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Practitioners' narratives regarding active ingredients in service delivery: Collaboration-based problem solving

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ABSTRACT

Objectives: We examined experienced practitioners' (N = 21) stories about two of their athlete consultancies, with a focus on their descriptions of the active ingredients involved in service delivery.
Design: Qualitative interviews informed by narrative theory.
Method: Consultants (9 females and 12 males, aged 27–46) with at least four years of professional experience discussed two client consultancies during open-ended narrative interviews. Data analysis began with an examination of the narrative structure of the practitioners' stories, followed by an investigation of the narrative themes.
Results: The structure of the participants' stories reflected a collaborative expert problem-solving narrative, in which they described working as experts in concert with athletes who needed help in solving their problems. Narrative themes included the influence of relationships, client allegiance, and active athlete engagement towards service delivery outcomes. An additional theme involved a constrained freedom in which contextual factors influenced service delivery.
Conclusions: Results had strong parallels with clinical and counselling psychology research, such as the Rogerian narrative to service delivery. Findings also reflected a self-promotional narrative that surrounds psychological service delivery. Applied implications include the value of self-awareness, developing authenticity, and learning to become part of the sport organization's culture.

Reflective sport psychologists ask themselves, supervisors, and colleagues why their service delivery attempts do or do not assist athlete-clients. Sport psychologists may ask this question after having helped athletes achieve goals and resolve issues to understand how they can replicate positive outcomes with future clients. Equally, when their attempts to assist athletes have been unfruitful, practitioners may search for explanations to help avoid such results in forthcoming service delivery endeavours. These reflective questions are focused on identifying the service delivery *active ingredients*, or those essential components that allow people to benefit from helping relationships (Pavuluri, 2016). Understanding the active ingredients helps technique-driven practitioners become client-led consultants who are able to adapt their knowledge and skills to suit athletes' specific needs and circumstances (Tyreman, 2000).

Identifying the active ingredients in applied sport psychology has not greatly captured researchers' attention. Investigators have largely focused on testing if interventions, such as imagery, goal setting, and self-talk, influence skill execution (Tod & Andersen, 2012). Much less research examines process-related issues, such as why service delivery yields positive client outcomes. Further, when investigators have focused on why interventions work, they have typically examined *specific* rather than *common* factors. Specific factors are associated with the intervention approach in question. Common factors are present in service delivery regardless of the intervention model employed. For example, if adopting a cognitive behavioural approach, specific factors include behavioural experiments and cognitive restructuring (Beck, 1995). Examples of common factors include athletes' willingness to seek help, practitioners' displays of empathy, and treatment duration (Wampold & Imel, 2015).

The most visible line of research falling under the common factors umbrella in sport psychology is the examination of effective consultant characteristics (e.g., Chandler, Eubank, Nesti, & Cable, 2014; Chandler,

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Eubank, Nesti, Tod, & Cable, 2016). These studies suggest effective practitioners may be characterized by the phrase *be, know, do* (Tod, Hutter, & Eubank, 2017). Helpful individuals are able to *do* sport psychology or assist clients in achieving their goals and resolving their issues. Effective practitioners also *know* sport psychology, or have command over psychological theory and empathic understanding of clients and their situations. The *be* component of the phrase indicates effective individuals possess personal characteristics, such as empathy, unconditional positive regard, and congruence, that encourage clients to attain their potential (Nesti, 2004; Rogers, 1979). Common factors do not receive much attention in sport psychology literature compared with the specific factors. Some researchers, however, argue the common factors contribute as much as the specific factors in securing positive client outcomes (Nesti, 2004; Tod & Andersen, 2012).

The emphasis on specific factors in applied sport psychology may reflect the discipline's dominant mental skills training (MST) model. According to the MST model, performance and behaviour are influenced by mental characteristics (e.g., confidence) trainable through certain mental interventions such as goal setting (Vealey, 2007). The model directs attention to the specific factors and may lead practitioners to underestimate the common factors or perceive them as occupying a secondary position. Research provides limited evidence of MST's effectiveness in helping athletes with their issues. For example, although individual strategies (e.g., imagery) are known to enhance skill learning and execution in controlled environments, there are few studies demonstrating that they enhance competitive performance (Brown & Fletcher, 2017; Gardner & Moore, 2006). Further, although some research has identified proposed mechanisms for why individual strategies may enhance skill execution (e.g., behavioural matching in imagery, Wakefield, Smith, Moran, & Holmes, 2013), there are few empirical studies demonstrating the reasons why MST might be an effective model of service delivery, that is, the active ingredients underpinning interactions between athletes and practitioners. The absence of research represents a knowledge gap in the literature.

Drawing on clinical and counselling psychology research may contribute to filling the above gap in applied sport psychology knowledge, given the similarities among the three fields. The clinical, counselling, and applied sport psychology disciplines share many parallels (McEwan & Tod, 2015). The professions, for example, are applied sciences focused on understanding the helping process. Practitioners from each specialty seek to form working alliances with clients and facilitate behavioural, cognitive, or emotional change. Whereas applied sport psychology is lacking understanding about the active ingredients, there is a large body of knowledge from clinical and counselling psychology on which to base research (Tod & Andersen, 2012). A series of reviews have examined hundreds of experiments examining relationships between psychotherapy process and outcomes variables (Crits-Christoph, Gibbons, & Mukberjee, 2013; Orlinsky, Grawe, & Parks, 1994; Orlinsky, Rønnestad, & Willutzki, 2004). These authors have identified process variables associated with psychotherapeutic outcomes. Client variables include: (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. Non-client variables include: (a) global therapeutic bond, (b) therapists' and clients' reciprocal affirmations, (c) treatment duration, and (d) therapeutic realizations. These variables may help researchers extend knowledge and assist practitioners working with clients.

