

PROFESSIONAL DOCTORATE IN SPORT AND EXERCISE PSYCHOLOGY PORTFOLIO

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A portfolio submitted in partial fulfilment of the requirements of
Liverpool John Moores University (LJMU) for the degree of
Professional Doctorate in Sport and Exercise Psychology (DSport Ex Psy)

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ABSTRACT

This portfolio provides a rich account of the academic and applied experiences and development of a trainee psychologist, studying for the Professional Doctorate in Sport and Exercise Psychology at Liverpool John Moores University (LJMU) between January 2018 and June 2022. Included is a practice log of the trainee's consultancy, research, dissemination activities and relevant experiences over the four year training period, and submissions related to applied consultancy (consultancy case studies), teaching and training (teaching and training case study), reflective practice (reflective diary, teaching diary, reflective commentary, research commentary), and research (two empirical research papers and a systematic review). The included works demonstrate how the trainee successfully meets the required competencies (ethics and professional standards of practice, consultancy, research and dissemination) for the qualification, as outlined by the British Psychological Society's (BPS) Stage two programme accreditation criteria and the Health and Care Professions Council (HCPC) standards for approved programmes in sport and exercise psychology.

The practice log highlights all activities related to the required competencies undertaken by the trainee over the course of her training. The reflective practice diary provides a curated insight into the challenges and triumphs of the trainee's journey, whilst the accompanying reflective commentary both 'zooms in' on specific critical moments during training and 'zooms out' to place these reflections within the wider context of professional development.

The three consultancy case studies detail diverse experiences of applied sport and exercise psychology practice. They demonstrate the trainee's integrative use of theoretical knowledge and psychological intervention strategies. The first case study documents her experience working with Police Scotland and academics on the development phase of the Sport Integrity Initiative (SII) to target serious organised crime within Scottish sport. Her work with a youth gymnast, underpinned by behavioural therapies (Cognitive Behavioural Therapy; CBT and Acceptance and Commitment Therapy; ACT) comprises the second case study. The final case study details remote consultancy conducted during the COVID-19 pandemic; a Self-Determination Theory (SDT) and Psychological Skills Training (PST)-based intervention with international and national youth water polo teams. The teaching case study and accompanying diary relate to the trainee's experiences providing psychoeducation and consultancy on a High Performance Sport Development Programme (HPSDP) at a high school in Scotland, and other teaching and dissemination-related activities.

The two empirical papers and systematic review highlight the trainee's diverse, quantitative and qualitative doctoral research skills. The exploration of menstruation and its associated stigmas, and the barriers to physical activity participation experienced by Trans and non-binary people demonstrate her motivation to conduct research with real-world impact extending beyond academia. Through this, she seeks to contribute to discussion and action that aims to inform policy, raise awareness of under-explored issues and improve quality of life for vulnerable, stigmatised and minority populations within sport and exercise.

DECLARATION

I can confirm that there are no known conflicts of interest associated with the publication of this professional doctorate portfolio. I can confirm that no portion of the work referred to within this thesis have been submitted in support of an application for any other degree or qualification of this (Liverpool John Moores University) or any other university, or institute of learning or higher education.

LIST OF PUBLICATIONS AND PRESENTATIONS

Publications (including under/submitted for review):

Kiemle-Gabbay, L., & Lavalley, D. (2017). Coping in high-risk snow-sports: A qualitative exploration of alpine racing and freestyle athletes' experiences. *Journal of loss and trauma*, 22(4), 325-345.

Morris R., Pattinson, E.M., Lafferty, M., Brown, D., Emeka, L., Williams, J., Nyrne, L., Shanmuganathan-Felton, V., & **Kiemle-Gabbay, L. R.** (2022). Understanding Inequality: The perspectives and experiences of equality, diversity and inclusion of people working or studying within sport and exercise psychology. *Sport and Exercise Psychology Review (Equality, Diversity and Inclusion in Sport Psychology Special Edition)*.

Kiemle-Gabbay, L.R., Cameron, A., & Lavalley, D. (under review). Developing an Evidence-base for a National Police Agency to Address Competition Manipulation in Sport. *Journal of Sport Psychology in Action*.

Kiemle-Gabbay, L. R., Valentin, S., Martin, D., Eubank, M., & Forrest, L. (submitted for review). The Impact of Menstrual Cycle Symptoms on Performance: A New Way to Explore Symptom Frequency, Severity and Hormonal Contraceptive Use. *International Journal in Sports Medicine*.

Pattinson, E.M., Newman, H.J.H., & **Kiemle-Gabbay, L. R.** (under review). Challenges Accessing Physical Activity from a Transgender Perspective: A Systematic Review. *Sport and Exercise Psychology Review (Equality, Diversity and Inclusion in Sport Psychology Special Edition)*.

Other academic writing contributions:

Written contribution to Dr Martin Eubank, Dr Chris Wagstaff and Dr Paul McCarthy's authored chapter ('*Professional Doctorates in Sport and Exercise Psychology*') for a book; *Developing a Sport Psychology Consultancy: A toolkit for Students and Trainees* (editors: Shanmuganathan-Felton, V., Smith, S., expected publication date: September 2022).

Conference presentations and other scholarly activities:

Kiemle-Gabbay, L.R. & (Co-author's name has been redacted to preserve confidentiality) (2021). Presence despite absence: Reflections on the journey of providing long-term remote support during the COVID-19 pandemic'. *Division of Sport and Exercise Psychology Annual Conference*, Liverpool.

Pattinson, E.M., Newman, H.J.H., & **Kiemle-Gabbay, L.R.** (2021). Challenges accessing Physical Activity from a Transgender perspective: A systematic review'. *Division of Sport and Exercise Psychology Annual Conference*, Liverpool.

Kiemle-Gabbay, L.R. (2021). Menstruation in Sport: An Introduction. *University of Dundee Preventing Period Poverty Society*, Dundee.

Kiemle-Gabbay, L.R. (2021). A brief introduction to menstrual research within sport and exercise. DSEP Equality, Diversity and Inclusion Symposium: *Division of Sport and Exercise Psychology Annual Conference*, Liverpool.

Kiemle-Gabbay, L.R. & (Co-author's name has been redacted to preserve confidentiality) (2020). Together but Apart: Reflections from working with a new team during lockdown. *Virtual Division of Sport and Exercise Psychology Annual Conference*.

Kiemle-Gabbay, L.R. (2020). Coping with COVID-19 in youth sport populations: Considerations when proposing interventions during lockdown. *Scottish Network of Sport and Exercise Psychologists*.

Kiemle-Gabbay, L.R., (Co-authors' names has been redacted to preserve confidentiality) & Eubank, M. (2019). The Sports Integrity Initiative (SII): A collaborative approach to the development of psycho-educational tools with Police Scotland'. *Division of Sport and Exercise Psychology Annual Conference*. Solihull.

ACKNOWLEDGEMENTS

*"It's a dangerous business, Frodo, going out your door.
You step onto the road, and if you don't keep your feet,
there's no knowing where you might be swept off to."*

J.R.R. Tolkien; The Lord of the Rings.



My doctoral studies and applied psychology training has been a journey.
At times, it's felt as comforting as the Shire, and as fiery as the cracks of Mount Doom.

Unlike Frodo though, I don't have to retire to the Undying Lands...
I get to start my next chapter as a qualified sport and exercise psychologist.



I could not have finished (or started) without the love, support and guidance of
my parents Mark and Gundi, and sister Julia. The hours you spent supporting me,
both in-person and in the family WhatsApp group are incalculable, and I will always be grateful.
Now, finally and at long last, I can say I am no longer the only non-doctor in the family.



To Peebs, my better half.

Thank you for being there, through the good bits and the not so good bits.
Thank you for your endless patience, unwavering belief in me and your willingness to listen
and for always doing the dishes without complaining when I was deep in the write-up.



Thanks go to my clients and their families,
and the many excellent colleagues, mentors and professionals I have met and worked with over the last four years.
Thank you also to the doctoral teaching staff and my doctorate peers at LJMU,
with a special thank you to my supervisor Dr. Martin Eubank,
the education and advice I have received from you has made all of this possible.



Thank you to my wise and wonderful co-researchers,
Dr. Laura Forrest, Dr. Daniel Martin, Dr. Stephanie Valentin, Dr. Emily Pattinson and Dr. Han Newman.
Under your mentorship I was able to flourish, find my confidence and produce work that I am proud of.
I hope that we continue to work together in the future, on projects that really make a difference.



Without all of you, I never would have had the bravery to have stepped outside my door,
there was no knowing where I might be swept off too, but standing here now it feels pretty great.

PRACTICE LOG OF TRAINING

KEY ROLE ONE: Professional Standards of practice

Client details	Location	Date(s)	Nature of the activity	Contact Hours	Placement Host details (if applicable)
High Performance Sport Development Programme (HPSDP)	High School (Scotland)	02/01/18	Review meeting with feedback from placement supervisor regarding the continuation and expansion of the HPSDP and alignment of sport psychology support with strength and conditioning and nutrition.	1	[Removed for confidentiality]
Liverpool John Moores University (LJMU)	Liverpool	18/01/18	Introductory session for professional doctorate in sport and exercise psychology: <ul style="list-style-type: none"> • Met staff and student peers • Discussed course/assessment structure and learning objectives • Began plan of training 	4	LJMU: James Parsons Building.

LJMU	Liverpool	01/02/18	<p>Taught session covering:</p> <ul style="list-style-type: none"> • Placements/work-based learning opportunities (consultancy) • Student placement handbook and consultancy paperwork • Intake and needs analysis processes • Supervision 	4	LJMU: James Parsons Building.
LJMU	Liverpool	15/02/18	<p>Taught session covering systematic reviews.</p> <p>Topics considered at present include transition in/out of sport.</p>	4	LJMU: James Parsons Building.
ACT training course (CPD)	Liverpool	08/03/18 – 09/03/18	<p>Attended two-day training course: <i>'Introduction to ACT for psychology practitioners'</i> led by Dr. R. White.</p>	16	Dr. R. White The Quaker Meeting House, Liverpool. L1 3BT.
LJMU	Liverpool	15/03/18	<p>Taught session covering:</p> <ul style="list-style-type: none"> • EndNote • Reflective practice (Gibbs' cycle) • Technical, practical & critical reflection 	4	LJMU: James Parsons Building.
LJMU	Liverpool	12/04/18	<p>Taught session covering practitioner philosophy & meeting with supervisor.</p>	4.5	LJMU: James Parsons Building.
LJMU	Liverpool	10/05/18	<p>Taught session covering:</p> <ul style="list-style-type: none"> • Ethical practice in sport and exercise psychology 	5	LJMU: James Parsons Building.

			<ul style="list-style-type: none"> Confidentiality agreements in consultancy contracts <p>And meeting with supervisor.</p>		
LJMU	Liverpool	24/05/18	<p>Taught session covering:</p> <ul style="list-style-type: none"> Intake in consultancy Intervention structuring Intervention strategy choices <p>And meeting with supervisor.</p>	4.5	LJMU: James Parsons Building.
NSPCC Child Protection in Sport (online course)	Online	17/05/18	Online course (3hrs) in 'child protection in sport'; provided by NSPCC training, certified by the CPD certification service.	3	NSPC.org.uk
LJMU	Liverpool	28/06/18	<p>Taught session covering:</p> <ul style="list-style-type: none"> Dissemination presentations from 2017 cohort students. Presentation by Dr. Mark Nesti on his work within premiership football. 	4	LJMU: James Parsons Building.
LJMU	WFH	19/09/18	Remote (telephone) supervision meetings during summer break.	2.5	LJMU: James Parsons Building.
ACT training course (CPD)	Online	06/08/2018 – 12/08/2018	Week 1 (of 8) of Russ Harris' online ACT course and assigned further learning tasks (case formulation worksheet & joining the D.O.T.S worksheet).	8	Russ Harris Psychwire.org

ACT training course (CPD)	Online	13/08/2018 – 19/08/2018	Week 2 of training course covering 'Fusion and De-fusion'.	8	Russ Harris Psychwire.org
ACT training course (CPD)	Online	27/08/2018 – 02/09/2018	Week 3 of training course covering 'Contacting the Present Moment' and further learning tasks ('getting hooked' worksheet, 'hands as thoughts and feelings' script, summary of defusion techniques).	8	Russ Harris Psychwire.org
ACT training course (CPD)	Online	03/09/2018 – 09/09/2018	Week 4 of training course covering 'Values' and further learning tasks (values checklist, mindfulness script writing, coping with a crisis worksheet).	8	Russ Harris Psychwire.org
ACT training course (CPD)	Online	10/09/2018 – 16/09/2018	Week 5 of training course covering 'Committed Action', and further learning tasks (goal setting worksheet, 'pushing away paper' exercise).	8	Russ Harris Psychwire.org
ACT training course (CPD)	Online	17/09/2018 – 23/09/2018	Week 6 of training course covering 'Acceptance and Avoidance'.	8	Russ Harris Psychwire.org
ACT training course (CPD)	Online	24/09/2018 – 30/09/2018	Week 7 of training course covering 'Self-compassion and Self-as-context'.	8	Russ Harris Psychwire.org
ACT training course (CPD)	Online	01/10/2018 – 07/10/2018	Week 8 of training course covering 'Dancing around the	8	Russ Harris Psychwire.org

			Hexaflex' and using ACT in applied settings.		
The Third Staffordshire University Performance Psychology Conference	Staffordshire University	03/10/2018	Attended the Staffordshire University Performance Psychology conference with workshops on motivational Interviewing, Spotlight performance profiling and managing potential trauma within high performance teams.	8	Staffordshire University, Department of Sport and Exercise. ST4 2DF.
LJMU	WFH	19/09/18	Remote (telephone) supervision meeting.	1	LJMU: James Parsons Building.
ACT training course (CPD)	Liverpool	25/10/18 – 26/10/18	Attended two-day training course: ' <i>Intermediate ACT skills for psychology practitioners</i> ' led by Dr. R. White.	14	Dr. R. White The Quaker Meeting House, Liverpool, L1 3BT.
LJMU	Liverpool	11/10/18	Taught session covering: <ul style="list-style-type: none"> Dissemination presentation of applied work to cohort. Teaching and training case study, teaching styles/approaches & learning theory. And meeting with supervisor.	4.5	LJMU: James Parsons Building.
LJMU	Liverpool	15/11/18	Taught session covering: <ul style="list-style-type: none"> Exercise psychology and health promotion Exercise psychology in 	5.5	LJMU: James Parsons Building.

