (66.66%).

223 **Instrumentation.** A semi-structured interview process was adopted as it was deemed
224 most appropriate for being able to gather a rich depth of information in relation to the aims of
225 this investigation (cf. Gratton & Jones, 2009). Based on the findings from study one (e.g.,

226 prevalence of coping strategies) and the extant literature, an interview guide was developed that
227 comprised of a set of pre-determined questions that helped structure the interview whilst
228 allowing the interviewer to modify the line of questioning in relation to the experiences of the
229 participant. In addition, the semi-structured nature of the interview meant that if further
230 exploration of a particular topic was warranted, open questions could be used accordingly (e.g.,
231 ‘can you explain what you mean by this?’). Adopting this process meant that all of the
232 participants engaged in a similar questioning procedure, allowed for further investigation of the
233 participants’ answers, and allowed the participants to expand and give information rich answers
234 (Patton, 2002). It was thought that as a consequence of using an interview guide, the flow of the
235 interview would be enhanced and the topics discussed during the interview could be controlled
236 across the sample (DiCicco-Bloom & Crabtree, 2006).

237 A pilot interview, with a matched participant (e.g., a SPC), was conducted to test the
238 efficacy of the interview guide in relation to the aims of the study as well as improve the
239 interviewer’s (author two) familiarity with the process of questioning and making use of
240 appropriate probes. Following this process, minor modifications to the interview guide to
241 enhance the data collection process were made (e.g., minor re-phrasing and ordering of
242 questions). The final guide consisted of five sections, including: (a) introductory comments and
243 information (e.g., the need for honest answers, participant rights); (b) the development of coping
244 strategies (e.g., how do you feel you have developed the coping strategies that you utilize?); (c)
245 impact on practitioner and practice (e.g., what impacts can coping/not coping have on
246 consultancy practice?); (d) implementation into future training programs (e.g., how can future
247 SPCs be more prepared to cope with the stressors of consultancy?); and, (e) closing conclusive
248 questions (e.g., did you feel I led your answers in any way?).

249 **Procedure.** From those participants who provided contact details following completion
250 of the online MCOPE in study one a random sampling technique was adopted. This involved
251 giving each person in the population an equal chance of being included in the sample (cf.

252 Teddlie & Yu, 2007). With all of the participants reporting relatively similar scores across each
253 of the three coping dimensions this sampling method was deemed appropriate. Six participants
254 were selected, contacted via email and invited to participate in a one-to-one interview, all of
255 whom accepted. Prior to the interview, participants were sent a preparation booklet that outlined
256 the topic areas of the interview in an attempt to aid memory recall and the depth of information
257 shared during the interview itself (DiCicco-Bloom & Crabtree, 2006). The interviews were
258 conducted face-to-face at a place and time that each participant deemed comfortable in order to
259 facilitate a positive experience for the participants (Patton, 2002). **The interviews lasted between**
260 **45 and 50 minutes ($M = 46.4$)**, were recorded via Dictaphone in their entirety, and subsequently
261 transcribed verbatim yielding a total of 88 pages of single spaced text. All participants provided
262 written, informed consent for their participation, the recording of the interview and for the use of
263 anonymized and **confidential** quotes in the research.

264 **Data Analysis.** With little former knowledge of the phenomenon being researched an
265 inductive content analysis was adopted for the interview data. First, in order for the research
266 team to be fully immersed in the data, each interview transcript was read through and studied
267 several times (Polit & Beck, 2004). Second, the first and second author engaged in three steps of
268 inductive content analysis: (a) open coding; (b) creating categories; and (c) abstraction (Elo &
269 Kyngäs, 2008). However, with each interview split into three sections that satisfied the separate
270 aforementioned aims, this process had to be repeated for each section. Open coding involved
271 highlighting key phrases that were accompanied in the margin by codes and links that each
272 phrase made to satisfy the overall aim of each section. Once this process was concluded for all
273 six of the interview transcripts, a table was then constructed for each set of similar concepts or
274 codes and included quotations from the interviews of relation to each concept. In line with Miles
275 and Huberman (1994), this process not only provided easier categorization of the data, but also a
276 visual representation that helped when comprehending the relationships between the data and
277 the possible identification of themes from the interviews. When a table illustrated related

278 common concepts between the interviews, themes were generated. Finally, the transcripts were
279 re-analyzed to ensure that nothing had been overlooked or misrepresented so that each emergent
280 theme could be confirmed (Patton, 2002).