In addition to identifying factors related to therapeutic results, some clinical and counselling psychology researchers have sought to identify which variables are the active ingredients, or explain the most variance, in service delivery outcomes. Some investigators believe the major psychotherapies are equally helpful (Wampold & Imel, 2015). According to these researchers, although results from numerous meta-analyses of randomised controlled trials indicate psychotherapy assists clients, there is little convincing evidence that any specific therapeutic approach is more effective than any other (Ahn & Wampold, 2001; Wampold et al., 1997). Instead, therapeutic outcomes are explained by factors common to the various psychotherapies, rather than those specific to each approach (Wampold & Imel, 2015). Based on their review, Grencavage and Norcross (1990) concluded the most frequently cited common factors were: development of the therapeutic alliance, opportunity for catharsis, acquisition and practice of new behaviours, and clients' positive expectations. Tracey, Lichtenberg, Goodyear, Claiborn, and Wampold (2003) found that experienced psychologists viewed common factors along two dimensions: (a) feeling versus thinking, and (b) therapeutic activity. Along the first dimension, common factors exist on a continuum as emphasizing either the more cognitive (e.g. persuasion) or emotional dimensions of people's experiences (e.g. anxiety reduction). According to the second dimension, common factors represent either activities occurring within sessions (e.g. feedback) or individual's attributes (e.g. clients' positive expectations). The dimensions refer to how the participants described the various common factors, and do not imply that some may be more or less influential to therapeutic outcomes. In addition, a cluster analysis yielded three groups of common factors. The *bond cluster* represented the relationship or working alliance. The *information* or *explanation cluster* indicated the value of providing clients with an explanation for their issues. The *role cluster* signposted the benefits of structuring therapy to help clients make sense of the helping process. Although there remains some debate about the relative contributions of the specific and common factors, there is agreement that both sets of variables are necessary for positive therapeutic outcomes (Wampold & Budge, 2012).

Although the clinical and counselling psychology research can inform applied sport psychology, straight replication of existing studies is neither feasible nor likely to advance knowledge greatly. Randomised controlled trials, for example, examining if working alliances influence outcomes in applied sport psychology are unlikely to herald significant novel knowledge advances, because the preponderance of evidence in clinical and counselling psychology already demonstrates that relationships are associated with such effects. Instead, a fruitful line of inquiry is to explore sport psychologists' perceptions and interpretations of the active ingredients. Understanding how practitioners describe, structure, and story the active ingredients has applied implications. Time and space boundaries vary in applied sport psychology compared to some traditional clinical and counselling psychology settings (Andersen, Van Raalte, & Brewer, 2001). Additionally, cultural factors separate sport psychology service delivery from other domains usually examined in clinical and counselling psychology research. Understanding how practitioners perceive the active ingredients within the sport psychology context will help advance theory in ways that reflect the discipline's nuances, leading to greater depth of understanding. Such detail may then help practitioners, particularly trainees, prepare themselves to provide optimal and salubrious services from which athletes gain considerable benefit.

The purpose in the current study was to explore how qualified applied sport psychology practitioners storied the active ingredients involved in two of their client interactions: one in which they deemed service delivery had been effective and one in which service delivery had been ineffective. Asking practitioners to discuss both effective and ineffective client interactions provided variation in the data to help explore the narrative structure and themes within their stories.

1. Method

1.1. Study design and philosophical underpinnings

This study reports on qualitative data collected during interviews guided by a narrative approach (Riessman, 2008). In narrative analysis investigators examine stories told either in a research context or in everyday life, and they examine various aspects, such as structure,

substance, function, or performance (Parcell & Baker, 2018). Investigators also explore the narrative resources present in the cultures and communities individuals inhabit, and help people make sense of their experiences (McGannon & Smith, 2015). Narrative researchers can collect quantitative data, qualitative data, or both. In sport and exercise psychology, however, the genre is most associated with qualitative methods. Although descriptions of what constitute narratives or stories vary greatly (Riessman, 2008), for the current study we focused on participants' accounts regarding two specific athlete consultancies.

We selected a narrative approach, because we sought to understand how participants constructed stories about service delivery (Papathomas, 2016). We assumed the consultants, like other people, made sense of their experiences through their stories. These stories constituted their reality (Smith, 2010). Asking them to tell their stories let them share their reality with us. The study was underpinned by interpretivism, consisting of ontological relativism and epistemological social constructionism (Smith, 2010). The participants' stories reflected their interpretations, and we were not striving to access an external impersonal reality (relativism, Yilmaz, 2013). Further, we acknowledge that these data have been co-constructed through their interactions with us (social constructionism, Yilmaz, 2013). The relationships we shared with participants shaped the richness of the generated stories. Given that data were subjective and co-constructed, participants' stories were bounded by the language and personal and social scripts available to them (McGannon & Smith, 2015).