			practice And meeting with supervisor.		
LJMU	Liverpool	29/11/18	Taught session covering a consultancy role play from UK football, and meeting with supervisor.	5	LJMU: James Parsons Building.
LJMU	Liverpool	13/12/18	Taught session covering session planning for 2019 and meeting with supervisor.	5	LJMU: James Parsons Building.
HPSDP	High School (Scotland)	16/01/19	Student care meeting with guidance teachers.	2	[Removed for confidentiality]
Workshop: 'Sport psychology in the real world – <i>the missing chapter</i> ' (CPD)	Rainhill	26/01/19	Attended workshop run by Mike Rotherham, covering systematic working, case study role plays, confidentiality and ethical practice etc.	8	Mike Rotherham St Ann's Millennium Centre, Rainhill, L35 0LE.
3i's Teacher Training (CPD)	LJMU (Exchange Station)	28/01/19 – 01/02/19	Attended three-day teacher training course ('3i's') covering: <ul style="list-style-type: none"> • Teaching large/small groups • Planning for learning • Assessment • Formative microteaching session. 	24	Rachel Boulter R.M.Boulter@ljmu.ac.uk
LJMU	Liverpool	31/01/19	Taught session covering consultancy and course structure changes, and meeting with	5	LJMU: James Parsons Building.

			supervisor.		
Abertay University	Dundee	07/02/19	Attended ' <i>Sport Cares 2019</i> ' panel hosted at Abertay University with Baroness Tanni Grey-Thompson, Leon Lloyd, John Beattie, Ian Braid and Dr. Rhiannon Lord.	3.5	Abertay University, Dundee, DD1 1HG.
LJMU	Liverpool	28/02/19	Taught session covering: <ul style="list-style-type: none"> • Applied case studies • Intervention strategies • Reflective skills • Research paradigms and ethics And meeting with supervisor.	5	LJMU: James Parsons Building.
LJMU	WFH	10/03/19	Remote (telephone) supervision meeting.	1.5	LJMU: James Parsons Building.
LJMU conference (CPD)	Liverpool	09/05/19	Attended LJMU ' <i>Doctoral Academy</i> ' conference, and meeting with supervisor.	6.5	LJMU Doctoral Academy DoctoralAcademy@ljmu.ac.uk
LJMU	Liverpool	23/05/19	Taught session covering: <ul style="list-style-type: none"> • Clinical Sports Psychology (Karen Flockhart) • 'Cognite – High Performance Thinking' (Tom Young) And meeting with supervisor.	5	LJMU: James Parsons Building.
LJMU training	Liverpool	26/06/19	Attended LJMU/PsyPAG 'Professional Development and	5	LJMU:

day (CPD)			Training Day'.		James Parsons Building.
LJMU	Liverpool	27/06/19	Taught session covering Mark Nesti presentation on premiership football, and meeting with supervisor.	5	LJMU: James Parsons Building.
	WFH	30/06/19 – 02/09/19	Independent study over summer break (theoretical frameworks, holistic practice and philosophical approaches) relevant to ethical practice.	75	
LJMU	WFH	09/09/19	Remote (telephone) peer supervision meeting with doctorate peer.	2.5	[Removed for confidentiality]
Scottish Network meeting (CPD)	Glasgow Caledonian University (GCU)	18/09/19	Scottish Network meeting covering: <ul style="list-style-type: none"> • Psychology in the fitness injury • Reflections from Premiership football (Mark Nesti) With professional networking & peer-support/reflection session.	8	Scottish Network of Sport and Exercise Psychologists
LJMU	WFH	20/09/19	Remote (telephone) supervision meeting.	1	LJMU: James Parsons Building.
LJMU	Liverpool	26/09/19	Meeting with supervisor	1	LJMU:

					James Parsons Building.
HPSDP	High School (Scotland)	01/10/19	Safeguarding policy meeting and training evening for staff.	3	
LJMU	Liverpool	03/10/19	Taught session covering planning for 2019/2020, and meeting with supervisor.	5	LJMU: James Parsons Building.
Head to Head	Glasgow	21/10/19	Networking meeting with stakeholder regarding reflections on ethical practice in the industry in Scotland.	2	[Removed for confidentiality]
	WFH	23/10/19	Remote (telephone) peer supervision meeting with applied psychologist peer.	2	[Removed for confidentiality]
LJMU	Liverpool	31/10/19	Taught session covering: Dissemination presentations on women's football (Rob Morris) and GB boxing/England cricket (Chris Marshall) and meeting with supervisor.	5	LJMU: James Parsons Building.
Sport Scotland	Glasgow	13/11/19	Meeting with performance psychologist at Scottish Institute of Sport regarding applied mentoring and ethical practice reflections.	2	Sport Scotland
LJMU	WFH	15/11/19	Remote (telephone) peer supervision meeting with	3	[Removed for confidentiality]

			doctorate peer.		
	WFH	18/11/19	Remote (telephone) peer supervision meeting with clinical psychologist peer.	1.5	[Removed for confidentiality]
BPS DSEP annual conference (2019)	Solihull	02/12/19	Meeting with supervisor.	1.5	
BPS DSEP annual conference (2019)	Solihull	02/12/19 – 03/12/19	Attended (and presented at) BPS DSEP annual conference (2019)	20	BPS DSEP annual conference (2019) in Solihull
BPS DSEP annual conference (2019)	Solihull	02/12/19 –	Attended DSEP committee AGM and co-opted as member (social media and communications trainee lead).	2.5	BPS DSEP annual conference (2019) in Solihull
ACT training course (CPD)	Liverpool	11/12/19	Attended one-day training course: ' <i>Advanced ACT skills for psychology practitioners</i> ' led by Dr. R. White.	8	Dr. R. White: The Quaker Meeting House, Liverpool, L1 3BT.
LJMU	WFH	19/12/19	Mentorship meeting with LJMU staff member.	3	
Training course (CPD)	WFH	20/01/20	Online training webinar: 'Planning Training for post-graduate researchers'.	1	University of Liverpool
BPS DSEP	WFH	22/01/20	Telephone call with BPS DSEP	1	Dr. R. Morris

committee			chair regarding DSEP committee.		
Scottish Network	Edinburgh	29/01/20	Scottish Network meeting covering: <ul style="list-style-type: none"> • Trainee reflections • Dissemination presentations (A. Dickson & Dr. R. Morris) and establishment of practitioner development group (peer supervision network). 	4	Scottish Network of Sport and Exercise Psychologists
LJMU	Liverpool	30/01/20	Taught session covering: <ul style="list-style-type: none"> • Surviving and thriving as a doctoral student • Applied case study presentation (dissemination) And meeting with supervisor.	5	LJMU: James Parsons Building.
UoL Schwarz Round (CPD)	Liverpool	30/01/20	Attended Schwarz Round for healthcare staff and students on ethical practice: <i>'Little acts of kindness'</i> .	2.5	University of Liverpool
University of the West of Scotland (UWS)	Lanarkshire	05/02/20	Attended research symposium: <i>'Understanding the Female Athlete'</i> .	4	UWS Lanarkshire, G72 0LH
	WFH	07/02/20	Peer supervision with clinical psychologist contact working in NHS on NHS supervision models (Portland model)	2	[Removed for confidentiality]

BPS DSEP committee	BPS London Offices	12/02/20	Attended DSEP Committee meeting.	6	BPS DSEP
	WFH	13/02/20	Peer supervision with clinical psychologist contact working in private practice.	1.5	[Removed for confidentiality]
LJMU	WFH	15/02/20	Peer supervision meeting with Mike (doctoral colleague) RE writing applied case studies	1	M. McGreary
LJMU	WFH	18/02/20	Peer supervision meeting with Simon (doctoral colleague) RE obtaining CPD via ACT training courses.	1	S. Lange-Smith
Changing Minds UK	Warrington	28/02/20	Attended training and recruitment day for in-training psychologists.	6	Changing Minds UK
Job application: Sport and exercise psychologist	WFH	05/03/20	Not successful post-interview at Changing Minds UK.		Changing Minds UK
	WFH	11/03/20	Peer supervision meeting with Glasgow-based doctor RE ACT SIG peer supervision network.	1.5	[Removed for confidentiality]
	WFH	17/03/20	Peer supervision with clinical psychologist contact working in private practice.	1	[Removed for confidentiality]
LJMU	WFH	18/03/20	Peer supervision meeting with	1.5	W. Crossen

			Will (doctoral colleague) RE reflective practice		
LJMU	WFH	25/03/20	Peer supervision meeting with Simon (doctoral colleague) RE obtaining CPD via ACT training courses.	1	S. Lange-Smith
LJMU	WFH	26/03/20	Taught session (remote due to covid): Think Aloud with A. Whitehead.	4	LJMU: James Parsons Building.
Online training course (CPD)	WFH	06/04/20 – 16/05/20	Attended online (Zoom) training course hosted by Mike Rotherham: <i>'Working and training in Sport Psychology during COVID-19'</i>	50	
	WFH	23/04/20	Completed applications to volunteer with 2x mental health charities, as a response to ongoing COVID-19 pandemic.	4	
LJMU	WFH	29/04/20	Peer supervision meeting with Nick (doctoral colleague) RE writing applied case studies	1	N. Wadsworth
Youth Water Polo	WFH	07/05/20	Peer supervision meeting (Zoom) with Ruby* (sport/exercise psychology colleague) RE water polo job sharing. *Pseudonym	2	

Youth Water Polo	WFH	13/05/20	Supervision session with Ruby and Changing Minds sport psychologist.	1.5	
LJMU	WFH	15/05/20	Peer supervision meeting with Dawn (doctoral colleague).	3	D. Armstrong.
Youth Water Polo	WFH	22/05/20	Supervision session with Ruby and Changing Minds sport psychologist.	2	
LJMU	WFH	28/05/20	Taught session (Zoom) covering applied psychology practice in exercise settings with Dr. P. Watson.	4	LJMU: James Parsons Building.
LJMU	WFH	30/05/20	Peer supervision meeting with Kristin (doctoral colleague): Thematic analysis.	2	K. Minister
Online CPD event	WFH	01/06/20	Attended online (Zoom) CPD event: <i>'Sport psychology in professional football'</i> .	1.5	N. Wadsworth
Online CPD event	WFH	03/06/20	Attended online (Zoom) CPD event: <i>'Overcoming Adversity'</i>	1.5	Optimise Potential: sport and exercise psychology consultancy
Youth Water Polo	WFH	16/06/20	Supervision session with Ruby and Changing Minds sport psychologist.	2	
Compassion-Focused	WFH	18/06/20 –	Attended three-day training course: <i>'An introduction to theory</i>	24	Compassionate Mind

Therapy (CFT) training course (CPD)		20/06/20	<i>and practice of CFT'.</i>		Foundation.
Youth Water Polo	WFH	26/06/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy.	2.5	
LJMU	WFH	26/06/20	Peer supervision meeting with Dawn (doctoral colleague).	1	D. Armstrong
BPS DSEP committee	WFH	01/07/20	BPS DSEP committee meeting (Zoom)	3	BPS DSEP committee
Youth Water Polo	WFH	02/07/20	Peer supervision meeting (Zoom) with Ruby and team manager RE water polo consultancy.	2.5	
Youth Water Polo	WFH	08/07/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy.	2	
Online CPD event	WFH	18/07/20	Webinar hosted by [removed for confidentiality] on performance advancements in women's football in India.	2	[Removed for confidentiality]
Youth Water Polo	WFH	21/07/20	Supervision session with Ruby and Changing Minds sport psychologist. Subsequent independent study.	4	
Youth Water Polo	WFH	29/07/20	Peer supervision meeting (Zoom) with Ruby RE water polo	3	

			consultancy (Packtypes profiles).		
Youth Water Polo	WFH	05/08/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (reflections on training journey and ethical challenges during practice).	3	
Scottish Network meeting (CPD)	WFH	05/08/20	Scottish Network practitioner development group meeting: <i>'Mental health and wellbeing in applied work'</i> . Subsequent related independent study.	4	Scottish Network of Sport and Exercise Psychologists
The in/out crowd podcast (CPD)	WFH	10/08/20	Took part in panel discussion (invited speaker) for podcast (The in/out crowd): <i>'Conversations on Bi-phobia and Bi-erasure'</i> .	1.5	The in/out crowd (podcast)
BPS DSEP committee	WFH	14/08/20 – 16/08/20	Completed and submitted work to colleagues related to comms and qualifications roles on DSEP committee regarding trainee representation at national level.		BPS DSEP committee
Youth Water Polo	WFH	05/08/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (Packtypes profiles).	3	
[Removed for confidentiality]	WFH	20/08/20	Meeting (Zoom) with PI of PhD Equality Diversity and Inclusion (EDI) research project regarding participation.	1	[Removed for confidentiality]

	WFH	23/08/20	Prepared and submitted 2x applications for volunteering with mental health charities.	4	
BPS DSEP committee	WFH	26/08/20	Meeting (Zoom) with DSEP committee colleague RE HCPC use of protected title ethical concerns and reporting procedure	1.5	BPS DSEP committee
Scottish Network meeting (CPD)	WFH	02/09/20	Scottish Network meeting: <i>'Solving the Rubik's cube of coaching and exercise psychology'</i> .	2	Scottish Network of Sport and Exercise Psychologists
[Removed for confidentiality]	WFH	02/09/20	Participated in first interview for PhD EDI research project.	2	[Removed for confidentiality]
Youth Water Polo	WFH	03/09/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (collaborative formulation).	2	
LJMU	WFH	09/09/20	Meeting (Zoom) with supervisor.	2	LJMU: James Parsons Building.
Online CPD training: Cognitive Behavioural Therapy skills for	WFH	14/09/20	Attended CBT skills tutorial (Zoom).	1.5	Skills Development Workshop

practitioners					
Scottish Network meeting (CPD)	WFH	23/09/20	Scottish Network practitioner development group meeting: <i>'How do we measure impact/effectiveness in applied work'</i> ? Subsequent related independent study.	4	Scottish Network of Sport and Exercise Psychologists
Youth Water Polo	WFH	02/10/20	Supervision session with Ruby and Changing Minds sport psychologist.	2.5	
[Removed for confidentiality]	WFH	05/10/20	Participated in second interview for PhD EDI research project.	2	[Removed for confidentiality]
BPS DSEP committee	WFH	07/10/20	BPS DSEP committee meeting (Zoom)	2	BPS DSEP committee
Online CPD event	WFH	08/10/20	Attended webinar of book launch: <i>'Palgrave Handbook of Critical Menstruation Studies'</i> .	1	Palgrave publishing
LJMU	WFH	15/10/20	Taught session (Zoom).	4	LJMU: James Parsons Building.
[Removed for confidentiality]	WFH	05/10/20	Participated in third interview for PhD EDI research project.	2	[Removed for confidentiality]
BPS DSEP committee	WFH	18/10/20	Prepared and submitted committee position application (qualifications lead)	3	BPS DSEP committee