281 Several methods were used to ensure trustworthiness during the data analysis process.
282 Specifically, all participants were given the opportunity to review both their interview
283 transcripts, our analyses of their transcripts, and the final results section within the manuscript in
284 an attempt to ensure the adequacy and accuracy of the information and to protect against
285 potential misinterpretations and researcher subjectivity (Shenton, 2004). Peer-debriefing was
286 also employed between the research team to protect against any bias in the generation of themes.
287 Finally, thick description of the procedures and use of raw quotes from the transcripts have been
288 provided to enhance the dependability of the findings (Shenton, 2004).

289 **Results**

290 Qualitative data was collected in three separate sections in line with the aims of this
291 study and are thus presented in this way. The themes that emerged for each section are titled
292 throughout and are supported with raw quotations from the participants to allow the reader to
293 immerse themselves within the experiences of the participants (cf. Neil et al., 2013).

294 **Development of coping strategies.** This section of the interview focused on how the
295 participants had developed their coping strategies. Four themes emanated from the interviews:
296 (1) stressful life experiences; (2) consultancy experiences; (3) formal education and continual
297 professional development (CPD) experiences; and, (4) reflective practice.

298 ***Stressful life experiences.*** Participants suggested that stressful life experiences played a
299 significant role in the learning and development of the coping strategies that they utilize in their
300 day-to-day lives. For example, one participant outlined, “Both of my grandfathers died when I
301 was 13, so I think my experiences of dealing with that and experiencing post-traumatic growth
302 from that time has influenced my traits but also my coping strategies as well.” Another
303 participant indicated, “All the challenges that life throws at you... you have to learn to cope with

304 those. Certainly, I'm a different practitioner now than I was ten years ago, prior to having
305 children and a family and mortgages and things like that." Further, one participant
306 acknowledged that the coping strategies learned from significantly stressful situations can be
307 used to cope with stressors in their personal and professional life, "I've also learnt lessons from
308 coping and not coping with significantly stressful situations throughout my life and that has
309 certainly contributed to the way in which I cope today, personally and professionally."

310 *Consultancy experiences.* Through a process of familiarization, consultancy experiences
311 were also highlighted as important to the development of participants' coping strategies. For
312 example, one participant stated:

313 There's just the familiarity of it (the consultancy environment), once you've been in a
314 situation once and you've managed it...it's that kind of reappraising the demand,
315 viewing it not as threat but as a challenge as if it were, so yeah the familiarity of it
316 becomes normal and once things become normal they become easier to cope with.

317 This quotation highlights how familiarization may help in rationalizing and coping more
318 effectively with the effects of consultancy stressors. In addition, participants also referred to
319 how becoming aware of and familiar with the unpredictability of the consultancy environment
320 may lead to the development and utilization of coping strategies that aid better preparation for
321 the stressors that may arise. This is best summarized in the following participant quotation:

322 I was thrown into really some quite fortunate environments as a neophyte practitioner
323 and I probably didn't know how to cope too well. In terms of how I now prepare over
324 time, I don't go in at all with an agenda in terms of what I'm trying to do, I'm certainly
325 more open to being led by the client...further to that I'm quite a big one for making sure I
326 do my homework, homework about the performer, homework about the environment,
327 homework about how they are performing. I try and make sure that I collect data about
328 them from significant others as well where possible. So I try to pre-empt the coping or I
329 try to cope by pre-empting the things that are going to come out.

330 In relation to both of these findings, one participant referred to the importance of experiencing a
331 variety of consultancy situations, as these may lead to learning a range of coping strategies, “So
332 being exposed to a variety of clients and consultancy situations certainly helped me develop a
333 greater range of coping strategies and helped me manage future consultancies.”

334 ***Formal education and CPD experiences.*** Participants discussed how formal education
335 and more informal CPD experiences had played a significant role in the development of coping
336 strategies. One participant outlined:

337 I started to look outside of sport psychology at different workshops and different CPD
338 training that I thought could help improve me as a consultant...it (learning skills relevant
339 to practice) was preparing me to become more effective and if I felt more effective, then
340 I coped better with some of the stressors imposed upon me.