1.2. Participants

Interviewees' included females ($n = 9$) and males ($n = 12$) who were (a) registered as sport and exercise psychologists with the UK Health Care and Professions Council (HCPC) and accredited by the British Association of Sport and Exercise Sciences (BASES, $n = 8$), (b) registered as sport and exercise psychologists with the UK HCPC only ($n = 11$), or (c) accredited by BASES only ($n = 2$). Individuals ranged in age from 27 to 46 years and had been helping athletes for between 4 and 14 years. Regarding theoretical orientation, 12 described themselves as working from a cognitive behavioural therapy (CBT) standpoint, 3 from a CBT/humanistic perspective, 2 from a humanistic/eclectic viewpoint, and 1 each from CBT/psychodynamic, humanistic, and eclectic perspectives. One individual was unable to identify an allegiance to a theoretical orientation.

1.3. Interviews

We interviewed each individual once, with each conversation following Jovchelovitch and Bauer's (2000) four phase narrative interview guidelines. Broadly, interviews focused on two service delivery stories: one each in which participants judged effective and ineffective outcomes had occurred. For each story, the first phase involved identifying a suitable experience. Participants suggested a possible experience and explained their criteria for labelling it as effective or ineffective. We focused on participant generated criteria, because we wanted to understand their experiences from their perspectives, rather than impose external benchmarks on their interpretations. Participant generated criteria also allowed their stories to have internal coherency between service delivery processes and outcomes.

In phase two for each story, David (first author) then let participants present their accounts without interruption, beyond minimal prompts and reflections designed to encourage continued narration (e.g., "please tell me about the consulting experience"). Participants were free to discuss their stories until coda, after which phase three occurred and David asked broad questions designed to fill in details of the stories. These questions sought clarity on personal and environmental factors present in the incidents being discussed (e.g., "you mentioned several things about the situation that were relevant; please tell me about any others"). These broad topics were not prescriptive, but the wording and order of these questions were adjusted to allow interviews to flow like conversations. Finally, phase four involved a conclusion in which David thanked participants for presenting their story and transitioned into the next interview stage (either the second story or the end of the interview and final debriefing).

David piloted the interview structure with two BASES accredited sport psychology practitioners and reviewed the data with colleagues. The purpose was to develop his ability to conduct the interviews in ways that allowed suitable data to be collected, such as ensuring he asked open-ended questions and focused on participant generated effectiveness criteria. Data from these pilot studies have not been included in the write-up.

1.4. Procedure

After obtaining institutional ethical approval, David approached potential participants and explained the purpose, risks, and safeguards of the investigation and invited them to participate. Initially, we set a target of interviewing 20 individuals, and 21 people provided consent and were interviewed. Data collection, transcription, and analysis occurred in parallel. Saturation is an ill-defined construct, and its role in narrative research is difficult to discern (Saunders et al., 2018). Drawing on Saunders et al. (2018), we asked ourselves: did we have sufficient data to support the findings and did these results answer the research question? The member reflections and critical peer review discussed in the research credibility section allowed us to reflect on our answers to the two questions.

Once individuals provided consent, times for telephone interviews were arranged. Interviews lasted 45–60 min. With permission, interviews were audio recorded and transcribed, before being subject to a narrative analysis. In light of Emerson and Frosch (2004), during transcription we included the participant's and interviewer's dialogue, noting words, inaudibles, extended pauses, partial utterances, and speech repairs. With telephone interviews visual and nonverbal cues that facilitate qualitative data collection are not accessible. Sturges and Hanrahan (2004), however, concluded that interview mode (telephone versus face-to-face) did not influence the breadth or depth of data collected during their research. In addition, the participants in their study 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 the choice between telephone and face-to-face interviews. In the current study, the use of a convenient interview mode outweighed the loss of visual and other nonverbal information.

1.5. Data analysis

Considering one participant at a time, we followed Riessman's (2008) suggestion to start by examining the story's structure followed by scrutinizing its content. The analysis began with Davidtranscribing the interview and then reading the transcript several times. Initially, he focused on identifying the structure of each story, specifically searching for the beginning, middle, and end. The purpose of the structural analysis was to construct the core narrative the individual was sharing (Riessman, 2008). During this immersion David made notes and began formulating possible narratives from a global perspective. Once David had developed a possible narrative, he searched the transcript to find text units or passages that supported or contradicted the narrative's plausibility. To assist with examining narrative structure, we drew on Booker's (2004) descriptions of the plots and features involved in storytelling.

After developing the structure of the narrative, David then undertook a thematic narrative analysis guided by Smith's (2016) suggestions, in which he examined the substance of the stories focusing on the participant's views about the active ingredients that influenced whether the consulting experiences had been either effective or ineffective. As

with the narrative structure, David made notes and began articulating possible features regarding the active ingredients. Once again, he returned to the transcripts to find data allowing him to evaluate the conceivability of his insights.

[First author's] narrative indwelling (Smith, 2016) resulted in one page summaries he shared with the research team, who acted as *critical friends*, and participants (as part of the *member reflections* process discussed below). The data analysis was not linear and we moved back and forth between the transcripts and the one page summaries to create, evaluate, and modify narrative structure and content. At the same time, we considered how the different features regarding the active ingredients might relate to each other and the overarching narrative.

Having completed analysis at the individual level, we then assessed the narratives and active ingredient-related features across the sample's one page summaries and the transcripts. During the cross-participant analysis we found ourselves going back to the transcripts to check, evaluate, and modify the results in the individual summaries. We also reflected on our findings in light of the sport, clinical, and counselling psychology literature to help interpret the narratives. Guiding questions included: "does the structure and content make sense in light of current knowledge?", "are the findings novel and are there enough data to support their inclusion?", "how does the structure and content relate to each other and do they allow for a coherent narrative?", and "do the findings add something useful to the discipline?"