Youth Water Polo	WFH	21/10/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy	2.5	
BPS DSEP Equality Diversion and Inclusion (EDI) working group	WFH	26/10/20	Meeting (Zoom) with DSEP EDI working group RE: EDI research project – member’s survey.	2	BPS DSEP EDI working group
LJMU	WFH	29/10/20	Taught session (Zoom): <i>‘Using research to address the knowledge gap’</i> .	4	LJMU: James Parsons Building.
Youth Water Polo	WFH	03/11/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy	2	
Online CPD Training: Suicide awareness	WFH	03/11/20	Completed 2x online e-learning training modules in suicide awareness and prevention	2	Zero Suicide Alliance (ZSA)
Youth Water Polo	WFH	09/11/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy	2.5	
Scottish Network meeting (CPD)	WFH	23/09/20	Scottish Network practitioner development group meeting.	2	Scottish Network of Sport and Exercise Psychologists
Youth Water Polo	WFH	12/11/20	Supervision session with Ruby and Changing Minds sport	1	

			psychologist.		
Youth Water Polo	WFH	16/11/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy	2	
Online CPD training: LJMU Staff	WFH	20/11/20	Completed modern slavery and Diversity and Equality CPD e-learning modules for LJMU staff	2	LJMU: James Parsons Building.
Youth Water Polo	WFH	23/11/20	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy	1.5	
LJMU	WFH	26/11/20	Taught session (Zoom).	4	LJMU: James Parsons Building.
Scottish Network meeting (CPD)	WFH	09/12/20	Scottish Network practitioner development group meeting: <i>'Adapting our sporting skills to suit other professions'</i> & <i>'Narcissism in Sport'</i> .	2.5	Scottish Network of Sport and Exercise Psychologists
LJMU	WFH	10/12/20	Taught session (Zoom): <i>'Open forum'</i> .	4	LJMU: James Parsons Building.
Youth Water Polo	WFH	14/12/20	Supervision session with Ruby and Changing Minds sport psychologist.	1	
Youth Water Polo	WFH	15/12/20	Peer supervision meeting (Zoom) with Ruby RE water polo	2.5	

			consultancy		
BPS DSEP virtual annual conference (2020) (CPD)	WFH	16/12/20 – 17/12/20	Attended (and submitted pre-recorded presentations) DSEP virtual conference.	16	BPS DSEP annual conference (2020)
Youth Water Polo	WFH	06/01/21	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (response to lockdown 3)	3.5	
Youth Water Polo	WFH	08/01/21	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (plan for next session and write up/dissemination)	3.5	
Scottish Network meeting (CPD)	WFH	13/01/21	Scottish Network practitioner development group meeting: <i>'Marketing your services and finding applied work'</i> .	2	Scottish Network of Sport and Exercise Psychologists
Youth Water Polo	WFH	13/01/21	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (plan for next staff meeting and dissemination)	2	
Youth Water Polo	WFH	20/01/21	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (values)	2	
BPS DSEP committee	WFH	27/01/21	DSEP committee meeting (Zoom): Focus on qualifications/trainee representation and HCPC misuse	2	BPS DSEP committee

			of title progress.		
LJMU	WFH	28/01/21	Taught session (Zoom): <i>'Doing intervention case studies in applied exercise psychology'</i> with Dr. P. Watson.	4	LJMU: James Parsons Building.
BPS DSEP EDI working group	WFH	01/02/21	Meeting (Zoom) with DSEP EDI working group RE: EDI research project – member's survey.	1.5	BPS DSEP EDI working group
Youth Water Polo	WFH	02/01/21	Peer supervision meeting (Zoom) with Ruby RE water polo consultancy (values & re-branding strategy).	2	
LJMU: Herizon Project	WFH	10/02/21	Attended Herizon Zoom presentation.	1	LJMU: James Parsons Building.
STEM Careers Service (CPD event)	WFH	17/02/21	Attended <i>'Women in STEM'</i> career recruitment and information online event	5	
Youth Water Polo	WFH	22/02/21	Peer supervision meeting (Zoom) with Ruby.	1.5	
Youth Water Polo	WFH	23/02/21	Supervision session with Ruby and Changing Minds sport psychologist.	2	
LJMU Research Cafe	WFH	24/02/21	Attended LJMU research cafe: LGBTQ+ Research special seminar	1.5	LJMU: James Parsons Building.

LJMU	WFH	25/02/21	Taught session (Zoom): <i>'Think Aloud applied intervention case studies'</i> with Dr. A. Whitehead.	2	LJMU: James Parsons Building.
Youth Water Polo	WFH	08/03/21	Supervision session with Ruby and Changing Minds sport psychologists (x2) RE: complaint.	1.5	
Youth Water Polo	WFH	08/03/21	Peer supervision meeting (Zoom) with Ruby: follow-up to Changing Minds supervision complaint meeting.	3	
Youth Water Polo	WFH	16/03/21	Peer supervision meeting (Zoom) with Ruby.	3	
Youth Water Polo	WFH	23/03/21	Peer supervision meeting (Zoom) with Ruby in advance of later follow-up supervision complaint meeting.	1	
Youth Water Polo	WFH	23/03/21	Supervision session with Ruby and Changing Minds sport psychologists (x2) RE: complaint.	1	
LJMU	WFH	25/03/21	Taught session (Zoom): <i>'Doing case formulation and intervention: applied intervention case studies'</i> with Dr. L. Carey.	2	LJMU: James Parsons Building.
Youth Water Polo	WFH	25/03/21	Peer supervision session with Ruby RE: water polo consultancy (values follow-up and planning	1.5	

			for next session).		
BPS DSEP committee	WFH	27/01/21	DSEP committee meeting (Zoom): Focus on planned in-person conference (2021), ethics in psychology practice (BPS report).	2	BPS DSEP committee
BPS DSEP EDI working group	WFH	12/04/21	Meeting (Zoom) with DSEP EDI working group RE: plan for data analysis of members' survey project.	1.5	BPS DSEP EDI working group
LJMU	WFH	29/04/21	Taught session (Zoom): ' <i>Doing CBT interventions</i> ' with Dr. G. Cook.	2	LJMU: James Parsons Building.
BPS DSEP committee	WFH	29/04/21	Meeting (Zoom) with Qualifications Lead member RE: trainee lead input, strategy for increasing MSc/Stage 1 engagement.	1.5	BPS DSEP committee
LJMU	WFH	14/05/21	Meeting (Zoom) with supervisor.	1.5	LJMU: James Parsons Building.
LJMU	WFH	18/05/21	Participated in doctoral research project.	1	
Youth Water Polo	WFH	20/05/21	Peer supervision session with Ruby RE: water polo consultancy (values guided action follow-up and planning for next session).	2.5	

	WFH	21/05/21	Peer supervision session with qualified sport and exercise practitioner colleague RE: ethical sub-clinical practice, experiences of psychotherapy, clinically-informed CPD etc.	1	[Removed for confidentiality]
Youth Water Polo	WFH	27/05/21	Peer supervision session with Ruby RE: water polo consultancy (planning for performance choice workshop) and subsequent related study.	6	
LJMU	WFH	27/05/21	Taught session (Zoom): ' <i>Doing Person-Centred Therapy interventions</i> ' with Dr. D. Tod.	6	LJMU: James Parsons Building.
Youth Water Polo	WFH	03/06/21	Supervision session with Ruby and Changing Minds sport psychologist RE: competition support.	1.5	
Youth Water Polo	WFH	15/06/21	Peer supervision session with Ruby RE: water polo consultancy (competition prep).	2	
Online CPD event	WFH	29/06/21	Attended LJMU career services webinar; ' <i>Crafting a CV with impact</i>	1	LJMU: Career services
Scottish Network meeting (CPD)	WFH	07/07/21	Scottish Network practitioner development group meeting: ' <i>Ethical concerns related to technology use in sport and</i>	4	Scottish Network of Sport and Exercise Psychologists

			<i>exercise psychology practice.</i> Subsequent related independent study.		
BPS DSEP EDI working group	WFH	08/07/21	Meeting (Zoom) with DSEP EDI working group RE: findings from members' survey project and SEPR publication, group funding application.	1	BPS DSEP EDI working group
Youth Water Polo	WFH	08/07/21	Peer supervision session with Ruby RE: water polo consultancy (intervention outcome/impact and NGB proposal).	2.5	
Youth Water Polo	WFH	26/07/21	Peer supervision session with Ruby RE: water polo consultancy (submission to DSEP 2021).	2	
Youth Water Polo	WFH	13/10/21	Peer supervision session with Ruby RE: NGB proposal and upcoming pitch	2	
Youth Water Polo	WFH	25/10/21	Peer supervision session with Ruby RE: Submission for DSEP 2021	2.5	
Youth Water Polo	WFH	02/11/21	Peer supervision session with Ruby RE: NGB future consultancy pitch	1	
LJMU	WFH	04/11/21	Taught session (Zoom): <i>'Spotlight personality profiling</i> with L.	6	LJMU: James Parsons Building.

			Burnell.		
LJMU	WFH	05/11/21	Meeting (Zoom) with supervisor.	2	LJMU: James Parsons Building.
Youth Water Polo	WFH	08/11/21	Peer supervision session with Ruby RE: DSEP 2021 presentation	3	
Youth Water Polo	WFH	10/11/21	Peer supervision session with Ruby RE: DSEP 2021 presentation	2	
Youth Water Polo	WFH	17/11/21	Peer supervision session with Ruby RE: DSEP 2021 presentation final changes and recorded practice.	3	
Youth Water Polo	WFH	22/11/21	Peer supervision session with Ruby RE: DSEP 2021 presentation recorded practice.	1	
BPS DSEP annual conference (2021) (CPD)	WFH	29/11/21 – 30/11/21	Attended, presented (poster & oral presentations, EDI training workshop) and chaired a research presentation session at DSEP annual conference (2021).	16	BPS DSEP annual conference (2021)
LJMU	WFH	16/12/21	Taught session (Zoom)	3	LJMU: James Parsons Building.
LJMU	WFH	27/01/21	Taught session (Zoom): ' <i>Clinical and sport psychology collaboration</i> ' with K. Flockhart.	4	LJMU: James Parsons Building.

LJMU	WFH	31/01/21	Meeting with supervisor.	1	
	WFH	22/03/22	Peer supervision meeting (telephone) with industry contact	0.5	
	WFH	22/03/22	Follow-up Peer supervision meeting (Zoom) with industry contact	1.5	

Consultancy

Client details	Location	Date(s)	Nature of the activity	Contact Hours	Placement Host details (if applicable)
HPSDP	High School (Scotland)	08/01/18	Goal setting workshop with youth (16-17yrs) athletes.	2.5	[Removed for confidentiality]
HPSDP	High School (Scotland)	09/01/18	Learning styles (Honey & Mumford) workshop with youth (14yrs) athletes.	2	
HPSDP	High School (Scotland)	15/01/18	Relaxation and mindfulness workshop, with guided mental imagery activity.	2.5	
	WFH	19/01/18	Professional networking with local contacts in search of consultancy opportunities.	2	
HPSDP	High School (Scotland)	23/01/18	Cross country race observation and goal setting workshop with youth (13-14yrs) athletes.	3	
HPSDP	High School (Scotland)	25/01/18	Hockey skills session observation and performance goal setting	3	

			session.		
	WFH	26/01/18 – 29/01/18	Planned and created psychological materials for consultancy.	25	
HPSDP	High School (Scotland)	30/01/18	Completed client consultancy contract for portfolio	10.5	
HPSDP	High School (Scotland)	30/01/18	Needs analysis and introductory session with injured athlete (football). Mental imagery session with athlete (rugby).	4	
Football Academy	Media City, Salford.	31/01/18	Intake meeting with UK football academy programme director. Conducted collaborative needs analysis regarding performance and wellbeing support.	2.5	[Removed for confidentiality]
HPSDP	High School (Scotland)	05/02/18 – 06/02/18	Follow-up goal setting sessions (N=2) with athletes.	4	
HPSDP	High School (Scotland)	06/02/18	Two one-on-one sessions with athletes (cricket & athletics): wellbeing support.	7	
HPSDP	High School (Scotland)	12/02/18	One-on-one MBSR (mindfulness based stress reduction) and PETTLEP imagery relaxation session with athlete (gymnastics).	3.5	
HPSDP	High School	13/02/18	One-on-one collaborative session with athlete (cricket):	2.5	

	(Scotland)		collaborative formulation and wellbeing support.		
HPSDP	High School (Scotland)	22/02/18	Intake and needs analysis session with athlete (football).	1.5	
HPSDP	High School (Scotland)	26/02/18	PETTLEP mental imagery workshop and follow-up guided practice session.	4	
HPSDP	High School (Scotland)	27/02/18	One-on-one session with athlete (cricket): lack of autonomy affecting wellbeing.	2	
	WFH	28/02/18 – 03/03/18	Planned and created psychological materials for consultancy.	20	
HPSDP	High School (Scotland)	05/03/18	PETTLEP mental imagery workshop and follow-up session.	2.5	
HPSDP	High School (Scotland)	06/03/18	PETTLEP mental imagery workshop and follow-up session, and one-on-one pastoral care session with athlete (cricket).	4	
HPSDP	High School (Scotland)	12/03/18	Memory training workshop.	1.5	
HPSDP	High School (Scotland)	20/03/18	One-on-one session with athlete (cricket): wellbeing support.	1	
HPSDP	High School (Scotland)	30/03/18 – 30/04/18	Re-contracting meeting with manager, resulting in production	8	

			of new (adjusted) consultancy agreements.		
Football Academy	Media City, Salford.	13/04/18	Meeting with football academy director regarding proposed identity intervention.	1.5	
	WFH	14/04/18 – 15/04/18	Planned and created psychological materials for consultancy.	12	
HPSDP	High School (Scotland)	16/04/18	Follow-up goal setting and action plan 'check-in' workshop. Follow-up MBSR session with athlete (gymnastics).	3	
HPSDP	High School (Scotland)	17/04/18	One-on-one session with athlete (cricket): collaborative case formulation informed by ACT.	3	
HPSDP	High School (Scotland)	01/05/18	Pre-competition routines workshop and intake/needs analysis session with new athlete (swimming).	3.5	
HPSDP	High School (Scotland)	02/05/18 – 06/06/18	SWOT analysis workshop and follow-up sessions. Created psychoeducational materials (development plans, performance summaries, imagery scripts, mental skills training worksheets etc).	15	

HPSDP	High School (Scotland)	15/05/18	One-on-one session with athlete (cricket): ACT 'birthday party speech' (values identification exercise).	4	
	WFH	16/06/18 – 21/05/18	Planned and created psychological materials for consultancy.	25	
HPSDP	High School (Scotland)	22/05/18	One-on-one session with athlete (cricket): wellbeing support and challenging assumptions. One-on-one session with athlete (athletics): PETTLEP mental imagery.	4	
HPSDP	High School (Scotland)	28/05/18 - 31/05/18	Summer goal-setting and development plans workshops.	12	
HPSDP	High School (Scotland)	05/06/18	One-on-one session with athlete (cricket): positive events diary.	2.5	
HPSDP	High School (Scotland)	12/06/18	One-on-one session with athlete (athletics): PETTLEP mental imagery.	3.5	
HPSDP	High School (Scotland)	19/06/18	One-on-one session with athlete (cricket): athletic identity, injury recovery and wellbeing support.	3	
HPSDP	High School (Scotland)	26/06/18	One-on-one session with athlete (cricket): 'the struggle switch'.	2	
HPSDP	High School	15/08/18	Planned, wrote and submitted	5	