341 Many of the participants also referred to how engaging in counseling training helped them
342 further understand the issues that may arise during consultancy and manage them more
343 effectively. For example, one participant said, “I do have a counseling training background and
344 that’s very fundamental to what I do, how I engage with athletes, and how I cope with
345 consultancy situations.” In addition to the development of skills and the further understanding of
346 practice, participants also referred to how education enabled them to generate a better
347 understanding of their past experiences of coping. For example, one participant said:

348 So that [reflecting on experiences] sort of fed forward into my learning later on as a
349 student when I learnt about, ‘Oh OK, so that’s emotion-focused coping, that’s problem-
350 focused coping, that’s avoidance coping, and now I realize why that’s maybe a better
351 thing to do in that situation’ and so I guess my explicit education was putting a label to
352 the things that I already did.

353 ***Reflective practice.*** The participants referred to reflection as being the critical link
354 between the types of experience discussed previously, learning, and the development of coping
355 strategies. The importance placed on learning from experience via reflection on the development

356 of coping strategies was best summarized by one participant who said, “I think that you do
357 develop your coping strategies by reflecting on what you’ve done and taking the lessons in
358 terms of moving forward, implementing them the next time, and then reflecting again.”
359 Throughout, the participants referred to how reflection linked to the further understanding of
360 practice and coping strategies used and therefore to an increase of self-awareness. For example,
361 one participant stated:

362 I’m a big one for reflection. I’d talk into it [a Dictaphone] about a particular situation
363 that I found myself in and I’d always question myself, ‘why did I do that? That was really
364 useful because...’ So I used to debrief myself through discussion with myself and I’d
365 reflect on that and say, ‘OK, so if I was going to do that again what would I do?’ And for
366 me that was part of my planning process.

367 Further, another participant alluded to the importance of reflecting, and how it may lead to
368 learning from both positive and negative experiences of coping and suggested, “There can be
369 really good examples of when you’ve coped really well and if you don’t spend time
370 contemplating that then it can be lost. Reflection can therefore help you learn coping strategies
371 from both positive and negative experiences.”

372 **Impact on the practitioner.** In relation to the potential impact that coping (or not) had
373 on the participants and their service delivery, two themes emerged: (1) positive affect; and (2)
374 negative affect.

375 **Positive affect.** Participants referred to a number of feelings and behaviors related to
376 positive affectivity when successfully coping with the stressors that they experience in their day-
377 to-day lives. One example is illustrated in the following quotation, “Coping strategies that I have
378 learnt over time certainly encourage me to largely be quite positive, quite optimistic, and be
379 quite a planner and a listener. Certainly more orientated to being proactive and a problem
380 solver.” Further, the participants mentioned how coping leads to other feelings that have also
381 been associated with positive affect and how it translates to effective practice:

382 “Coping has helped me become more effective. Primarily because I feel more confident,
383 have better communication, I’m in control of my emotions and my thoughts and
384 sometimes it helps me to be totally realistic about what I’m trying to achieve.”

385 *Negative affect.* In contrast, participants referred to a number of behaviors and
386 consequences related to negative affectivity when unsuccessfully coping with the stressors in
387 their day-to-day lives. One participant illustrated such consequences and how it impacted upon
388 their practice:

389 When I haven't got it right and I've over-cooked myself, there was probably one situation
390 about 18 months ago where I felt pretty burnt out... I was not being effective in my
391 practice and I certainly found myself being less empathetic to my clients’ needs, not
392 being forward thinking, not reflecting enough, and so the stressors of my personal and
393 professional life impacted on my effectiveness as a practitioner.

394 Further, one participant suggested:

395 “If you don’t manage that (emotionally challenging consultancy experiences) and the
396 emotions that arise from those situations then you can become pretty distressed, you feel
397 incompetent, and you can automatically see that you’re just not as effective within your
398 work.”

399 The participants also referred to feelings associated with negative affectivity (e.g., distraction)
400 and how this may impact their lives away from consultancy. For example, one participant stated,
401 “Yeah you can have sleepless nights, I can find that I am at university and I am not doing my
402 proper job because I am distracted by things that I’m trying to deal with.” One participant
403 alluded to the impact of not coping with a client that had severe issues and how this impacted
404 upon his thoughts, feelings, and personal life. For example, “You feel pretty down, I was
405 constantly thinking about the client’s well-being and so by not coping with that it was
406 negatively impacting the way I was behaving in my personal life and in personal relationships.”