1.6. Research credibility

Consistent with Sparkes and Smith's (2014) non-foundational approach, we identified credibility criteria to guide the study consistent with our aims and values. We aimed to: (a) ensure we understood participants' stories, (b) demonstrate to them we cared about their experiences, (c) advance knowledge, (d) provide results that resonate with readers' experiences, (e) uncover our assumptions and biases, and (f) detail information useful for practitioners. Based on these guiding aims and values, the relevant criteria we addressed included credibility, rich rigor, resonance, and significant contribution (Sparkes & Smith, 2014). We ensured we met these criteria by: (a) interviewing qualified practitioners with several years of client experience, (b) building trust and rapport with participants prior to and during the interviews (e.g., adopting active listening skills, taking and demonstrating an interest in the participants and their stories, being open about the study's purpose and procedures, and inviting questions), (c) engaging in member reflections with participants during data analysis to allow for additional opportunities where we could reflect on their stories together (Tracy, 2010), (d) keeping a reflective journal throughout the project, (e) regularly sharing results and our progress with colleagues to expose our thinking to peer review, (f) presenting the results in academic circles for critical feedback, and (g) discussing the results with trainees and experienced practitioners to ensure the applied value of the results. The member reflections helped us to (a) clarify our understanding of participants' experiences, (b) bring out features we overlooked during analysis, and (c) discuss components we missed during interviews. When presenting our results to colleagues, other researchers, and practitioners we asked these individuals to act as *critical friends* (Smith & McGannon, 2018). These people gave us feedback helping us to review our interpretations, suggested theoretical frameworks that helped us explore alternative ways of interpreting the data, and quizzed us on our interpretations to help uncover our biases.

2. Results and discussion

Participants' narratives had a common structure that we labelled as a *collaborative expert problem-solving narrative*. Within the overarching narrative there were several themes describing the active ingredients, and they included relationships, client allegiance, and active engagement. Also, participants described a constrained freedom through their discussion of contextual influences on service delivery. The helpful and unhelpful stories had a similar narrative structure and themes, and we have not presented separate results for each type.

2.1. Narrative structure: collaborative expert problem-solving

Participants' narratives paralleled a well-established story line labelled *the quest* in which a protagonist (in this case, the athlete) is called to achieve some goal. Also, to achieve the goal, the protagonist needs to change or experience personal growth. The hero embarks on a journey, encountering and overcoming trials, before returning home having achieved the goal (Booker, 2004). Other characters may be included in the narrative and participants in the current study drew on the wise sage archetype to insert themselves into their stories. Theorists vary in the number of stages they posit belonging to the quest narrative, but the current participants described the typical three broad phases including: the call, the journey, and the return (Campbell, 2004).

The Call. Participants typically described clients as individuals who (a) wanted to achieve a sporting goal, and (b) needed to experience emotional, behavioural, cognitive, or interpersonal growth, as illustrated in the following opening dialogue with one individual:

> Interviewer: *Can you talk to me about a time that you thought went well and can you tell me about the situation and what was going on?*
>
> Interviewee: *Perhaps the best one would be an international footballer, who had been basically been dropped and was unable to make it back really, so that was the situation that had impacted very heavily on her confidence and then lead onto anxiety and things, she was getting very nervous, questioning her whole approach.*

Examples of other goals across the sample included injury rehabilitation, being selected for a team, and developing control over anxiety or anger. Paralleling the quest narrative, examples of personal growth included increased confidence, better self-regulation, and improved stress management.

The Journey. Having established the clients' goals and the areas in which they needed to change or grow, the participants typically then discussed the athlete's journey. The focus in this stage of the narrative generally involved learning knowledge or skills that allowed athletes to overcome trials and tribulations. For example, in developing the above story of the international footballer, the practitioner said:

> *Once we had hit upon the idea of self-talk, and we kind of used to meet up and go over everything that she had come back with, but it was very much almost educate about what it is and how it might influence things and then from that point, very much I'd give her a diary or in fact it was a diary that I gave her and she would go away and fill it in once or twice a week usually after matches and sort of and try and gradually pick up a good habit of self-talk.*

The above quote is also an example of how practitioners inserted themselves into the story, normally drawing on the wise kind sage archetype. Participants described themselves as having suitable methods, knowledge, or skills they imparted to the athletes, as illustrated above with the diary and the education on self-talk.

The Return. The stories of the effective experiences had a positive conclusion because they focused on the athletes overcoming their limitations and attaining some personal growth that allowed them to achieve their goal. The accounts about the ineffective experiences were less positive because athletes did not achieve their goals, did not grow as individuals, or failed in both regards. When elaborating on why the athletes either did or did not achieve growth and goal attainment, participants talked about the active ingredients discussed in the next section.

There were no deviations from this central storyline and this observation reveals that participants' stories were not entirely their own, but likely have been influenced by narratives they have been exposed to

during their training and careers (c.f., Papathomas, 2016). The expert problem solving approach is a prevalent narrative in sport psychology literature (e.g., Tod, Andersen, & Marchant, 2011), and is used as a justification for practitioners' value to sporting communities. Also, although the practitioner-client relationship is not given much attention in the literature, when it is discussed, client-led collaboration is advocated over other possible working alliance styles (Petitpas, Giges, & Danish, 1999). Further, the quest narrative is highly prevalent in wider society, as illustrated in popular sporting and other movies (Booker, 2004). Together these discipline-specific and wider social scripts provide narrative resources to help practitioners make sense of their applied consultancy experiences.