	(Scotland)		winter term lesson plan to placement manager.		
HPSDP	High School (Scotland)	20/08/18 – 22/08/18	Intake sessions with 2018/19 HPSDP athletes.	6	
	WFH	23/08/18	Professional networking regarding consultancy opportunities (lacrosse team and UK football academy).	2.5	
HPSDP	High School (Scotland)	04/09/18	Intake and needs analysis session with athletes (athletics, rugby and swimming).	2	
Football Academy	Media City, Salford.	10/09/18	Planned, wrote and submitted consultancy agreement to football academy director.	3	
HPSDP	High School (Scotland)	10/09/18 – 21/09/18	Goal setting workshops. Planned and created psychological materials (performance folders) for consultancy.	11.5	
HPSDP	High School (Scotland)	13/09/18	Intake and needs analysis sessions with athletes (N=4) and follow-up small group goal setting sessions.	4.5	
Dance School	Dundee	17/09/18	Intake meeting with director at Dundee-based dance school regarding running a series of group workshops for dancers (17+) on; bodily acceptance,	2	[Removed for confidentiality]

			mental toughness, coping with injury and transition periods.		
Sports Integrity Initiative (SII)	Police Scotland	21/09/18	Meeting with [removed for confidentiality] to discuss collaborating on a project with Police Scotland: the sports integrity initiative (SII).	2	[Removed for confidentiality]
HPSDP	High School (Scotland)	24/09/18 – 28/09/18	Performance profile workshops; planned and created psychological materials for performance folders.	10	
HPSDP	High School (Scotland)	01/10/18 – 05/10/18	'Choice Point' (ACT) workshops; planned and created psychological materials for performance folders.	12	
HPSDP	High School (Scotland)	08/10/18 – 12/10/18	Deliberate practice workshops; planned and created psychological materials for performance folders.	10	
HPSDP	High School (Scotland)	15/10/18 – 24/10/18	Mental toughness workshops and follow-up sessions; planned and created psychological materials for performance folders.	18	
Sports Integrity Initiative (SII)	Police Scotland	17/10/18	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	10	

Sports Integrity Initiative (SII)	Police Scotland	02/11/18	Meeting with [removed for confidentiality] regarding SII; planned and created psychological materials for SII focus groups.	12	
HPSDP	High School (Scotland)	07/11/18 – 14/11/18	Reflection (Gibbs' cycle) workshops; planned and created psychological materials for performance folders.	14	
HPSDP	High School (Scotland)	08/11/18	One-on-one session with athlete (athletics) on PETTLEP and pre-performance routines. Small group session with athletes on injury recovery.	3.5	
Sports Integrity Initiative (SII)	Police Scotland	17/10/18	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	6	
Dance school	WFH	01/11/18 – 23/11/18	Independent study and preparation of psychological materials for dance school workshop proposals.	15	
Sports Integrity Initiative (SII)	Police Scotland	22/11/18	Focus Group session (1) with youth football squad for SII.	3	
Sports Integrity Initiative (SII)	Police Scotland	26/11/18	Focus Group session (2) with university students for SII.	2	

HPSDP	High School (Scotland)	26/11/18 – 30/11/18	Mental Imagery and visualisation workshops; planned and created psychological materials for performance folders.	12	
Sports Integrity Initiative (SII)	Police Scotland	28/11/18	Focus Group session (3) with semi-elite and elite youth athletes for SII. Planned and created psychological materials for SII focus groups.	6	
HPSDP	High School (Scotland)	03/12/18	Planned and submitted intervention proposal for athlete (athletics). Follow-up mental imagery small-group sessions.	11.5	
Sports Integrity Initiative (SII)	Police Scotland	04/12/18	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	7.5	
Sports Integrity Initiative (SII)	Police Scotland	07/12/18	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	4	
HPSDP	High School (Scotland)	10/12/18	MBSR and relaxation workshop. Intake and needs analysis with athlete (rugby) – beginning of joint intervention formulation process (CBT-informed). Subsequent related independent	14	

			study and preparation of psychological materials.		
HPSDP	High School (Scotland)	10/12/18	One-on-one session with athlete (athletics): 'the switch' (mental imagery).	1.5	
Sports Integrity Initiative (SII)	Dundee	10/12/18	Focus Group session (4) with rugby players for SII.	2	
HPSDP	High School (Scotland)	17/12/18 – 21/12/18	Athlete feedback sessions, planned and created performance reviews.	8	
	WFH	28/12/18 – 06/01/19	Planned and created psychological materials for consultancy.	40	
HPSDP	High School (Scotland)	07/01/19 – 11/01/19	2019 goal setting workshops and one-on-one wellbeing support session with athlete (cricket).	8	
Sports Integrity Initiative (SII)	Police Scotland	11/01/19 – 14/01/19	Independent study related to SII.	9.5	
HPSDP	High School (Scotland)	15/01/19	Mindful stretching and breathing workshop.	1.5	
Sports Integrity Initiative (SII)	Police Scotland	15/01/19	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	7.5	

Sports Integrity Initiative (SII)	Police Scotland	22/01/19	Focus Group session (5) with aquatics club for SII. Subsequent independent study related to project.	8	
Sports Integrity Initiative (SII)	Police Scotland	24/01/19	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	5	
Sports Integrity Initiative (SII)	Police Scotland	31/01/19	Planned, wrote and submitted SII executive summary to Police Scotland for budget appraisal meeting.	3.5	
Sports Integrity Initiative (SII)	Police Scotland	31/01/19	Planned, wrote and submitted SII key messages to Police Scotland for budget appraisal meeting.	3	
Sport Scotland	Stirling	04/02/19	Meeting with [removed for confidentiality] regarding collaboration on Sport Scotland E-Learning modules.	2	Sport Scotland
HPSDP	High School (Scotland)	05/02/19	One-on-one session with athlete [athletics]: CBT "hot cross bun". Meeting with senior leadership regarding safeguarding referral policy with school guidance teachers.	2.5	
HPSDP	High School (Scotland)	06/02/19	Approaches to learning workshop.	1	

HPSDP	High School (Scotland)	08/02/19	One-on-one session with athlete (athletics): race technique, contingency plans and PETTLEP.	2	
Sport Scotland	Stirling	07/02/19	Remote meeting with [removed for confidentiality] regarding e-learning module content and structure for the Openness to Learning and Resilience Modules.	1.5	Sport Scotland
	WFH	08/02/19 – 04/03/19	Planned, wrote and submitted psychological materials related to Openness to Learning module	25	
HPSDP	High School (Scotland)	18/02/19	SWOT analysis follow-up session.	3.5	
HPSDP	High School (Scotland)	21/02/19	One-on-one session with athlete (rugby): CBT intervention. Small group sessions (swimming, triathlon, sailing): wellbeing support.	6.5	
	WFH	22/02/19 – 25/02/19	Planned and created psychological materials for consultancy.	20	
HPSDP	High School (Scotland)	25/02/19	One-on-one session with athlete (rugby): CBT intervention.	1.5	
HPSDP	High School (Scotland)	26/02/19	Emotional regulation and motivation workshop.	2.5	

Sports Integrity Initiative (SII)	Police Scotland	01/03/19	Meeting with [removed for confidentiality] regarding SII; subsequent independent study related to project.	5.5	
HPSDP	High School (Scotland)	04/03/19	One-on-one session with athlete (rugby): CBT intervention.	1.5	
HPSDP	High School (Scotland)	05/03/19	Coping strategies workshop.	2	
HPSDP	High School (Scotland)	06/03/19	Emotional regulation and motivation follow-up sessions.	4	
HPSDP	High School (Scotland)	07/03/19	Small group (athletics, swimming) wellbeing support sessions.	4.5	
HPSDP	High School (Scotland)	12/03/19	Small group CBT sessions.	3	
HPSDP	High School (Scotland)	13/03/19	Coping strategies workshop.	2	
Sport Scotland	WFH	15/03/19	Remote meeting with [removed for confidentiality] regarding e-learning module feedback. Re-submitted after making subsequent adjustments.	5.5	Sport Scotland
	WFH	08/02/19 – 04/03/19	Planned, wrote and submitted psychological materials related to Resilience module	30	

HPSDP	High School (Scotland)	19/03/19 – 20/03/19	Small group CBT sessions.	3	
HPSDP	High School (Scotland)	21/03/19	One-on-one session with athlete (rugby): CBT intervention	1.5	
HPSDP	High School (Scotland)	26/03/19 – 27/03/19	Spring term feedback session 2 with HPSPD athletes (completed worksheets) x2	2	
Private client (mountaineer/ climber)	Manchester	03/04/19	Intake telephone call with new client (mountaineer/climber). Subsequent independent study related to case.	4	
	WFH	05/04/19 – 20/04/19	Independent study related to Sport Scotland e-learning project.	40	
HPSDP	High School (Scotland)	23/04/19 & 24/04/19	Social support workshops. Planned, and created psychological materials for consultancy.	9.5	
HPSDP	High School (Scotland)	25/04/19	One-on-one session with athlete (rugby): CBT intervention	1.5	
Sport Scotland	WFH	27/04/19	Submitted e-learning modules for feedback.	1	Sport Scotland
Sports Integrity Initiative (SII)	Police Scotland	29/04/19	Meeting with [removed for confidentiality] regarding SII; subsequent independent study and report draft writing related	16	

			to project.		
HPSDP	High School (Scotland)	01/05/19	Follow-up social support session.	1.5	
Sports Integrity Initiative (SII)	Police Scotland	06/05/19 – 13/05/19	Telephone meeting with [removed for confidentiality] regarding report draft feedback. Subsequent re-drafting and submission of second draft; subsequent independent study and report draft writing related to project.	6	
Private client (mountaineer/ climber)	Manchester	10/05/19	Intake and needs analysis session with mountaineer/climber client [removed for confidentiality]; beginning of collaborative case formulation process. Subsequent independent study related to intervention planning.	5.5	[Removed for confidentiality]
Job application: Sport and Exercise psychologist	Glasgow	13/05/19	Job application for Academy Sports Psychologist role advertised at Celtic FC (unsuccessful). Subsequent meeting with head coach regarding voluntary work.	3.5	Celtic FC
Sports Integrity Initiative (SII)	Police Scotland	15/05/19	Submission of final draft of SII; subsequent independent study and report draft writing related to project. Meetings with	5.5	

			[removed for confidentiality] regarding report and SII next phase.		
HPSDP	High School (Scotland)	15/05/19	Openness to learning and mindfulness workshops. Related independent study.	10	
HPSDP	High School (Scotland)	22/05/19	One-on-one session with athlete (athletics): PETTLEP intervention.	2	
Sport Scotland	Glasgow	28/05/19	Meeting at Sport Scotland HQ regarding e-learning software training. Creation and submission of first draft storyboards (6x total storyboards) for both modules to Sport Scotland for review.	1.5	Sport Scotland
Sport Scotland	WFH	29/05/19 – 04/06/19	Created and submitted first drafts (N=6) of e-learning module storyboards.	8	Sport Scotland
HPSDP	High School (Scotland)	05/06/19	Pre-performance routines and anxiety management workshop. Meeting with placement supervisor regarding planning for 2019/2020 HPSDP programme. One-on-one session with athlete	5	

			(athletics): PETTLEP intervention.		
HPSDP	High School (Scotland)	06/06/19	One-on-one session with athlete (rugby): CBT intervention.	1	
Sport Scotland	WFH	11/06/19	Independent study related to e-learning module storyboards. Submitted final drafts for approval.	9	Sport Scotland
Private client (mountaineer/climber)	Manchester	25/06/19	Case formulation with mountaineer/climber client. Independent study related to 'mindful awareness' and acceptance intervention.	7.5	[Removed for confidentiality]
Sports Integrity Initiative (SII)	Police Scotland	27/06/19 & 30/06/19	Letters of commendation received from senior officers at Police Scotland. Remote supervisory meeting with [removed for confidentiality].	1	
HPSDP	WFH	22/08/19	Planned, wrote and submitted psychological materials related to consultancy. Provided remote (online) wellbeing support for small-group.	48	
HPSDP	High School (Scotland)	27/08/19	Meeting with placement supervisor. Introductory workshops and MAP for success small group sessions.	8	

HPSDP	High School (Scotland)	10/09/19	Destructive vs. constructive thinking workshops. One-on-one session with athlete (rugby) CBT intervention. Related independent study.	16	
Private client (Gymnast)	Edinburgh	13/09/19	Intake and needs analysis session (remote – telephone) with father of new client (gymnast). Related independent study.	7.5	[Removed for confidentiality]
HPSDP	High School (Scotland)	17/09/19 – 20/09/19	Smart Thinking workshop One-on-one sessions with athletes (athletics, rugby): CBT & PETTLEP/MBSR interventions. One-on-one case formulation session with athlete (swimmer): wellbeing support.	16	
HPSDP	WFH	18/09/19 – 22/09/19	Planned, wrote and submitted psychological materials related to consultancy.	25	
Private client (Gymnast)	Edinburgh	19/09/19	Intake/needs analysis with gymnast client and parents. Subsequent independent study and preparation of intervention materials.	6.5	
Private client	Perth	21/09/19	Intake telephone meeting with parents of new client (darts).	1	[Removed for confidentiality]

(Darts player 1)					
Private client (Darts player 1)	Perth	24/09/19	Intake and needs analysis session with darts client. Subsequent independent study.	4	
HPSDP	High School (Scotland)	24/09/19 – 30/09/19	Frustration and focus workshop. One-on-one sessions with athletes: <ul style="list-style-type: none"> • CBT intervention • PETTLEP intervention Self-confidence (ACT) intervention 	35	
Private client (Gymnast)	Edinburgh	27/09/19	Needs analysis with gymnast client: 5P's of CBT. Subsequent independent study and consultancy contract development.	8	
HPSDP	High School (Scotland)	01/10/19 – 05/10/19	Smart thinking workshops. One-on-one sessions with athletes: <ul style="list-style-type: none"> • CBT intervention • PETTLEP intervention • Self-confidence (ACT) intervention Subsequent independent study.	18	
Private client (Darts player 1)	Perth	01/10/19	Collaborative needs analysis and case formulation with darts client. Subsequent independent study and preparation of	7.5	

			intervention materials.		
Private client (Gymnast)	Edinburgh	11/10/19	TOPS survey and MST training with gymnast client. Preparation of consultancy materials and independent study.	10	
Achilles Heel	Glasgow	16/10/19	Phone call with Achilles Heel (sports injury clinic) practice manager seeking possible consultancy opportunities (no further action).	1	Glasgow.
HPSDP	High School (Scotland)	22/10/19 – 26/10/19	TOPS survey workshops and follow-up sessions. One-on-ones with athletes: <ul style="list-style-type: none"> • Goal setting • Wellbeing support • CBT intervention. • ACT intervention. Subsequent independent study and preparation of consultancy materials.	25	
Private client (Darts player 1)	Perth	22/10/19	Negative automatic thoughts and mindfulness session with darts client.	3.5	
Private client (Gymnast)	Edinburgh	25/10/19	TOPS survey follow-up and CBT worksheet sessions. Related independent study.	4	
HPSDP	High School	29/10/19	'Putting TOPS into practice'	6	