407 **Professional development implications.** In considering how practitioners may be better
408 prepared to cope with the stressors of practice, four themes emerged from discussions with the
409 participants in this study: (1) sharing experiences; (2) on-going supervision; (3) increased
410 practitioner focused research output; and, (4) case study exploration workshops.

411 *Sharing experiences.* One practice that the participants believed may help SPCs further
412 understand and manage the demands of ASP practice was the sharing of experiences (e.g.,
413 within support networks, supervisors to supervisees, and experienced practitioners to neophyte
414 practitioners). In referring to learning coping strategies from others, the value of sharing
415 experiences in support networks can be seen in the following participant's quotation:

416 "...but having networks somehow, whether its three or ten people, having more people
417 you can draw from as a resource and more people you can share experiences and learn
418 from...there's value from seeing what other people have done and learning from that."

419 Further, participants referred to the importance of supervisors sharing their experiences with
420 supervisees and how this may help supervisees be more cognizant of, and cope with the
421 stressors of practice. For example, one participant suggested, "There is a role of the supervisor
422 in terms of sharing experiences and being empathetic to the supervisee... also to share
423 experiences and give some guidance in terms of how to cope more effectively." Finally,
424 participants referred to how experienced practitioners should share more of their experiences
425 and how it would help neophyte practitioners understand and cope with the stressors that they
426 will encounter. In referring to this, one participant stated:

427 Willingness for experienced practitioners to be open and show what they do in their
428 applied work. Whether that be communicating that through an applied practice article,
429 through running network group meetings, just through that willingness to share because
430 it's only from that that you know that it's not just you stressing about these things.

431 ***On-going supervision.*** Another consideration raised by the participants that could help
432 future SPCs manage the demands of ASP practice is for SPCs to engage in formalized
433 supervision post training. One participant highlighted this in the following quotation:

434 It [ASP] is unlike other psychology disciplines where peer supervision after qualification
435 is mandatory, you have to do it and have supervision about case load etcetera. That's
436 how we learn, rather than trying to make sense of what we're doing, we share that with
437 sometimes a more experienced colleague or another colleague, and in doing that we
438 develop coping resources and strategies with managing the situation we are in.

439 Further, in discussing the current absence of on-going supervision in ASP and its potential
440 implications on the well-being of SPCs, one participant stated, "Too much time is spent on
441 making sure the client is well and serviced and we don't spend a lot of time thinking about our
442 own mental health and physical health."

443 ***Practitioner-focused research output.*** Participants referred to how an increased research
444 output that focuses specifically on the practitioner within practice would possibly help neophyte
445 practitioners understand and cope with the stressors that they will encounter. The following
446 participant's quotation highlights the current dearth of practitioner-focused research and how
447 this may be a limiting factor in SPC development:

448 There's a lot of stress to coping literature within the athlete and the coach literature but
449 nothing in the practitioner literature. You have got to think how many publications are
450 there, how many journals are there, how many editions per year, and how many are
451 dedicated to professional practice? How many are about what practitioners actually do or
452 how they respond to particular situations? I find it bizarre that maybe we haven't got that
453 many opportunities to learn what others have been through to help them develop.

454 The participants placed importance on this and its implications for future practitioners by
455 suggesting, "There isn't a good deal of explicit knowledge on how consultants can manage

456 stress” and that, “If people are going to be applied practitioners they need to know what the
457 world they are entering is like, and I think we need to prepare them for the realities of that.”

458 *Case study exploration workshops.* Finally, participants highlighted the potential value
459 of case study exploration workshops during ASP training programs in helping neophyte
460 practitioners being better prepared for the possible issues and stressors that arise in consultancy
461 practice. The possible application of such workshops and how they may benefit SPCs can be
462 illustrated in the following participant’s quotation:

463 If you have them [neophyte practitioners] for a day or a couple of days like a proper
464 workshop or training event, you could give them case studies. What would their
465 preference be or how would they maybe respond to them situations and give them a go.
466 ‘Alright now go from alternative approaches...Did that feel more comfortable? What
467 would the preference be?’ And even from that early stage they have an idea of, ‘well in
468 that situation this is probably the framework that I’ll adopt.