Further, the collaborative expert problem solver narrative is somewhat self-serving, because it positions the practitioner as one central character to ensuring successful outcomes. The narrative allows for practitioners to position themselves as the kind wise sage. Sport psychology is a consumer driven industry in which practitioners have to sell themselves, particularly if operating in private practice (Morris, 1995). Professionals acknowledge they need to demonstrate the effectiveness of their services to promote the field and attract clients (Smith, 1989). In addition, committed practitioners want to believe they are good at their jobs and that their services are helpful to clients. For these reasons, participants' may have authored their stories, consciously or subconsciously, in ways that reap personal and professional benefits.

2.2. Narrative content: themes related to the active ingredients

Intertwined within the stories were themes that spoke directly to the active ingredients in service delivery. These themes complemented and added substance to the narrative structure, providing scripts by which practitioners could explain why clients had benefitted, or not, from the consultancies undertaken. The themes described the role of relationships, client allegiance, and active engagement in securing service delivery outcomes.

The Role of the Working Alliance. A common theme underpinning both helpful and unhelpful consultancies described the contribution that rapport and client-relationships made to outcomes, as indicated in the following quote: "*I saw him on several occasions in the gym so we already had built a high level of trust before he came up and we kicked off.*" Another consultant said "*I think that when you build up that trust and that relationship obviously with any intervention it is going to help*." Interviewees' perceived that rapport and trust were necessary for service delivery to be effective, as described by one practitioner:

> *Quite often, particularly in the context such as anxiety management, you are talking about symptoms and issues that are very personal, and you're revealing kind of weaknesses if you like, and athletes won't do that unless you have spent that time with them and they trust you.*

The relationship descriptions reflected the Rogerian' (1979) person-centred narrative that describes core practitioner qualities needed for client self-actualization: congruence, unconditional positive regard, and empathy. For example, participants discussed congruence as illustrated in the following quote:

> *I think I have quite a good personality and I think that personality is an open personality, and so I think that people would probably say of me that they feel quite comfortable with me quite quickly … so I probably declare things about myself quite quickly so that they feel that it's not, that I'm not secretive and I'm quite, that they can relate to me.*

The practitioner's emphasis on being herself and transparent catches the flavour of congruence, allowing clients to appreciate who she is as an individual and realize that she does not hold back in the relationship (Rogers, 1979). Within the Rogerian story, congruency allows the other two practitioner qualities to shine, both of which interviewees discussed.

The second and third Rogerian characteristics interviewees mentioned included acceptance (or unconditional positive regard) and empathy (Rogers, 1979). As an illustration of acceptance, one participant said "*it's kind of I make sure he feels absolutely secure and not being judged*." Further, his client was:

> *Concerned about the opinion of other people and also the opinion of the sport psychologist or their coach and so forth, so it was very important for me just to make sure that he was crystal clear that I am not judging him.*

According to the person-centred narrative, a consequence of practitioner unconditional positive regard is that clients develop the acceptance and caring attitudes towards themselves needed for growth (Rogers, 1957). As an example of empathy, an interviewee said: "*when I meet with a client, I listen as carefully as I can*." Another practitioner indicated "*for probably just 2 or 3 sessions, just really talking about in what sort of situations would her thought processes become disruptive or negative and so I could get a real picture about how she felt about it.*" Rogers (1957) believed that as clients are given space to share and they experience being heard, it becomes easier for them to listen to themselves. With greater self-acceptance and self-awareness, Rogers (1979) suggested clients are better positioned to be congruent themselves and become who they are meant or want to be (i.e., they self-actualise).

Although practitioners described the value of close personal relationships, they also perceived a need to maintain a focus on the reason the two parties had come together. One interviewee suggested:

> *You are always conscious, particularly when it comes to like thinking about, well if we have this sort of relationship are you going to actually help them? I mean ok, you know great, you made new friends, but are you here to make friends and the answer is no, you are in it to get the best out of the client, or if that's what they want, basically what they need.*

The belief that the alliance occurred for a specific purpose: to provide clients with the psychological assistance needed to help them resolve their issues and achieve goals, is a further parallel with counselling psychology (Gelso, 2014). The finding also highlights the melding of the current narrative theme with the next one, the practitioner's and athlete's active engagement.

Discussion around core practitioner qualities reveals another way in which participants may have been influenced by the social scripts present within the sport psychology community. For example, narratives reflecting the person-centred approach generally, and congruence, authenticity, empathy, acceptance, and tolerance more specifically, have appeared in the literature and will likely have provided practitioners with terminology and stories to help them interpret their experiences (Lindsay, Breckon, Thomas, & Maynard, 2007; Petitpas et al., 1999; Tod & Andersen, 2012). Further, practitioners do not need to have read such literature to have learned these scripts, because they are discussed among peers and have often been captured in common aphorisms (e.g., "athletes don't care what you know, until they know that you care").

Athlete and Practitioner Active Engagement. The narrative theme regarding active engagement reflected Bordin's (1994) working alliance narrative. Bordin discussed that in addition to the interpersonal bond, effective working alliances involved both parties having an understanding of their respective tasks, goals, and responsibilities. Beginning with the athlete, according to one interviewee:

> *I mean it's the good old cliché of the athlete has got to want to change before they can, and I'm just thinking of that joke with the light bulb, you know, how many psychologists does it take to change a light bulb? It doesn't matter as long as the light bulb wants to change, and this was an example of an athlete who definitely wanted to do the work.*

The interviewees' quotes echo the results of the counselling research presented in the introduction where seven of the eleven process variables related to outcomes were focused on clients (Orlinsky et al., 2004). One practitioner service delivery role is to assist clients in

identifying reasons for engaging in the change process or adopting new perspectives (Nesti, 2004). As participants described their stories in fuller detail they expanded on examples of how athletes engaged in the process.