	(Scotland)		workshop including subscale task.		
Job application: Performance Lifestyle	WFH	29/10/19	Job application (unsuccessful) for Performance Lifestyle Advisor with Sport Scotland.	4.5	Sport Scotland
Private client (Powerlifter)	Edinburgh	01/11/19	Remote (telephone) intake and needs analysis meeting with new client (powerlifter), and subsequent independent study.	5	[Removed for confidentiality]
HPSDP	High School (Scotland)	05/11/19 – 10/11/19	Strategies for success workshops. One-on-one and small group sessions with athletes: <ul style="list-style-type: none"> • Coach conflict • Wellbeing support • Rugby performance And subsequent preparation of psychological materials related to consultancy (performance strategy portfolios).	15	
Private client (Powerlifter)	Edinburgh	07/11/19	In-person intake, client history and needs analysis session with client (powerlifter). Discussion on collaborative care and subsequent independent study.	5	
Private client (Gymnast)	Edinburgh	08/11/19 – 12/11/19	Session with client (gymnast): CBT intervention (lost move syndrome) and reflective skills training. Subsequent independent study and	10	

			preparation of psychological materials related to consultancy (consultancy report).		
HPSDP	High School (Scotland)	12/11/19	Performance strategy portfolio (1) workshops. One-on-one sessions with athletes (rugby, athletics, swimming, hockey): <ul style="list-style-type: none"> • CBT intervention • MBSR intervention • Mental imagery training • Wellbeing support And related independent study.	16	
HPSDP	High School (Scotland)	19/11/19	Performance strategy portfolio (2) workshops.	8	
Private client (Darts player 1)	Perth	19/11/19	Session with client (darts): CBT intervention and new holistic approach to wellbeing concerns. Subsequent related independent study in counselling psychology (CBT-informed approach to peer bullying).	8	
Private client (Powerlifter)	Edinburgh	20/11/19	Case formulation (collaborative) session with client (power-lifter): considering identity and mindful awareness. Subsequent related independent study and intervention planning	7	

HPSDP	High School (Scotland)	26/11/19 – 02/12/19	<p>Performance strategy portfolio (3) workshops. Meeting with placement supervisor RE observed session. One-on-one sessions with athletes:</p> <ul style="list-style-type: none"> • CBT intervention • Nutrition diary and sleep hygiene • MBSR intervention • Wellbeing/holistic support for life challenges <p>And preparation of materials related to consultancy (end-of-term reports).</p>	30	
Private client (Swimmer)	WFH	26/11/19	Remote (telephone) intake and needs analysis session with father of new client (swimmer) experiencing performance deficits related to menarche/anaemia. Subsequent related independent study	8.5	[Removed for confidentiality]
Private client (Gymnast)	Edinburgh	29/11/19	Session with client (gymnast): CBT intervention (lost movement syndrome).	1.5	
Private client (Darts player 1)	WFH	07/12/19 - 08/12/19	Remote (telephone/text) wellbeing support for client (darts) regarding low mood and anxiety. Scheduled in follow-up sessions.	3.5	

Private client (Swimmer)	Glasgow	08/12/19	In-person intake and needs analysis session with new client (swimmer): training on breathing exercises, mindful awareness and flow-state. Subsequent case formulation and independent study.	6	[Removed for confidentiality]
HPSDP	High School (Scotland)	10/12/19	Observed workshop session at high school with LJMU supervisor. One-on-ones with athletes: <ul style="list-style-type: none"> • Follow-up on life challenges (holistic concerns) • CBT intervention. • Nutrition diary and sleep hygiene. And planned and created athlete feedback forms and teaching plan (first draft) for 2020.	9.5	
Private client (Swimmer)	WFH	12/12/19	Remote (Skype) session with client (swimmer): improving competition confidence. Subsequent independent study and intervention planning (MBSR, ACT informed).	5	
Private client (Runner)	WFH	13/12/19	Remote (telephone) intake and needs analysis session with new client (ultra-marathon runner). Subsequent related independent	5.5	[Removed for confidentiality]

			study.		
Private client (Runner)	Glasgow	15/12/19	In-person intake, client history and needs analysis session with new client (ultra runner).	2	[Removed for confidentiality]
	WFH	15/12/19 – 22/12/19	Independent study, planning and creation of psychological materials relevant to consultancy.	45	
HPSDP	High School (Scotland)	17/12/19 – 05/01/20	Performance strategy portfolio (4) workshops and athlete feedback sessions. One-on-one and small group sessions with athletes: <ul style="list-style-type: none"> • CBT intervention • Nutritional diary and sleep hygiene • Self-confidence intervention • Wellbeing support And academic marking (portfolio assessments), planned and created teaching materials (over Xmas break) for 2020.	32	
Private client (Darts player 1)	Perth	17/12/19	Session with client (darts): compassionate chair work (CFT exercise). Related independent study (counselling psychology within sport and exercise settings).	7.5	

Private client (Swimmer)	Glasgow	18/12/19	Session with client (swimmer): 'mind clearing' and mental imagery training.	1	
WFH	WFH	20/12/19 – 05/01/20	Planned and created psychological materials for consultancy.	12	
Private client (Swimmer)	Glasgow	08/01/20	Remote (Skype) session with client (swimmer): mental imagery training and competition preparation. Subsequent related independent study.	3.5	
Private client (Swimmer)	Glasgow	08/01/20	Remote (telephone) meeting with father of client (swimmer): effects of menstruation on performance. Subsequent independent study on physiology of menstruation.	6	
Private client (Darts player 1)	Glenrothes	11/01/20	Competition support for client (darts) at national youth invitational competition.	8	
HPSDP	High School (Scotland)	14/01/20	ACT values in sport workshops. One-on-ones with athletes: <ul style="list-style-type: none">• Goal-setting refresher• Coach conflict• Self-confidence interventions• Injury recovery.	12	
Private client	Glasgow	16/01/20	Case formulation (collaborative) session with client (ultra runner)	6	

(Runner)			and introduction to values-driven action, working on re-framing expectations post-injury. Subsequent related study and intervention planning.		
Private client (Gymnast)	Edinburgh	17/01/20	Intake and needs analysis session with new client's (gymnast's sister): lack of confidence intervention.	3.5	[Removed for confidentiality]
Private client (Swimmer)	Glasgow	18/01/20	Session with client (swimmer) regarding effect of menstruation on performance. Exploration of anxiety triggers. Subsequent independent study related to CBT-informed anxiety intervention.	5	
Private client (Darts player 2)	Stornoway	21/01/20	Remote (telephone) intake session with new client (darts) regarding potential remote support.	1.5	[Removed for confidentiality]
Private client (Runner)	Glasgow	27/01.20	Remote (telephone) support for client (ultra runner): reflective skills, personal sport development plan.	1	
HPSDP	High School (Scotland)	04/02/20	ACT values in sport (2) workshops with learning tasks (values checklist and ACT bulls-eye worksheet). One-on-ones with	12	

			<p>athletes (rugby, hockey, triathlon, swimming):</p> <ul style="list-style-type: none"> • Pre-competition routines • Wellbeing/holistic support • Self-confidence intervention <p>And subsequent related independent study.</p>		
Private client (Darts player 1)	Perth	11/01/20	<p>Consultancy session with client (darts): introduction to CFT (Compassion-Focused Therapy). Subsequent related independent study and preparation of intervention-related psychological materials.</p>	7.5	
Private client (Boxer)	Glasgow	06/02/20	<p>Remote (telephone) intake and needs analysis session with mother of new client (boxer).</p>	1.5	[Removed for confidentiality]
Private client (Gymnast)	Edinburgh	07/02/20	<p>Consultancy session with client and sister (gymnasts) sister: follow-up on low self-confidence and peer relationships. Subsequent related independent study.</p>	5	
	WFH	08/02/20 – 10/02/20	<p>Planned and created psychological materials for consultancy and teaching.</p>	15	
Job application:	WFH	10/02/20	<p>Prepared and submitted job</p>	5	English Institute of Sport (EIS)

Performance lifestyle			application for Performance Lifestyle Advisor role at the English Institute of Sport with GB Snow Sports (unsuccessful).		
Private client (Runner)	Glasgow	13/02/20	Consultancy session with client (ultra runner): ACT informed exploration of 'gratitude'. Subsequent related independent study	5.5	
Private client (Swimmer)	Glasgow	14/02/20	Remote (telephone) meeting and email support with mother of client (swimmer) RE performances at recent training camp.	2	
	WFH	17/02/20 – 28/02/20	Planned and created psychological materials for consultancy.	40	
HPSDP	WFH	21/02/20	Remote (email) support (not possible for in-person session due to bad weather) for athletes: CBT and low confidence interventions	3.5	
HPSDP	WFH	27/02/20	Remote (email) support (not possible for in-person session due to bad weather) for athletes: CBT and ACT interventions	4.5	

Private client (Swimmer)	WFH	07/03/20	Remote wellbeing support for client (swimmer) and parents after family bereavement	2.5	
Private client (Swimmer)	Glasgow	08/03/20	Consultancy session with client (swimmer): mental imagery script development for performance and relaxation. Subsequent related independent study and intervention planning.	8.5	
HPSDP	WFH	27/03/20	Remote (email) support (not possible for in-person session due to bad weather) for athletes: Competition preparation	2	
Job application: Sport and exercise psychologist	WFH	18/03/20 – 28/03/20	Prepared and submitted job application for sport and exercise psychologist at Grey Matters (unsuccessful). Follow-up feedback meeting (telephone) with HR staff.	6.5	Grey Matters Ltd.
Sports Integrity Initiative (SII)	Police Scotland	18/03/20	Remote meeting with [removed for confidentiality] RE SII phase two (short film) and limitations related to COVID-19 pandemic.	1	
HPSDP	WFH	18/03/20	Remote (telephone) session with athlete: CBT intervention and coping with uncertainty resulting	2	

			from COVID-19 pandemic.		
	WFH	27/03/20 – 30/03/20	Check-ins with all consultancy clients RE continuing with remote work during pandemic/lockdowns. Independent study related to using ACT to help athletes during COVID-19 lockdown (FACE Covid booklet).	9.5	
Private client (Runner)	WFH	11/04/20	Remote (Zoom) consultancy session with client (ultra runner): Coping with disruptions linked to pandemic	2	
HPSDP	WFH	16/04/20	Remote (Zoom) session with athlete (rugby): CBT intervention. Subsequent independent study related to coping with COVID-19.	3.5	
Private client (Swimmer)	Glasgow	19/04/20	Remote (Zoom) session with client (swimmer): wellbeing support linked to COVID-19 pandemic & imagery training. Subsequent related independent study.	9	
HPSDP	WFH	21/04/20	Remote (Zoom) session with athlete (swimmer): Low self-confidence intervention and coping with cancelled competitions (COVID-19).	5.5	

			Subsequent independent study related to coping strategies.		
Changing Minds UK	WFH	21/04/20	Contacted by psychologists at Changing Minds UK about potential consultancy opportunity with national/international water polo (youth team). Prepared and submitted application.	6.5	[Removed for confidentiality]
	WFH	21/04/20 - 22/04/20	Check-in texts sent to all consultancy clients RE ongoing arrangements during lockdown.	2	
Private client (Runner)	WFH	22/04/20	Remote (Zoom) session with client (ultra runner).	1.5	
HPSDP	WFH	23/04/20	Remote (Zoom) session with athlete (athletics): PETTLEP intervention and coping with cancelled training/competitions (COVID-19).	2.5	
Youth Water Polo	WFH	24/04/20	Intake phone call with water polo team manager.	2	[Removed for confidentiality]
Private client (Runner)	WFH	24/04/20	Remote (Zoom) session with client (ultra runner).	2	
Youth Water Polo	WFH	25/04/20 – 05/05/20	Preparation of psychological materials related to water polo consultancy	5	

Youth Water Polo	WFH	05/05/20	Intake video call with team manager and head coach.	1.5	
Youth Water Polo	WFH	05/05/20	Needs analysis video call with team manager and head coach. Subsequent related independent study.	5	
Youth Water Polo	WFH	05/05/20	Video call with team manager RE intervention proposals and job sharing agreement.	2	
HPSDP	WFH	07/05/20 – 14/05/20	Remote (Zoom) sessions with athletes (rugby, athletics & triathlon)	6	
Youth Water Polo	WFH	15/05/20 – 26/05/20	Video call with water polo team manager, head coach and Ruby RE proposed support for youth players and staff. Subsequent independent study, consultancy contract and intervention proposal preparation.	15.5	
HPSDP	WFH	15/05/20	Remote (Zoom) sessions with athlete: CBT intervention	2	
HPSDP	WFH	21/05/20	Remote (Zoom) sessions with athlete: CBT intervention	2	
Youth Water Polo	WFH	27/05/20	Meeting with water polo stakeholders: intervention plan agreed by all parties.	2.5	

	WFH	27/05/20	Independent study related to mental health and inclusivity in University sport during COVID-19 pandemic.	3	
Youth Water Polo	WFH	28/05/20 – 16/06/20	Independent study and preparation of psychological materials related to water polo consultancy.	45	
HPSDP	WFH	02/06/20	Remote (Zoom) sessions with athlete (athletics): PETTLEP intervention	2.5	
HPSDP	WFH	09/06/20	Remote (Zoom) sessions with athlete (triathlon): coping with COVID-19 uncertainty	2.5	
HPSDP	WFH	10/06/20	Remote (Zoom) sessions with athlete: CBT intervention	1.5	
HPSDP	WFH	11/06/20	Remote (Zoom) sessions with athlete (triathlon): MBSR intervention	2.5	
Private client (Swimmer)	Glasgow	14/06/20	Remote (Zoom) session with client (swimmer): continuation of support provided during lockdown.	2	
HPSDP	WFH	15/06/20	Remote (Zoom) sessions with athlete: CBT intervention and wellbeing support.	1	