469 Discussion

470 The ASP literature has hitherto provided limited insight or advice for SPCs about how to
471 manage the stressors in their lives (cf. Fletcher et al. 2011). In an attempt to address this, Study I
472 initially attempted to gain a greater perspective on the current landscape of approaches to coping
473 utilized by practicing SPCs, and found that they generally utilize problem-focused coping
474 strategies over emotion-focused and avoidance coping strategies to cope with the stressors of
475 their day-to-day lives. **Previous research into coping effectiveness has suggested that problem-**
476 **focused coping strategies lead to more beneficial outcomes (cf. Kaiseler, Polman, & Nicholls,**
477 **2012). However, others have indicated that the use of problem-focused coping strategies are**
478 **only** more effective when there is the potential for personal control, whereas emotion-focused
479 coping strategies are more effective during encounters of little personal control (cf. Nicholls &
480 Polman, 2007). With the current study assessing the general coping strategies that SPCs utilize,
481 high scores of problem-focused coping strategies may be influenced by SPCs managing the

482 controllable aspects of their lives (e.g., workload) rather than the unpredictable nature of
483 consultancy. This may provide support for why planning was the highest scoring strategy across
484 all dimensions. This may also explain why the emotion-focused coping strategy of seeking
485 emotional social support scored relatively highly in this study. With the inability to fully control
486 all the potential issues that may arise during consultancy, SPCs may deem this particular
487 emotion-focused coping strategy as the most effective at coping with such stressors. Further,
488 despite relatively low scores for the participants' use of avoidance coping strategies, one
489 participant suggested, "A coping strategy is sometimes withdrawal, it's helping you because
490 you're not going to do something effective in the situation." Therefore, despite problem-focused
491 coping strategies being the most prevalently used, developing a range of coping strategies may
492 better prepare SPCs to cope with the multifarious and unpredictable nature of consultancy.

493 The first aim of Study II was to gain insights into how the participants believed they had
494 developed the coping strategies that they utilize. The findings indicated that reflecting on, and
495 learning from a range of experiences (e.g., life experiences, consultancy experiences, and
496 educational experiences) underpinned this process. The reference to learning from stressful life
497 experiences may be supported by the resilience literature, which suggests that individuals may
498 positively adapt to stressful life experiences or adversity (Fletcher & Sarkar, 2013). Although
499 experiencing adversity has traditionally been associated with negative consequences (e.g.,
500 impeding psychological growth), research (e.g., Seery, 2011) suggests that some life adversity
501 may predict lower levels of distress and lead to a greater propensity for positive adaptation
502 through mechanisms including the fostering of feelings of control and belief to successfully
503 manage future stressors. Indeed, this supports the suggestions of the participants who referred to
504 learning and developing coping strategies from negative stressful life experiences. It is
505 important to note that the participants also referred to positive stressful life experiences (e.g.,
506 having children) and their effect on the development of their coping strategies. Whilst the term
507 "adversity" is related to negative consequences from negative situations, ostensibly positive life

508 experiences that may have desirable outcomes still require individuals to positively adapt to
509 increased levels of stress (Sarkar & Fletcher, 2014). Therefore, through mechanisms that
510 influence positive adaptation, SPCs may reflect and learn from positive and negative stressful
511 life experiences and consequently feel more prepared to cope with future stressors.

512 Consultancy experiences, through a process of becoming familiar with potential stressors
513 that may occur, were also highlighted as playing an important role in the development of
514 participants' coping strategies. In support of this process, Hanton, Cropley, Neil, Mellalieu and
515 Miles (2007) suggested that gaining experience through reflective practice enables performers to
516 familiarize themselves with stressors and rationalize their effects, allowing them to cope more
517 positively in similar stressful situations. Further, Hanton, Cropley and Lee (2009) suggested that
518 the participants in their study were able to use past experiences as a reference point for action
519 behavior in similarly stressful situations. Hence, it may be reasonable to suggest that providing
520 SPCs learn from their stressful consultancy experiences via reflective practice, the more familiar
521 they might become with such phenomena, and, in turn, the less similar situations will be
522 perceived as novel and uncertain. It is also well-documented in the ASP literature that reflecting
523 on practicum experience can benefit SPCs by enhancing their self-awareness and helping them
524 to gain a deeper insight into their practice (Cropley, Hanton, Miles, & Niven, 2010). Although
525 reflecting on practicum experiences does not lend directly to the development of coping
526 strategies, it may help a SPC understand what strategies did/did not work and what strategies
527 may be utilized in similar stressful consultancy situations. Neophyte practitioners should be
528 encouraged to gain a variety of experiences that place different demands on them professionally,
529 personally, and emotionally so that they have the opportunity to practice coping and reflecting
530 on their experiences. Indeed, reflection should be purposeful (Hanton et al., 2009) and therefore
531 reflecting on coping provides an excellent focus and purpose for a SPCs reflective practices.