As examples, self-awareness and reflection were two processes participants mentioned, as indicated in the following: "*he was able to bring specific knowledge to the consultation, so he was able to reflect on what it should look like and what it needed to look like*." Also, "*he was very aware of what was required in terms of his own performance.*" An interviewee illustrated another sign of athlete involvement when she said: "*he sort of went away and he did a lot of the research on it himself, he was really interested in mental skills training in general.*" The above examples reflect cognitive engagement. Participants also discussed examples of behavioural engagement, as illustrated: "*he was a hard worker … if you go back to some of the goal setting stuff, you know the Locke and Latham work; he was very prepared to look at alternative strategies to bring about change in performance*."

The participants' quotes above regarding the person-centred practitioner qualities reveal ways they engaged in the process: creating the relationship or psychological environment in which athletes were able to grow. Interviewees discussed other ways that they facilitated the change process with one example being:

> *I allowed this client to sort of try and find out for himself, so I used more of a questioning approach rather than a quite an autocratic approach if you like to think about coaching style, I sort of gave him or allowed him to empower himself to make decisions about how he would progress.*

There is an inherent power imbalance in the way psychological service delivery is often described, with the knowledgeable expert consultant perceived to have the solution for the wounded or weakened athlete. Attempts to address power imbalances encourage clients to take an active role in the change process.

Another example of practitioner engagement is reflected in the following story:

> *I particularly thought about the way that I could deliver the skill in terms of making it more practical for him, so you know we looked at things like, instead of doing some of the sessions in an office let's say, we went into a more familiar environment, so we did a couple of sessions in changing rooms, we did a couple of sessions close to where they would be playing, we did a couple of sessions at the playing facility.*

Effective service delivery involves consideration of the athlete's specific circumstances and the optimal ways to cross the divide between the consulting and sporting environments (Chandler et al., 2016). Regardless of what issues are raised in consultancy, helping athletes understand how the material discussed has relevance for them and the environments in which they operate is tethered to the third narrative theme underpinning the participants' stories: client allegiance or belief in the process or intervention.

Client Allegiance. The focus of the third narrative theme discussed was hope, buy-in, or allegiance to the services on offer, as indicated in the following quote: "*he bought into the process pretty well … one of the main reasons he bought into the process was that he'd found that he had some sort of immediate success with self-talk*." Practitioners indicated that belief operated in a way similar to self-efficacy, as discussed by one individual:

> *Now whether he could use the skill to a really high level at that point I don't know but he believed that he actually could and I think that belief in that mental skill; that made him want to progress more within that area.*

The observation that athletes' confidence increased their persistence and motivation echoed Bandura's (1997) theory. The parallel with self-efficacy theory can also be gleaned from the following quote in which the athlete had belief in the intervention because using it lead to benefits, much like the role of mastery experiences in Bandura's writings:

> *We were working on imagery, in terms of him imaging different situations that would allow him to be better prepared and better cope with this transition into more senior levels of competition, but he, although he would acknowledge that he could probably use the skills and control and have vivid images, he didn't really get the benefits that he sort of got immediately with self-talk and I think those immediate benefits or help then allowed him to sort of progress.*

Athletes are not passive recipients of services, but likely are continually evaluating the gains they obtain from applied sport psychology. Among the predictors of behaviour (e.g., adherence to applied sport psychology services), according to Bandura, are self- and outcome efficacy (athletes' perceptions that interactions with consultants are worthwhile).

As well as a belief in the sport psychology process, content, or intervention, practitioners also discussed how clients' perceptions of them and their expertise influenced service delivery outcomes, as detailed: "*I think definitely her perception of me as the consultant … basically anything I said she would have done, I think her respect and recognition of me I think made her receptive to anything.*" The quote reflects a narrative in sport psychology literature and is summarised in the meme "sport psychologists are the instruments of service delivery." The meme reveals the belief that it is difficult to separate the consultant from the process, because the person's theoretical orientation, knowledge, skills, experiences, and personality are the drivers of service delivery.

Constrained Freedom: Contextual Influences. A final theme mingled within the central narrative was focused on contextual factors that influenced the active ingredients. Although contextual factors, in themselves, were not active ingredients, they served to shape what occurred within, and arose out of, practitioner-client interactions. Participants discussed several contextual features (culture, time, and other people) to help position the active ingredients within their stories.

One example of a contextual feature is revealed in the following words: "*the culture and climate of the team was really quite a positive team* [there was a positive culture]*, it was a great team ethic. I think that rubs off on the athlete, obviously it rubs on the athletes in the team.*" When discussing culture in sport psychology, writers typically focus on individual differences, such as gender, race, ethnicity, sexual orientation, and physicality. A team's culture is also influenced by the physical environment, along with the purpose, structure, and organization of the group (Eubank, Nesti, & Littlewood, 2017; McDougall, Nesti, Richardson, & Littlewood, 2017). The norms, ethics, and values inherent within that culture, such as those associated with hegemonic masculinity and stigmas associated with the helping profession, are likely to influence service delivery, a point examined in more depth below.