Youth Water Polo	WFH	16/06/20	Water polo small group discussion session (coaches/staff only).	2.5	
Youth Water Polo	WFH	19/06/20	Water polo workshop; <i>'Would I lie to you?'</i> and subsequent independent study related to intervention.	5	
Youth Water Polo	WFH	20/06/20	Observation session of S&C training.	2	
HPSDP	WFH	25/06/20	Remote (Zoom) sessions with athlete (athletics): wellbeing support and mental imagery.	2	
Youth Water Polo	WFH	26/06/20	Collaborative tactics session with head coach.	2.5	
Youth Water Polo	WFH	29/06/20	Water polo staff team meeting (Zoom): Feedback from first workshop.	3	
Youth Water Polo	WFH	03/07/20	Water polo workshop; <i>'Introduction to sport psychology'</i>	2	
	WFH	04/07/20 – 10/07/20	Independent study and preparation of psychological materials related to consultancy	25	
Youth Water Polo	WFH	10/07/20	Collaborative tactics session with head coach.	3	
[Removed for	WFH	12/07/20	Remote (Zoom) session with client (swimmer): wellbeing	2	

confidentiality]			support and moving beyond COVID-19 restrictions.		
Youth Water Polo	WFH	13/07/20	Water polo staff team meeting (Zoom): Feedback from tactics session and second workshop	3	
[Removed for confidentiality]	WFH	16/07/20	Zoom meeting with Indian women's/girl's football club director RE menstrual support.	2	
Youth Water Polo	WFH	17/07/20	Water polo small group discussion session (coaches/staff only).	1.5	
Youth Water Polo	WFH	24/07/20	Collaborative tactics session with head coach.	2.5	
	WFH	06/08/20	Check-in texts sent to clients and independent study and preparation of psychological materials related to consultancy.	6.5	
Youth Water Polo	WFH	14/08/20 – 16/08/20	Feedback and second-draft writing of Packtypes profiles for players and staff	5	
Youth Water Polo	WFH	18/08/20	Feedback and second-draft writing of Packtypes profiles for players and staff	3	
Women's	WFH	21/08/20	Video call with Indian football	2	[Removed for confidentiality]

football club			club director RE: MiS webinar		
Private client (Runner)	WFH	28/08/20	Remote (zoom) session with client (ultra runner).	1	
Private client (Swimmer)	WFH	28/08/20	Remote (zoom) session with client (swimmer): SMART goals, social support network and return to training post-lockdown.	2	
Private client (Swimmer)	WFH	01/09/20	Prepared and submitted completed SMART goals and social support worksheets to father of client (swimmer)	3.5	
Youth Water Polo	WFH	07/09/20 – 10/09/20	Feedback and second-draft writing of Packtypes profiles for players and staff	7.5	
Consultancy case study	WFH	13/09/20	Completed first draft of CS1	55	
Youth Water Polo	WFH	22/09/20	Water polo workshop; ' <i>Packtypes Profiles (1)</i> ' and subsequent related independent study.	5.5	
	WFH	28/09/20 – 02/10/20	Independent study related to consultancy	20	
Youth Water Polo	WFH	09/10/20	Zoom meeting with Ruby, team manager and head coach	3	
	WFH	10/10/20 –	Independent study and preparation of psychological	37.5	

		04/11/20	materials related to consultancy		
Consultancy case study	WFH	21/10/2020	Completed first draft of CS2	40	
Youth Water Polo	WFH	06/11/20	Zoom meeting with Ruby, team manager and head coach	2	
Youth Water Polo	WFH	22/11/20	Water polo workshop; <i>'Mental Visualisation and Reflection'</i>	2	
Youth Water Polo	WFH	24/11/20	Zoom meeting with Ruby, team manager and head coach	1	
Youth Water Polo	WFH	28/11/20	Water polo workshop; <i>'Managing emotions and building resilience'</i> .	2.5	
Youth Water Polo	WFH	03/12/20	Zoom meeting with Ruby, team manager and head coach	2	
Youth Water Polo	WFH	05/12/20	Collaborative tactics session with head coach.	3	
Youth Water Polo	WFH	05/01/21	Zoom meeting with Ruby, team manager and head coach: Post Xmas-break debrief and next steps RE lockdown 3.	1	
Youth Water Polo	WFH	11/01/21	Zoom meeting with Ruby and head coach RE upcoming workshop	3	
Youth Water Polo	WFH	16/01/21	Water polo workshop; <i>'Packtype Profiles (2): Reflections on</i>	1.5	

			<i>results.'</i>		
Youth Water Polo	WFH	18/01/21	Water polo small group discussion session (coaches/staff only).	2	
	WFH	20/01/21 – 22/01/21	Independent study and academic writing related to applied case studies.	14	
Youth Water Polo	WFH	23/01/21	Water polo workshop; <i>'Values and Identity: The awards ceremony speech.'</i>	1.5	
Youth Water Polo	WFH	02/02/21	Water polo small group discussion session (coaches/staff only): follow-up of values session and 're-branding' strategy for team.	2.5	
Youth Water Polo	WFH	02/02/21	Zoom meeting with Ruby and head coach RE team values and identity.	1.5	
Youth Water Polo	WFH	05/02/21	Zoom meeting with Ruby and head coach.	1.5	
Youth Water Polo	WFH	12/02/21	Water polo small group discussion session (coaches/staff only): job roles and managing expectations.	1.5	
Youth Water Polo	WFH	15/02/21	Water polo workshop; <i>'Water polo does Taskmaster (1).'</i>	1	

Youth Water Polo	WFH	16/02/21	Water polo workshop; ' <i>Water polo does Taskmaster (2).</i> '	1	
Consultancy case study	WFH	18/02/21 – 05/03/21	Independent study and academic writing related to consultancy and applied case studies.	18	
Consultancy case study	WFH	06/03/21	Completed second draft of CS1	40	
Youth Water Polo	WFH	09/03/21	Water polo small group discussion session (coaches/staff only): supporting transition post-lockdown and return to pool-training.	1.5	
Youth Water Polo	WFH	01/04/21	Water polo workshop; ' <i>Values and values-guided action (1).</i> '	1.5	
	WFH	05/04/21 – 14/05/21	Independent study and preparation of materials related to consultancy.	35	
Youth Water Polo	WFH	16/05/21	Water polo workshop; ' <i>Values and values-guided action (2).</i> '	1.5	
Consultancy case study	WFH	18/05/21	Completed second draft of CS2	52	
	WFH	20/05/21 – 22/05/21	Independent study and preparation of materials related to consultancy.	9.5	
Youth Water	WFH	31/05/21	Water polo workshop; ' <i>Positive and problematic performance</i>	1	

Polo			<i>choices.'</i>		
Youth Water Polo	WFH	03/06/21	Water polo workshop; <i>'Routine planning and reflective diaries.'</i>	1	
Youth Water Polo	WFH	09/06/21	Water polo focus group session with technical players: <i>'The backbone of the team'</i> .	1.5	
Youth Water Polo	WFH	19/06/21	Water polo workshop; <i>'The five branches of coping strategies'</i> .	1	
Youth Water Polo	WFH	20/06/21	Water polo workshop; <i>'Competition prep: the final push'</i> .	1	
Consultancy case study	WFH	22/06/21	Completed final draft of CS1	25.5	
Youth Water Polo	WFH	23/06/21	Water polo workshop; <i>'Managing anxiety'</i> .	1	
Youth Water Polo	WFH	24/06/21	Observation (remote) of EU championship water polo qualifying match	1.5	
Youth Water Polo	WFH	25/06/21	Observation (remote) of EU championship water polo qualifying matches.	3	
Youth Water Polo	WFH	26/06/21	Water polo workshop; <i>'Competition Re-cap: Highlights and reflections'</i> and observation (remote) of EU championship water polo qualifying match	3	

Youth Water Polo	WFH	07/07/21	Zoom meeting with Ruby and head coach RE: NGB proposal	1.5	
Youth Water Polo	WFH	26/08/21	One-on-one therapeutic session (Zoom) with Ruby and water polo player RE: wellbeing concerns and emotional difficulty.	1	
Youth Water Polo	WFH	02/11/21	Meeting (Zoom) with stakeholders at NGB for sport RE: summary of intervention (2020-2021) and pitch for ongoing/future consultancy (no further action: programme cancelled)	1.5	
Job application: NHS	WFH	12/12/21	Prepared and submitted a job application for NHS assistant psychologist post (not shortlisted for interview).	20	[Removed for confidentiality]
Job application: NHS	WFH	30/12/21	Prepared and submitted a job application for NHS mental health support worker post (not shortlisted for interview).	12	[Removed for confidentiality]
Job application: Social work	WFH	08/02/22	Prepared and submitted a job application for third-sector community support officer post (not shortlisted for interview).	12	[Removed for confidentiality]
Job application: Health and	WFH		Meeting (telephone) with third-sector company stakeholder RE:	1	[Removed for confidentiality]

social care			feedback on application.		
Consultancy case study	WFH	09/02/22	Completed first draft of CS3	40	
Consultancy case study	WFH	09/02/22	Completed second draft of CS3	30	
Consultancy case study	WFH	07/03/22	Completed final draft of CS3	24	
Consultancy case study	WFH	12/03/22	Completed final draft of CS2	10.5	
Sports Integrity Initiative (SII)	Police Scotland	16/03/22	Project members' only premiere of SII film and live demo of teaching and training session.	1.5	
Job application: Health and social care	WFH	24/03/22	Prepared and submitted a job application for third-sector mental health support worker post (shortlisted for interview).	15	[Removed for confidentiality]
Job application: Health and social care	WFH	10/04/22 – 26/04/22	Prepared for third-sector mental health support worker interview	12.5	
Job application: Health and social care	WFH	27/04/22	Interview for third-sector mental health support worker role (successful)	1	

Research					
Client details	Location	Date(s)	Nature of the activity	Contact Hours	Placement Host details (if applicable)
Empirical research/ Systematic Review	WFH	20/01/18 – 21/01/18	Independent study related to planning systematic reviews and empirical research.	6	
Systematic Review	WFH	14/05/2018 – 25/07/2018	Independent study related to planning systematic review (menstruation & female athletic performance) including database searches, mini-literature review and written research proposal.	25	
Research assistant	WFH	02/07/2018 – 15/07/2018	Paid research transcription job for an applied psychologist peer (Strava usage and training adherence).	24	
Systematic Review	WFH	30/07/2018 – 03/08/2018	Systematic database searches (LJMU online library, SportsDiscus, PsychInfo, and PsychArticles) for potential systematic review on sexism in sports journalism. Subsequent peer supervision meetings (telephone) with doctoral and	8	

			MSc colleagues.		
Empirical research	WFH	15/08/18 - 23/08/18	Empirical research planning, development and networking/outreach to relevant stakeholders (national sporting institutes).	15	[Removed for confidentiality]
Empirical research	WFH	03/10/18 – 06/12/18	Telephone meetings with potential co-researchers and research stakeholders RE empirical collaboration.	5.5	[Removed for confidentiality]
Empirical research/ Systematic Review	WFH	10/12/18 – 19/12/18	Independent study related to empirical research and systematic reviews	35	
Empirical research	WFH	13/12/18	Meeting with supervisor RE empirical research plans.	1.5	
Empirical research	WFH	29/11/18	Preparation and submission of menstruation in sport (MiS) research proposal to Sport Scotland for review (unsuccessful).	4.5	
Empirical research	WFH	13/01/19	Meeting (telephone) with co-researcher regarding research collaboration on MiS project, and subsequent related independent study.	6	

Empirical research	WFH	13/01/19	Meeting with supervisor RE empirical research.	1.5	
Sport Wales	WFH	15/01/19	Meeting (telephone) with stakeholders at Sport Wales regarding research collaboration on MiS project. Continued outreach to potential stakeholders (via email, telephone etc).	8.5	[Removed for confidentiality]
Empirical research	WFH	15/01/19	Meeting with supervisor RE empirical research.	1.5	
Sport Wales	WFH	03/02/19	Prepared and submitted statement of intent to Sport Wales for MiS project.	6.5	[Removed for confidentiality]
Empirical research	WFH	05/02/19 – 20/02/19	Meeting with supervisor RE empirical research, and subsequent related independent study	20.5	
Sport Wales	WFH	05/03/19	Remote (telephone) meeting with potential co-researcher at Sport Wales.	3.5	[Removed for confidentiality]
Empirical research	WFH	01/05/19 – 13/06/19	Remote (telephone) meetings with co-researcher at UWS. Update to research design (mixed-methods) and subsequent related independent study.	25.5	

LJMU	WFH	20/06/19	LJMU research ethics training (online module).	3	LJMU: Research Ethics Training
Empirical research	WFH	30/06/19	Prepared and submitted (first draft) ethics form to research supervisor (LJMU) for feedback.	13.5	
Empirical research	WFH	06/07/19	Prepared and submitted (first draft) interview schedule to research supervisor (LJMU) and co-researcher (UWS) for feedback.	3	
Empirical research	WFH	08/07/19	Prepared and submitted second draft of ethics form to supervisor and co-researcher for feedback.	8	
Empirical research	Lanarkshire	23/07/19	In-person meeting with UWS co-researcher concerning MiS survey development and ethical approval process.	5	
Empirical research	WFH	24/07/19 – 30/08/19	Independent study related to research design, ethics and relevant literature.	31	
Empirical research	WFH	13/09/19 – 26/09/19	Independent study related to updated physiological evidence (menstruation) and preparation of updated ethical approval form.	16	
LJMU	Liverpool	26/09/19	Meeting with Dr. D. Tod regarding systematic reviews in	1	LJMU: James Parsons Building.

			sport & exercise psychology		
Empirical research	WFH	28/09/19 – 30/09/19	Research-related independent study. Submitted revised draft of ethics form to supervisor/co-researcher for feedback. Final version of questionnaire approved by co-researchers.	12	
Empirical research	WFH	24/10/19	Meeting (telephone) with co-researchers (UWS and University of Lincoln) RE new member of MiS research team (Dr. D. Martin). Related independent study.	6	
Empirical research	WFH	27/10/19	Ethics application finalised and submitted to LJMU supervisor for feedback.	2	
Empirical research	WFH	11/11/19 – 15/11/19	Independent study related to MiS project.	16.5	
Empirical research	WFH	06/12/19	Final adjustments and submission of ethics form to review board.	2.5	
Empirical research	WFH	19/12/19	Ethical approval granted by LJMU review board (approval granted in full after making stated revisions).	2.5	
Empirical research	WFH	20/12/19 – 05/01/20	Independent study related to MiS project during Xmas break.	14.5	

Empirical research	WFH	07/01/20	Developed (beta-version) MiS survey questionnaire and conducted self-pilot tests.	19.5	
Empirical research	WFH	10/01/20 – 27/01/20	MiS survey pilots (N=7); subsequent revisions made to survey post pilot-participant feedback and related (telephone) meetings with co-researchers.	13.5	
Empirical research	WFH	01/02/20 – 01/04/20	Independent study related to MiS projects (literature review etc.)	50	
Empirical research	WFH	14/04/20	Remote (telephone) meetings with MiS co-researchers.	2	
Systematic review	WFH	21/04/20	Contacted by Dr. E. Pattinson with regards to collaborating on systematic review as co-researchers (accepted).	1	Dr. E. Pattinson.
Systematic review	WFH	23/04/20	Provided feedback on PRISMA protocol for systematic review: <i>'Challenges accessing physical activity from a Transgender perspective'</i> . Subsequent independent study related to research area.	4.5	Dr. E. Pattinson.
Research assistant	WFH	29/04/20 – 28/06/20	Paid research transcription job for a doctoral psychologist peer (football academy mental health	24	

			support).		
Empirical research	WFH	02/07/20	Began hosting MiS survey live on QuestionPro for data collection purposes and shared launch announcement via Social Media channels.	1	
Empirical research	WFH	04/07/20	Meeting (telephone) with MiS co-researchers RE social media participant recruitment strategy, and subsequent related planning and study.	6	
Empirical research	WFH	06/07/20 – 30/07/20	Participant recruitment posts via Social Media (Twitter, Facebook, Instagram etc): Creating and sharing posts, contacting stakeholders, round robin emails etc.	25	
Empirical research	WFH	17/08/20	Participant recruitment posts via Social Media (Twitter, Facebook, Instagram etc): Creating and sharing posts, contacting stakeholders, round robin emails etc.	4.5	
Empirical research	WFH	04/07/20	Meeting (telephone) with MiS co-researcher RE participant recruitment updates, and subsequent related study.	5	