532 Finally, participants highlighted the importance of formal education and CPD
533 experiences on the development of their coping strategies via learning skills relevant to practice

534 and gaining a deeper understanding of coping. While learning skills led to increased feelings of
535 preparation, the latter supports contentions that learning should be considered as a dynamic
536 process by which an individual connects new information with prior knowledge to attain greater
537 understanding (Mesquita, Ribeiro, Santos, & Morgan, 2014). In doing so, reflective practice has
538 been suggested to help SPCs develop increased understanding of the difficult situations that
539 arise in practice by creating links between professional knowledge (e.g., theory) and *knowledge-*
540 *in-action* (e.g., tacit or craft knowledge) (Knowles, Gilbourne, Cropley, & Dugdill, 2014). In
541 support, a neophyte practitioner in Tod and Bond's (2010) study highlighted how reflecting on
542 formal education (e.g., university courses) impacted her practice by increasing her awareness of
543 her influence during practice and broadening her theoretical orientation. This further highlights
544 how, through reflection, the interaction between experience and the theoretical concepts of
545 coping may contribute to a better understanding of coping that can be used in future situations.

546 Participants referred to *reflection* as being the link between experience, learning, and the
547 development of coping strategies. Providing particular support for this, SPC's accounts of their
548 practice have accentuated how reflection is influential in examining the "self", learning from
549 experience, and exploring new ways of behaving (Cropley et al., 2010). Further, research has
550 highlighted the importance of developing the self-aware SPC through reflective practice, and
551 how this may lead to benefits in self-management, personal growth, and effective practice (e.g.,
552 Owton, Bond, & Tod, 2014). In light of this, enhancing self-awareness by reflecting on an
553 experience may be essential in helping SPCs understand their coping needs and seek new ways
554 to cope in future stressful situations. Indeed, in spite of the link between reflective practice and
555 the development of coping strategies needing further exploration, this finding has potential
556 implications on the training of future neophyte practitioners and its impacts upon their well-
557 being and practice. For example, despite reflective practice being assimilated into ASP training
558 programs (e.g., BASES), Cropley et al. (2010) expressed their concerns over its integration with
559 little guidance and how as a result, it may lead to practitioners feeling it is something to 'be

560 done' rather than for its benefits on SPCs and their practice. We therefore need to ensure that
561 neophyte practitioners have the skills and understanding to be able to engage in reflective
562 practice in a meaningful way, so that they can transform their **experiences into** better practice
563 and potentially better methods of coping.

564 The second aim of Study II was to explore the impact that coping (or not) had on the
565 participants and their practice. The findings indicated that the implications of coping (or not)
566 linked to feelings and behaviors associated with positive and negative affect. Positive affect
567 refers to an individual's level of enjoyable interaction with their environment and is associated
568 with feeling highly energetic, enthusiastic, active, and having the ability to concentrate fully
569 (Duffy, Ganster, & Shaw, 1998). In contrast, negative affect results in an individual viewing the
570 world in negative light, being increasingly sensitive to negative situations, and can result in
571 distress, dissatisfaction, and self-recrimination (Hershcovis et al., 2007).

572 Participants referred to a number of positive affective states when successfully coping
573 with the stressors that they experience in their day-to-day lives. In particular, the participants
574 seemed to refer to an increase of problem-focused coping strategies (e.g., planning) and
575 cognitions associated with positive affect (e.g., optimism). This reflects the current findings in
576 the sporting literature that suggest that attempting to manage/control the factors that cause stress
577 predicts a more positive experience (e.g., Hadd & Crocker, 2007). In remaining with positive
578 coping experiences, despite research suggesting that regulating emotions can be associated with
579 negative affect (e.g., Gaudreau & Blonding, 2002), Hadd and Crocker (2007) found there to be a
580 positive relationship between emotion-focused coping and positive affect. With the
581 unpredictability and the severity of client issues that SPCs may have to cope with and the
582 participants scoring highly in some emotion-focused coping strategies (e.g., seeking emotional
583 social support), it is reasonable to suggest that they may also be effective strategies of coping
584 with such issues and therefore translate to positive affect.