Another contextual factor included time: "*we had a long period of time to work over as well, it wasn't a brief intervention.*" Treatment duration is a robust predictor of service delivery outcomes in clinical and counselling psychology (Orlinsky et al., 2004), but has not been examined in applied sport psychology. When viewed in light of the above narrative themes, however, time is unlikely to have a causal influence on outcomes, but will interact with or be reflective of other variables. For example, athletes with hope in, and allegiance to, a service delivery approach will likely persist with their practitioner interactions longer than clients without positive expectations. Time spent together or consultancy duration is a proxy for athletes' perceptions of service delivery effectiveness.

Beyond the contextual factors, participants discussed the sway that other people, such as coaches and parents, held over service delivery processes and outcomes, as illustrated:

> *The coaches had handled him quite well in that … they had been quite honest in the talent that he had and they declared that to him, so he was aware that he wasn't seeing me because he was just a problem child and we did discuss that, he was aware that he was seeing me because they felt*

he had good prospects

The story highlights one of the stigmas associated with psychological service delivery that influence athletes' hesitancy in seeking practitioners' assistance: it is people with problems who visit psychologists (Corrigan, 2004). In addition, stigma also tarnishes athletes' identities and self-perceptions (e.g., self-labelling as a *problem child*). A dominant cultural narrative is that sport is a highly masculine environment, saturated with negative gender stereotypes including traditional hegemonic masculinity. These narratives likely influence athletes' identities and reduce their willingness to seek help (Steinfeldt, Steinfeldt, England, & Speight, 2009). To date, there have been few efforts to explore stigma and help-seeking within applied sport psychology service delivery. What evidence does exist has largely observed a quantitative relationship between heightened stigma and negative attitudes towards consulting (Martin, Zakrajsek, & Wrisberg, 2012). Broadening the existing work with qualitative exploration of how these variables interact and play out in practice, particularly in hyper-masculine sporting cultures, may allow researchers to inform practitioners and prepare trainees for their careers.

3. General discussion

The results in the current study revealed a central narrative focused on collaborative problem solving between an expert practitioner and a client with some vulnerability. Within this narrative, participants' stories included themes describing the active ingredients involved in service delivery. The themes focused on (a) establishing positive working alliances, (b) ensuring clients had belief or hope in the intervention, (c) the fostering of athlete and practitioner engagement, and (d) the influence of contextual factors on service delivery processes and outcomes. Although it is tempting to consider these factors as independent, each contributing uniquely to service delivery outcomes, it may be more useful to picture them as resembling various ocean currents, flowing along with and into each other with no clear lines of demarcation, yet each being separate in some ways. The labels we have given the themes are like flotsam and jetsam that drift along each current. They help us identify the path of the currents, but are not the surging waters underneath, and such recognition helps us avoid reifying the themes beyond their purpose: artificial static labels imposed on dynamic processes. Nevertheless, the present results contribute to existing literature as discussed below.

The findings provide novel insights into applied sport psychologists' cognitive maps regarding service delivery. Understanding how practitioners' make sense of their experiences and the active ingredients helps expand research and theory. Current research has focused heavily on the interventions consultants' employ, but has not given as much attention to why service delivery may help clients (Hassmén, Keegan, & Piggott, 2016). Knowing, for example, that imagery is associated with enhanced skill execution, or even why imagery enhances skill execution, does not explain the service delivery components that influence whether or not athletes use the intervention or how practitioners can best interact with clients to inspire them to employ the method. The current results indicate that experienced practitioners perceive that within facilitative environments, the active ingredients that include (a) person-centred practitioner qualities (congruence, unconditional positive regard, and empathy), (b) client hope and allegiance, and (c) active participation help athletes benefit from interactions with sport psychologists.

As one theoretical implication, the current findings forge greater links among the applied sport, counselling, and clinical psychology disciplines. The findings have strong parallels with results from clinical and counselling psychology with respect to the active ingredients (Wampold & Budge, 2012; Wampold & Imel, 2015). For example, the themes bear similarities with Tracey et al.'s (2003) common factor clusters of bond, explanation, and role. The similarities point to the benefits sport psychologists may obtain by immersing themselves in the counselling and clinical literature and vice versa. Effective service delivery in each of the disciplines is based around a relationship between one or more individuals experiencing some level of unhappiness or curiosity and trained practitioners who provide facilitative environments in which issues may be explored and addressed. Most of the activities that sport psychologists undertake when assisting athletes mirror those their clinical and counselling counterparts perform during their service delivery modes. Beyond a primary professional interest in assisting athletes and exercisers, and the need to understand the associated cultures, there is little to separate sport psychologists from their clinical and counselling brethren. Suggestions, for example, that the loose time and space service delivery boundaries make sport psychology unique overstate the argument when considering that rural and school psychologists also face similar circumstances (Andersen et al., 2001). There is much that practitioners from the disciplines may learn from each other.

As another theoretical implication, the current findings highlight a chasm between current knowledge and practice. Research in the field has primarily addressed issues other than the active ingredients in service delivery (e.g., intervention efficacy). Although applied sport psychology investigators can provide practitioners with evidence-based guidance in some service delivery areas, there are topics for which data are lacking to support recommendations. The current findings highlight potential avenues that researchers could pursue to help develop a more complete sport-specific evidence-based understanding of service delivery than is currently available. For example, researchers might explore how practitioner qualities, such as congruence, unconditional positive regard, and empathy are developed, displayed, and communicated in specific contexts. The way consultants express unconditional positive regard, tolerance, acceptance, and an active commitment to helping athletes may differ across contexts and cultures. As other examples, documenting ways that consultants: form working alliances; inspire client belief, allegiance, and engagement; and counter unfavourable contextual features will provide insights that can inform training pathways and contribute to practitioner professional development.