Empirical research	WFH	03/09/20	Meeting (telephone) with MiS co-researcher RE participant recruitment updates, planned statistical analyses and subsequent related study.	7.5	
Empirical research	WFH	05/09/20	Participant recruitment posts via Social Media (Twitter, Facebook, Instagram etc): Creating and sharing posts, contacting stakeholders, round robin emails etc.	3	
Research mentoring	WFH	21/09/20	Meeting (telephone) with MiS co-researcher RE taking on undergraduate student assistants as part of BSc dissertation module (research mentor role).	1	[Removed for confidentiality]
Empirical research	WFH	21/09/20 – 25/09/20	Participant recruitment posts via Social Media (Twitter, Facebook, Instagram etc): Creating and sharing posts, contacting stakeholders, round robin emails etc.	5	
LJMU: Doctoral Academy (CPD)	WFH	24/09/20	Attended webinar: <i>'Using academic databases'</i> .	2	
Research mentoring	WFH	16/10/20	Research mentor meeting (Zoom) with undergraduate student assistants RE MiS project.	2	[Removed for confidentiality]

Empirical research	WFH	18/10/20 – 10/11/20	Independent study related to MiS research projects: data analytics, recruitment, literature review etc.	50	
Research mentoring	WFH	22/10/20	Research mentor meeting (Zoom) with undergraduate student assistants RE MiS project.	1.5	[Removed for confidentiality]
Empirical research	WFH	03/09/20	Meeting (Zoom) with MiS co-researcher.	2	
Research mentoring	WFH	22/10/20	Research mentor meeting (Zoom) with undergraduate student assistants RE MiS project.	2	[Removed for confidentiality]
Empirical research	WFH	05/11/20 – 29/11/20	Participant recruitment posts via Social Media (Twitter, Facebook, Instagram etc): Creating and sharing posts, contacting stakeholders, round robin emails etc.	16	
Systematic review	WFH	04/12/20	Meeting (Zoom) with co-researchers for Trans Physical Activity (PA) systematic review. Subsequent related independent study and analysis.	9.5	
Systematic review	WFH	11/12/20	Meeting (Zoom) with co-researcher for Trans Physical Activity (PA) systematic review. Subsequent related independent	5	

			study and analysis.		
WFH	WFH	02/01/21	Data collection ended for MiS project, all responses downloaded from QuestionPro for analysis	1.5	
Systematic review	WFH	10/01/21 – 12/01/21	Independent study and familiarisation with relevant literature related to systematic review	9.5	
Empirical research	WFH	14/01/21	Meeting (telephone) with MiS co-researcher.	2.5	
Empirical research	WFH	15/01/21 – 02/03/21	Manual data entry into excel spreadsheet for MiS project (257'638 entries quant & qual)	120	
Systematic review	WFH	25/01/21 – 28/01/21	Literature screening for systematic review (quality appraisal)	12.5	
Systematic review	WFH	29/01/21	Meeting (Zoom) with systematic review co-researchers: next steps after quality appraisal. Subsequent related independent study.	6.5	
Research mentoring	WFH	29/01/21	Research mentor meeting (Zoom) with MSc student conducting menstruation-related research.	2	[Removed for confidentiality]
Empirical	WFH	02/02/21	Assessment and full second-pass	5.5	

research			of undergraduate students' data entry (N=60): email updates RE manual data entry sent to co-researchers.		
Research mentoring	WFH	11/02/21	Research mentor meeting (Zoom) with nutritionist at GB snowsports RE: menstrual support for ski/snowboard athletes	1.5	[Removed for confidentiality]
Systematic review	WFH	12/02/21	Meeting (Zoom) with systematic review co-researchers and related independent study.	4	
Dundee University Preventing Period Poverty Society (DUPPS)	WFH	02/03/21	Meeting (Zoom) with president of Dundee University Preventing Period Society (DUPPS): invited to be keynote speaker at the DUPPS 2021 events week RE MiS project.	2	Dundee University
LJMU: Doctoral Academy (CPD)	WFH	11/03/21	Attended webinar: <i>'Evaluating and synthesising academic literature for systematic reviews'</i> .	2	LJMU
Systematic review	WFH	19/02/21	Meeting (Zoom) with systematic review co-researchers and related academic writing and study.	8.5	
Systematic review	WFH	25/02/21 – 20/04/21	Independent study related to empirical and systematic review research projects.	100	

Systematic review	WFH	23/04/21	Meeting (Zoom) with systematic review co-researchers RE: feedback on analysis framework.	2	
Empirical research	WFH	27/04/21	Meeting (telephone) with MiS co-researchers RE: demographic data analysis.	1.5	
BPS DSEP EDI working group	WFH	01/05/21 – 08/05/21	Independent study related to developing analysis framework table for BPS DSEP EDI members' survey research project.	7.5	BPS DSEP EDI working group
BPS DSEP EDI working group	WFH	10/05/21 – 15/05/21	Conducted and submitted analysis of all female data for EDI members' survey project	35	BPS DSEP EDI working group
BPS DSEP EDI working group	WFH	10/05/21 – 15/05/21	Conducted and submitted analysis of all disability data for EDI members' survey project	22.5	BPS DSEP EDI working group
Empirical research	WFH	13/05/21	Completed and submitted demographic and quantitative (Chi Sq) data analysis to co-researchers for review/feedback.	60	
Systematic review	WFH	15/06/21	Meeting (Zoom) with systematic review co-researchers RE: feedback on intro/methods write-up & narrative analysis framework.	1	
Systematic	WFH	26/06/21 –	Systematic review results section	21	

review		04/06/21	write-up		
Empirical research	WFH	06/07/21 – 20/07/21	Write-up of introduction and methods section of EP1.	39	
LJMU: Doctoral Academy (CPD)	WFH	09/07/21	Attended webinar: <i>'Systematic reviews for post-graduate researchers.'</i>	1.5	LJMU
LJMU	WFH	12/07/21	Zoom (meeting) with LJMU statistician RE: MiS statistical analysis	1.5	LJMU
LJMU: Doctoral Academy (CPD)	WFH	09/07/21	Attended webinar: <i>'Finding journals and using SCOPUS for publication.'</i>	1	LJMU
Empirical research	WFH	22/07/21	Meeting (Zoom) with MiS co-researchers RE: proposed quantitative analysis.	2	
Empirical research	WFH	03/08/21	Meeting (Zoom) with MiS co-researchers RE: quantitative data analysis and write-up.	2.5	
Empirical research	WFH	03/08/21 – 07/09/21	Independent study and academic writing related to EP1	77	
Systematic review	WFH	12/06/21 – 09/08/21	Write-up/editing and submission of systematic review first draft to co-researchers.	70	
Systematic review	WFH	09/08/21 – 07/09/21	Write-up/editing and submission of systematic review second draft	21.5	

			to co-researchers.		
Empirical research	WFH	08/09/21	Meeting (Zoom) with MiS co-researchers RE: results section (normality histograms) and write-up.	1	
Empirical research	WFH	08/09/21 – 28/09/21	Independent study and academic writing related to EP1	53.5	
Systematic review	WFH	10/09/21	Meeting (Zoom) with systematic review co-researchers RE: feedback on first and second drafts.	2.5	
Systematic review	WFH	11/09/21 – 25/10/21	Write-up/editing and submission of systematic review third draft to co-researchers.	12	
Empirical research	WFH	29/09/21	Meeting (Zoom) with MiS co-researchers RE: EP1 findings	2	
Empirical research	WFH	05/10/21	Prepared and submitted first draft of EP 1 to co-researchers for review/feedback	36	
Empirical research	WFH	07/10/21	Meeting (telephone) with MiS co-researcher.	1.5	
Empirical research	WFH	12/10/21	Meeting (Zoom) with MiS co-researchers.	1	
Empirical research	WFH	25/10/21	Prepared and submitted second draft of EP 1 to co-researchers for	24	

			review/feedback		
Research mentoring	WFH	13/10/21	Research mentor meeting (Zoom) with PhD student RE: Question logic in QuestionPro	1.5	[Removed for confidentiality]
Systematic review	WFH	30/10/21 – 18/11/21	Write-up/editing and submission of systematic review fourth draft to co-researchers.	16	
Empirical research	WFH	30/11/21	Prepared and submitted third draft of EP 1 to co-researchers for review/feedback	24	
Job application: Research assistant	WFH	08/12/21	Prepared and submitted a job application for research assistant post at Glasgow University (not shortlisted for interview).	15	[Removed for confidentiality]
Job application: Research assistant	WFH	09/12/21	Prepared and submitted a job application for research assistant post at Glasgow University (not shortlisted for interview).	15	[Removed for confidentiality]
Job application: Research assistant	WFH	13/12/21	Prepared and submitted a job application for research assistant post at Glasgow University (not shortlisted for interview).	15	[Removed for confidentiality]
Empirical research	WFH	19/12/21 – 20/12/2	Prepared and submitted fourth and fifth draft of EP 1 to co-researchers for review/feedback	20	
Empirical	WFH	30/12/21	Prepared and submitted sixth	16	

research			draft of EP 1 to co-researchers for review/feedback		
Empirical research	WFH	11/01/21	Independent study related to EP2 data analysis methodology	8	
Empirical research	WFH	31/01/22	Prepared and submitted seventh draft of EP 1 to co-researchers for review/feedback	40	
Empirical research	WFH	01/02/22	Meeting (Zoom) of whole MiS research team RE: final drafts and plan for publication	1.5	
Empirical research	WFH	01/02/22	Prepared and submitted eighth draft of EP 1 to co-researchers for review/feedback	12	
Empirical research	WFH	09/02/22	Prepared and submitted ninth draft of EP 1 to co-researchers for review/feedback	9.5	
Empirical research	WFH	17/02/22	Prepared and submitted tenth draft of EP 1 to co-researchers for review/feedback	6	
Empirical research	WFH	08/03/22	Prepared and submitted EP1 manuscript to peer-reviewed journal (not accepted for publication)	6.5	
Empirical research	WFH	27/03/22	Prepared and submitted EP1 manuscript to peer-reviewed journal (not accepted for	5.5	

			publication)		
Empirical research/ Systematic review	WFH	05/04/22	Completed first draft of research commentary	30	
Empirical research/ Systematic review	WFH	22/04/22	Completed final draft of research commentary	8	

Dissemination

Client details	Location	Date(s)	Nature of the activity	Contact Hours	Placement Host details (if applicable)
University of Stirling	Stirling	13/03/18	Prepared and presented a guest lecture for MSc students: <i>'From MSc to trainee'</i> .	6	University of Stirling, Stirling, FK9 4LA.
University of Salford	Salford	10/03/18	Networking meeting with University of Salford MSc student (sports journalism) on interviewing for academy football player wellbeing project.	1	[Redacted for Confidentiality]
University of Salford	Salford	26/03/18	Telephone interview with MSc sports journalism student RE academy football project.	2	
3i's Teacher Training	LJMU (Exchange Station)	28/01/19 29/01/19 01/02/19	Attended 3i's teacher training course at LJMU, covering: <ul style="list-style-type: none"> • Teaching large and small groups • Planning for learning • Assessment and academic marking • Formative microteaching session. 	24	Rachel Boulter R.M.Boulter@ljmu.ac.uk
3i's Teacher	LJMU	01/02/19	Assessed microteaching session	3	Rachel Boulter

Training	(Exchange Station)		as part of the 3i's teacher training course and related feedback discussion.		R.M.Boulter@ljmu.ac.uk
Yorkshire Women's Cricket Club	WFH	20/02/19	Prepared and submitted job application for psychoeducational workshop provider at Yorkshire Women's cricket (not shortlisted for interview).	2	Yorkshire Women's Cricket Club
Perth College: University of the Highlands and Islands (UHI)	Perth	21/02/19	Prepared and submitted job application, micro-teaching assessment and interview for bank lecturer position in school of sport and wellness (shortlisted for interview).	12.5	Perth College Academy of Sport and Wellness, PH1 2LU.
University of the West of Scotland (UWS)	WFH	28/06/19 – 30/06/19	Prepared and submitted job application for (maternity cover) lecturer in Sport and Exercise Psychology at UWS (not shortlisted for interview).	4.5	UWS
Routledge Publishers	WFH	06/07/19	Guest edited (with colleagues) final draft of 'How to become a clinical psychologist (Golding & Moss, 2019) as part of the Routledge: 'How to become a practitioner psychologist' book series.	5.5	Routledge Publishers
BPS DSEP	WFH	30/07/19	Prepared and submitted poster abstract for BPS DSEP annual	2	BPS DSEP annual conference (2019) in Solihull.

			conference (2019) for the SII project.		
Perth College UHI	Perth	08/08/19 – 16/09/19	Prepared and submitted 2x (internal) job applications and microteaching/dissemination presentations for lecturing posts at Perth College; shortlisted to interview for one post (not successful at interview). Subsequent telephone feedback from head of department.	20	Perth College Academy of Sport and Wellness, PH1 2LU.
LJMU: Post-graduate teaching support officer	WFH	03/10/19	Meeting (telephone) with Dr. J Causer RE dissemination hours at LJMU. Prepared and submitted job application for LJMU PG-teaching support officer (successful).	6.5	LJMU: James Parsons Building.
BPS DSEP annual conference (2019)	WFH	13/10/19 – 15/10/19	First draft of SII poster and accompanying handouts forwarded to SII co-researchers for feedback.	10.5	BPS DSEP annual conference (2019) in Solihull
BPS DSEP annual conference (2019)	WFH	30/10/19	Made required adjustments to SII poster/handouts and prepared final version for conference.	5.5	BPS DSEP annual conference (2019) in Solihull

BPS DSEP annual conference (2019)	Solihull	02/12/19 – 03/12/19	Academic conference presentation (BPS DSEP 2019): <i>'The Sports Integrity Initiative (SII): A collaborative approach to the development of psycho-educational tools with Police Scotland'</i> .	1	BPS DSEP annual conference (2019) in Solihull
BPS DSEP annual conference (2019)	Solihull	02/12/19 – 03/12/19	Successfully nominated (at AGM) as trainee lead: social media and communications (comms) for BPS DSEP committee – responsible for 'trainee takeover' dissemination days.	2.5	BPS DSEP annual conference (2019) in Solihull
LJMU	WFH	12/12/19	Meeting (telephone) with Dr. J Causer regarding dissemination role (PG teaching assistant).	1	LJMU: James Parsons Building.
BPS DSEP Committee	WFH	13/01/20	Sourced/created/submitted dissemination content for BPS DSEP trainee takeover days.	3.5	BPS DSEP committee Dr. E. Pattinson
LJMU	WFH	20/01/20	LJMU PG-teaching assistant role: academic marking of 12x undergraduate sport psychology assignments.	3.5	LJMU: James Parsons Building.
	WFH	27/01/20	Prepared dissemination PowerPoint of applied work to present to doctorate peers.	5.5	