585 When not coping with the stressors of their day-to-day lives, participants particularly
586 referred to the feelings and negative consequences (e.g., burnout) associated with negative
587 affect, and the effects it had on their practice with clients. In support of these claims, the
588 negative emotions as a consequence of negative affect have previously been shown in the sport
589 literature to be related to burnout (Gould, Udry, Tuffey, & Loehr, 1996) and to negative
590 performance (Graham, Kowalski, & Crocker, 2002). It therefore seems that not coping with
591 stressors may have negative implications on both the personal well-being and professional
592 practice of SPCs. Based on the hedonic dimension, Diener and Lucas (1999) suggested that
593 well-being can be defined by pleasure or happiness resulting from high positive affect and life
594 satisfaction and low negative affect. Consequently, an inability to cope may affect the long-term
595 well-being of a SPC. In support, Gould and Whitley (2009) stated that an inability to cope with
596 stressors can lead to strain, reduce well-being, and lead to burnout. **In light of this, it appears that**
597 **those responsible for the training and development of SPCs should place a greater emphasis on**
598 **helping practitioners to develop appropriate and effective coping strategies that allow for more**
599 **positive responses to the stressors they experience. Further, practitioners must understand that**
600 **self-practice is apposite and necessary for self-regulation in the face of the plethora of stressors**
601 **associated with their roles (cf. Pack, Hemmings, & Arvinen-Barrow, 2014).**

602 The final aim of Study II was to explore ways in which future and extant SPCs may be
603 better prepared to cope with stressors. The participants suggested that the sharing of experiences
604 may help SPCs further understand and manage the stressors that they will encounter.
605 Participants placed particular importance on doing this through the development and
606 participation in peer support groups. Research suggests that SPCs mainly rely upon themselves
607 for self-insight (e.g., Winstone & Gervis, 2006), which can potentially lead to the negative
608 outcomes of isolated self-reflection (e.g., negative self-focus and self-doubt) (Bennett-Levy,
609 2003). However, group reflective processes (e.g., sharing experiences) can allay feelings of
610 isolation that practitioner might face (Tod & Bond, 2010) and provide reassurance to neophyte

611 practitioners about their practice and the way in which they have coped/might cope with a
612 stressful situation. Further, sport, clinical, and counseling psychologists in McEwan and Tod's
613 (2015) study advocated the benefits of sharing experiences with peers, and suggested that
614 reflective conversations with peers helped in them becoming more aware of their skills and
615 limitations. Sharing experiences via peer interaction may therefore stimulate new ideas for SPCs
616 about how to manage and cope with their stressful consultancy situations.

617 Participants in this study also called for supervisors to be more open about their own
618 experiences of coping (or not) with consultancy situations. In support, an ASP supervisor in
619 Eubank's (2013) study referred to how sharing experiences with their supervisees has helped the
620 supervisees make sense of their own development and expand their knowledge. Through sharing
621 these experiences supervisors may provide supervisees with extra insight into potentially new
622 methods of coping and supervisees may take confidence from significant qualified others having
623 similar negative experiences of coping in stressful consultancy situations. Participants also
624 referred to how experienced practitioners could share their experiences and provide 'top tips'
625 that will help neophyte practitioners cope with the stressors that they will encounter. There are
626 articles that have adopted an approach of experienced practitioners sharing advice for neophyte
627 practitioners (e.g., McCormick & Meijen, 2015) but are limited in number. Consequently, it
628 may be worth considering ways in which experienced practitioners may give back to the
629 profession and help others to become better prepared to cope with the stressors of ASP practice.

630 A further consideration raised by the participants that may help future SPCs manage the
631 demands of ASP practice is for SPCs to engage in formalized supervision **post-training**. Despite
632 being highlighted by previous research, sport is still unlike its allied professions (e.g., clinical
633 and counseling psychology) whereby supervision is a mandatory part of lifelong practice (Jones,
634 2011). However, 'expert' practitioners have strongly advocated for how useful supervision can
635 be for SPCs and their development as practitioners **post-training** (see McCormick & Meijen,
636 2015). With benefits including helping SPC's understand their strengths and weaknesses and

637 helping them manage stressful consultancies, on-going supervision may be a practice worth
638 instilling into the field of ASP to help SPCs cope with the demands associated with practice.