The current results show the value of using a narrative approach to examining the stories people tell about service delivery. The results can also stimulate further research informed by narrative theory. For example, researchers might explore the presence of other narratives about service delivery. Although the collaborative problem solving narrative was discussed in the current study, others may exist. If the collaborative problem solving narrative is a dominant one in the field, then what alternative stories are being silenced or omitted? What are the benefits of introducing other narratives in sport psychologist training? In what ways can professional development be enhanced by encouraging practitioners to become aware of the narratives they tell themselves and others? In what ways do their narratives influence client interaction and service delivery outcomes? There is much to be learned about the ways narratives shape service delivery in applied sport psychology.

The current findings warrant consideration within the study's limitations. For example, participants focused on individual clients and one-to-one service delivery. Their stories may have been expressed differently if interviewees had discussed group-based service delivery, workshops, or alternative approaches to helping athletes. As another possibility, participants were British practitioners operating in a UK context, a Western individualistic society. The cultural context may help explain the presence of an expert problem solving narrative underpinning to their stories. They each talked about an athlete who was experiencing some difficulty, for which they (consultants) offered a solution. The narrative may have been different if the interviewees had been from a non-Western or collectivistic culture. Also, we have examined practitioners' narratives. It is unknown how these narratives would compare with those told by athletes. Examining client narratives would likely add to knowledge and represents a possible line of inquiry.

Further, narrative analysis was the study's guiding method. Although the approach helped examine the narrative structure and themes underpinning the interviews, other qualitative and quantitative methods may help broaden the understanding of the active ingredients in service delivery. For example, the way that empathy, congruence, and unconditional positive regard are expressed optimally probably varies across client groups and sports. Qualitative investigations that explore the ways these practitioner qualities can be employed to useful effect will provide information to assist with trainee development.

Notwithstanding the above considerations, the current results have applied value for trainees and practitioners. For example, interviewees' stories were infused with the person-centred practitioner qualities of congruence, unconditional positive regard, and empathy. Clinical and counselling psychology researchers have found these qualities are linked with client outcomes (Erekson & Lambert, 2015). Trainees and practitioners will likely benefit from examining Rogers' (1961) client-centred approach. Rogers (1939) suggested practitioners could develop person-centred consultant qualities by amassing supervised work experience, undertaking personal counselling, and reflecting on their social leadership experiences. For example, trainees could reflect on their previous roles as sport team captains and other positions where they were responsible for helping and guiding people to gauge their levels of empathy, tolerance, and congruence.

As a second applied implication, interviewees discussed the value of athlete belief and allegiance. Practitioners who have, and can communicate, a clear coherent rationale for their service delivery approach in a manner that clients understand may likely secure athlete buy-in. For example, being able to explain how mental skills are transferable to domains other than sport may help prepare athletes for career-ending transitions. Further, a sound understanding also helps consultants operate effectively, because athletes are complex individuals operating in messy contexts. A clear approach to service delivery helps practitioners interpret athletes' lives, ask suitable questions, make defendable decisions, and offer useful assistance. For example, a solid understanding of cognitive behavioural therapy assists practitioners to explore athletes' transition experiences and identity effective interventions.

A third applied implication, related to enhancing athletes' hope and belief, involves encouraging clients to engage in suitable activities that will allow them to realize their goals and address their issues. People, however, do not respond well to being told what to do and practitioners may find it useful to explore non-directive approaches that focus on providing facilitative conditions or helping athletes explore their own reasons for change. One example is motivational interviewing (Miller & Rollnick, 2013), a framework influenced by Rogers' (1979) person-centred school. Both of these methods operate from a perspective that people have within them the resources they need to effect improvement in their lives. For example, practitioners drawing on motivational interviewing principles could help athletes realize they have developed skills during their sport participation that they can use when recovering from an injury.

A fourth applied implication highlights the value of becoming part of the sporting culture. Coaches, parents, and teammates influence athletes' help seeking behaviours, so developing rapport with the various stakeholders involved in an organization helps provide opportunities where the active ingredients can work. Research suggests, however, that fitting into team environments is a significant challenge that practitioners face (Gould, Murphy, Tammen, & May 1991). Trainees may benefit from reading reflective literature in which authors discuss their endeavours to gain entry and become part of the furniture (Andersen, 2000; Ravizza, 1988). For example, sport psychologists with a history of working in contact sports that are infused with hyper-masculine cultures will benefit from learning about the social environments associated with the performing arts if they begin working with actors or musicians.

To conclude, the current study provides novel insights into experienced practitioners' narratives regarding the active ingredients involved in two of their service delivery experiences. The narrative structure focused on a collaborative problem solving relationship between an expert practitioner and an athlete with some vulnerability. Three of the narrative themes had strong parallels with the active ingredients discussed in clinical and counselling psychology literature and focused on person-centred practitioner qualities, enhancing athlete belief and allegiance, and encouraging client engagement. A fourth theme dealt with contextual factors that were either facilitative or debilitative for service delivery outcomes. In addition to extending existing applied sport psychology theory, these findings have applied implications for practitioners. Helping trainees and autonomous practitioners improve the quality of their client interactions will assist them to provide salubrious services that allow athletes to reap performance and other benefits. Enhanced service delivery outcomes will assisting in promoting the field as a credible and useful profession.

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