639 Participants in this study suggested that a number of learning opportunities could help to
640 better prepare practitioners for the demands that they might encounter. Specifically, participants
641 called for an increase in practitioner-focused research that considers the demands and coping
642 strategies that accredited practitioners have experienced. Elsborg, Diment, and Elbe (2015)
643 recently explored the challenges SPCs faced at the London Olympic Games and supported the
644 claims that **researchers** should consider the coping strategies that SPCs utilize as it would
645 provide valuable practical knowledge for neophyte practitioners. Indeed, **researchers** should
646 focus on the experiences of SPCs as it may facilitate greater context-specific learning and
647 decision making in ASP (cf. Pack et al., 2014). **Participants also highlighted the potential value**
648 **of implementing case study exploration workshops into ASP training programs, and how it may**
649 **help neophyte practitioners to be better prepared for the possible issues and stressors that may**
650 **arise in practice. Integrating such workshops into ASP training programs may provide greater**
651 **perspective on the range of stressful situations that may occur in ASP practice, provide the**
652 **opportunity to explore and seek the most fitting ways of managing those situations, and as a**
653 **consequence, preparing neophyte practitioners to cope more effectively with similar stressful**
654 **situations should they arise in their practice.**

655 **Summary and Future Directions**

656 The findings of Study I and II contribute to the existing literature that focuses specifically
657 on the way in which UK-based SPCs may cope with the stressors they are exposed to. These
658 findings present specific implications that may enhance the well-being and quality of the
659 professional practice of SPCs in the UK, and therefore should be afforded consideration by the
660 **field**. First, neophyte practitioners should be encouraged to engage in a variety of challenging
661 practicum experiences as it may facilitate the learning of strategies that can be utilized to
662 specifically cope with the range of stressors they might face as SPCs. Second, with reflection

663 underpinning the process of learning, and developing coping strategies from experience, ASP
664 training programs should place importance on reflective practice and provide support on how
665 neophyte practitioners may reflect in a more meaningful way for its benefits on SPC well-being
666 and practice. Finally, with not coping related to negative affect and its possible detrimental
667 effects on SPC well-being and practice, the UK-based professional bodies have to do more in
668 **attempting** to prepare its practitioners for the demands (personal, organizational, and
669 professional) that they might experience.

670 **In consideration of the present study, a number of avenues for future research have been**
671 **identified. For example, the participants in Study I and II were all UK-based SPCs and therefore**
672 **the findings might not be representative of the experiences of practitioners working in other**
673 **countries and cultures. Future research may, therefore, wish to consider the similarities and**
674 **differences of these findings with SPCs working in other countries.** In addition, with the
675 relatively low sample size in Study I, **future research** should attempt to sample a greater
676 proportion of the population to support, add to, and allow for a greater generalization of the
677 findings. Further, with Study I assessing the general coping strategies **UK-based** SPCs utilize, it
678 may be beneficial for future research to build upon the findings of this study and specifically
679 focus on the coping strategies utilized by SPCs to cope with consultancy-specific stressors.
680 Finally, whilst both studies could be considered as preliminary in nature, it is thought that by
681 gaining a relatively unique and in-depth understanding of the general coping strategies adopted
682 by **UK-based** accredited ASP practitioners it offers valuable insight into factors impacting on
683 their well-being and the quality of their service delivery. It is clear that practitioners experience
684 a multitude of demands that emanate from a variety of sources and failure to cope with these has
685 the potential to not only have a significant impact on the practitioner but also their clients and
686 the field itself. The health and well-being of SPCs should therefore be afforded increased
687 attention in the ASP literature and by the professional bodies of the field.

688

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842 **Table 1.** Mean scores of each individual coping strategy.

Problem-Focused Coping		Emotion-Focused Coping		Avoidance Coping	
Strategy	Means	Strategy	Means	Strategy	Means
Increased Effort	4.05	Seeking	3.26	Behavioural	1.22
		Emotional		Disengagement	
		Social Support*			
Active-Coping	4.14	Venting of Emotion	1.70	Denial*	1.43
Planning*	4.38	Humour	1.53		
Suppression of Competing Activities	2.84	Wishful Thinking	1.99		
Seeking Informational Social Support	3.23	Self-Blame	2.78		

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844 **Denotes highest scoring coping strategies for each dimension.*

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