LJMU	WFH	30/01/20	Dissemination presentation of applied work to doctorate peers.	1	LJMU: James Parsons Building.
BPS DSEP Committee	WFH	12/02/20	Sourced/created/submitted dissemination content for BPS DSEP trainee takeover days.	3.5	BPS DSEP committee Dr. E. Pattinson
LJMU	WFH	04/03/20	Attended faculty of science three minute thesis (online) event	2	LJMU: Doctoral Academy
BPS DSEP Committee	WFH	16/03/20	Sourced/created/submitted dissemination content for BPS DSEP trainee takeover days.	4	BPS DSEP committee Dr. E. Pattinson
	WFH	18/04/20 – 06/05/20	Prepared materials (slides etc.) for upcoming dissemination presentation at Scottish Network online event.	12	
BPS DSEP Committee	WFH	20/04/20	Sourced/created/submitted dissemination content for BPS DSEP trainee takeover days.	3.5	BPS DSEP committee Dr. E. Pattinson
WFH	WFH	04/05/20	Peer supervision meeting with MSc colleague RE dissemination hours.	1	
Scottish Network	WFH	13/05/20	Dissemination presentation to network members: <i>'Coping with</i>	2.5	Scottish Network of Sport and Exercise Psychologists

			<i>COVID-19 in Youth Sport populations: Considerations when proposing interventions during lockdown.'</i>		
LJMU 3i's training course	WFH	22/06/20	Meeting (Zoom) with Rachel Boulter: 3i's teaching assessments and dissemination experience opportunities		
BPS DSEP committee	WFH	30/07/20 – 30/08/20	Sourced/created/submitted dissemination content for BPS DSEP trainee takeover days.	7.5	Dr. E. Pattinson
LJMU	WFH	28/08/20	Emailed Dr. G. Cook & Dr. J. Causer RE: dissemination hours at LJMU	0.5	
LJMU	WFH	28/08/20	Meeting (Zoom) with Dr. G. Cook RE: dissemination hours – guest lecture on Gender research in Sport	1	
[Removed for confidentiality]	WFH	02/10/20	Video call with CEO of software (app) company RE: writing AI scripts related to dissemination of psychoeducational materials related to menstruation in sport/exercise	2	[Removed for confidentiality]
[Removed for confidentiality]	WFH	05/10/20 – 08/10/20	Prepared and submitted first draft of menstruation AI scripts (psychological dissemination)	8	[Removed for confidentiality]

LJMU	WFH	13/10/20 – 15/10/20	Independent study and preparation for guest lecture on Gender research in Sport	6.5	
BPS DSEP Committee	WFH	12/10/20 – 03/11/20	Sourced/created/submitted dissemination content for BPS DSEP trainee takeover days.	6.5	BPS DSEP committee Dr. E. Pattinson
BPS DSEP annual conference (2020)	WFH	09/11/20 – 22/11/20	Prepared and submitted dissemination materials (video poster presentation) for DSEP online conference: <i>'Together but apart: Reflections from working with a new team during COVID-19 lockdowns.'</i>	12.5	BPS DSEP annual conference (2020)
BPS DSEP annual conference (2020)	WFH	23/11/20 – 05/12/20	Prepared and submitted dissemination materials (pre-recorded seminar presentation) as part of EDI symposium for DSEP online conference: <i>'A brief introduction to menstrual research in sport and exercise'</i>	16	BPS DSEP annual conference (2020)
LJMU	WFH	26/11/20	Observation of lecture given by Dr. G. Cook, as part of preparation for guest lecture	2	LJMU: James Parsons Building.
BPS DSEP annual conference	WFH	16/12/20 – 17/12/20	Pre-recorded conference presentations (x2) and subsequent networking	2	BPS DSEP annual conference (2020)

(2020)			discussion.		
Dundee University Preventing Period Poverty Society (DUPPS)	WFH	05/03/21 – 24/03/21	Preparation of materials in advance of DUPPS events week key note speech.	10	Dundee University
Dundee University Preventing Period Poverty Society (DUPPS)	WFH	30/03/21	Keynote speech presentation (and follow-up Q&A session) at DUPPS event week.	1.5	
University of Stirling	WFH	08/04/21	Meeting (telephone) with contact at Stirling University RE: upcoming guest lectures (x2) for MSc dissertation and academic writing module.	1	University of Stirling, Stirling, FK9 4LA.
University of Stirling	WFH	10/04/21 – 30/04/21	Prepared dissemination materials (lecture slides, script and audio recording, related learning task materials) for Stirling lecture 1 <i>'Writing a dissertation'</i> .	8.5	University of Stirling, Stirling, FK9 4LA.
University of Stirling	WFH	01/05/21 – 08/05/21	Prepared dissemination materials (lecture slides, script and audio recording, related learning task materials) for Stirling lecture 2 <i>'Writing an introduction'</i> .	9	University of Stirling, Stirling, FK9 4LA.
BPS DSEP	WFH	01/07/21 –	Sourced/created/submitted dissemination content for BPS	5.5	BPS DSEP committee

Committee		06/07/21	DSEP social media days.		Dr. E. Pattinson
BPS DSEP Conference organising committee	WFH	10/08/21	Meeting (Zoom) for DSEP conference organising committee RE: DSEP 2021.	2	BPS DSEP conference organising committee
Professional Doctorate (ProfDoc) working group	WFH	01/10/21	Meeting (Zoom) with Dr. M. Eubank and Dr. R. Silie RE: Organising and managing doctoral trainee working group and contributing to a chapter; <i>'Professional Doctorates in sport and exercise psychology'</i> in a book; <i>'Developing a Sport Psychology Consultancy: A toolkit for Students and Trainees'</i> .	1	LJMU, Glasgow Caledonian University (GCU), Portsmouth University
ProfDoc working group	WFH	11/10/21	Focus group (Zoom) 1: discussion facilitator for ProfDoc working group book chapter contributions. Prepared and submitted all group minutes to GoogleDoc.	3.5	LJMU, GCU, Portsmouth University
ProfDoc working group	WFH	14/10/21	Focus group (Zoom) 2: discussion facilitator for ProfDoc working group book chapter contributions. Prepared and submitted all group minutes to GoogleDoc.	3.5	LJMU, GCU, Portsmouth University

ProfDoc working group	WFH	14/10/21 – 18/10/21	Write-up and submission of chapter contributions to editors.	9	LJMU, GCU, Portsmouth University
BPS DSEP annual conference (2021)	WFH	25/10/21 – 14/11/21	Preparation and submission of DSEP conference (2021) oral presentation.	16	BPS DSEP annual conference (2021)
BPS DSEP Conference organising committee	WFH	10/11/21	Meeting (Zoom) for DSEP conference organising committee RE: DSEP 2021.	1	BPS DSEP conference organising committee
BPS DSEP annual conference (2021) (CPD)	WFH	29/11/21 – 30/11/21	Chaired a research presentation session; <i>'Mental health and wellbeing'</i> and presented a poster of a systematic review paper; <i>'Challenges Accessing Physical Activity from a Transgender Perspective: A Systematic Review'</i> , co-presented an oral presentation of an applied case study; <i>'Presence despite absence: Reflections on the journey of providing long-term remote support during the COVID-19 pandemic'</i> and co-facilitated a training workshop; <i>'Compassion through action: Challenging inequality in sport and exercise psychology'</i> at the DSEP conference (2021).	16	BPS DSEP annual conference (2021)

Sports Integrity Initiative (SII)	Police Scotland	16/03/22	Premiere and feedback meeting of SII dissemination film	1.5	Sports Integrity Initiative (SII)
Teaching case study	WFH	14/04/22	Completed first draft of teaching case study	62.5	
Teaching case study	WFH	19/04/22	Completed final draft of teaching case study	42	
Teaching diary	WFH	20/04/22	Completed first draft of teaching diary	40	
Teaching diary	WFH	22/04/22	Completed final draft of teaching diary	12.5	

REFLECTIVE PRACTICE DIARY

Presented below is my reflective diary. The reflections that I have selected hold the most meaning for me personally; they are diverse, honest, and sometimes challenging. Rather than aim to provide significant *quantity* of diary entries spanning the last four years, I have instead focused on selecting *quality* reflections pertaining to events that I believe highlight particularly significant and critical moments over the course of my training experience. My reflections relate to events and experiences that are both directly (e.g. occurring during applied consultancy or during the research process) and indirectly (e.g. related to wider life events or professional development opportunities) I feel that this approach gives the reader a more interesting and illuminating narrative of my professional development across the four areas of competency (1. Professional Standards and Ethical Practice; 2. Consultancy; 3. Research, 4. Dissemination) as well as evidence the way in which I am able to reflect on my learning experiences. Moreover, I hope that my selected reflective diary entries also provide the reader with a greater insight into who I am as an individual; exploring how my lived experiences and reflections on my journey so far has shaped me into the person and professional I am today.

The reflective model used throughout the diary is the “What? So What? Now What?” model (see: Brown et al., 2015; Rolfe et al., 2001). In the first half of my training, I relied on quick and informal reflection techniques; typically recording reflective voice notes and writing up case notes after sessions that included reflective elements. When engaging in more formal written reflective practice, I used Gibbs’ (1988) reflective cycle as my model of choice. Though I still see merit in Gibbs’ cycle as a reflective tool, I find the reduced stages and to-the-point style of the “What? So What? Now What?” model to be much more accessible for both writer and reader. Consequently, in the final stages of my training journey I reacquainted myself with older reflections, adapting and updating them to fit the new model and be inclusive up to-date literature. In doing so, I have supported my authentic in-the-moment responses as I wrote them with timely empirical evidence and a more matured reflective process.

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PROFESSIONAL STANDARDS AND ETHICAL PRACTICE

February 2018: A confidential disclosure

What?

During a recent group session at the high school, I noticed one of the student athletes appeared upset and agitated. At the session's end, he seemed reluctant to leave and appeared visibly distressed. I told him that if he was experiencing psychological difficulty related to or impacting upon his sporting practice, that I was available to listen and support him. He then disclosed a number of experienced life challenges (both present and historical) of an emotional, social and financial nature, self-identifying their direct negative impact on his confidence and competence within and outside of sport. During our discussion, he displayed clear signs of psychological distress, including crying.

He described struggling to cope with increasingly overwhelming feelings of loss, related both to a recent family bereavement and traumatic childhood experiences associated with his mum's chronic illness. Additionally, his dad had recently been made redundant and family finances were under significant strain. Consequently, he is unable to afford new kit for the upcoming competitive season, and is unsure if he would be able to pay for (and subsequently attend) training and selection (club and county) team events. These financial concerns in particular place his continued position within such teams as under threat. He is already more aware (and anxious) than many of his school-peers to financial hardship and its potential impact, due to his status as a scholarship student (and associated reduced school fees). In primary school, he had experienced severe bullying requiring intervention from senior leadership, and some level of (often social class-related) difficulties remained in his relationships with peers at the high school. He was concerned that the impact of his dad's redundancy might be so great that it could jeopardise his position at the school, as his scholarship status is dependent upon continued success in county cricket. After our discussion, the athlete consented to me sharing our discussion with my manager at the school (head of sport and the elite athlete programme), as this is both aligned with good practice guidelines (BPS, 2018; HCPC, 2016) and I believe that the severity of his distress may warrant referral to wider support services.

So What?

This was my first time experiencing a significant disclosure of confidential, sensitive information from a client; until this point my one-on-one work with athletes has been performance-focused. I was mindful to avoid interrupting him, instead using active listening skills (Robertson, 2005) such as empathy, allowing him to tell his story in his own words (Rogers & Farson, 1957). Active listening is an essential component of counselling communication (Egbochuku, 2008) as it helps to establish a trusting and open relationship between practitioner and client (Rogers & Farson, 2021). I used Socratic questioning and summarising techniques (Carona et al., 2021) to ensure that I had both the content and interpretation of his narrative correct, as he also understood it. I had to sit with and explore my instinctual desire to offer him some comfort in the moment during his disclosure, when in reality I have little tangible power to influence the root causes of his distress (death, trauma and financial difficulty), only his response to them.

He described the negative impact on his mental health, within and outside of sport; struggling to focus and stay motivated in school and at training, feelings of apathy and an unwillingness to commit to demanding training/fitness regimes as preparation for team selection events he likely couldn't afford. He was experiencing a significant observed and self-identified lack of confidence (in himself and his sporting ability) and a perceived lack of social support (exacerbated by his historical and current experiences of bullying). Whilst the origin of his psychological distress lies outside of sport, the impact it is having on his sporting performance and wellbeing justifies me as a potential source of support, should he wish to engage further in one-on-one sessions.

Now What?

After our session, I completed an ethical decision-making worksheet to better organise my thoughts and consider the most appropriate next steps. This helped me to identify the most pertinent ethical issues (client's age, confidentiality/referral procedure, sub-clinical presentation) and relevant ethical principles with regards to respect, integrity, competency and responsibility. I am wary of the limits of my professional competency and responsibility with regards to providing sport and exercise psychology support that is significantly more mental-health focused (as opposed to performance) and the subsequent ethical risks posed (Keegan, 2015). I have reflected significantly on the appropriateness of offering to provide (even limited) support for an individual experiencing non-sport specific challenges and what I consider to be a sub-clinical presentation of depressive and anxious symptoms. I am also mindful of the need to adhere to good ethical practice in sport psychology, with regards to limits to confidentiality in circumstances where there is risk of harm to self or others (Brown & Cogan, 2006). Based upon our discussion, at this present moment I do not believe there is a current risk of harm posed, though this is something I will raise with my supervisors, and act accordingly if the situation were to change.

The face of applied sport psychology is changing, with qualification pathways frequently including training in mental health and counselling support skills (Sly et al., 2020). Athletes do not exist in a vacuum; they are as likely as others to experience wider life challenges, though also face additional mental health risk factors compared to non-athletes (e.g. sport-related stress, demanding training loads etc.) that contribute to psychological distress and performance detriments (Schinke et al., 2017). This is certainly the case in this instance. Thus, I believe that I am able to mitigate the risk of overstepping my professional competency two-fold; primarily by maintaining good supervision practice at work (with my manager) and within my training (LJMU supervisor) as recommended by Keegan (2015). Secondly, I will endeavour to consciously orientating my support of him as sport-focused, whilst acknowledging and appreciating the holistic impact of his distress on his life outside of sport. I will also discuss the option of referral of his case with my LJMU supervisor and manager at the school; senior leadership/student support services at the school also have capacity to refer him to CAMHS services.

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September 2019: Developing a practitioner philosophy

What?

We have recently been learning about research paradigms and practitioner philosophies in our taught sessions at LJMU. I was entirely new to this concept, having not covered it (in teaching sessions or as part of our reading materials) on my MSc. We had only one module somewhat related to consultancy; most likely because the focus of my masters course was not on preparing students to enter Stage Two qualifications (only myself and a peer aspired to become applied sport and exercise psychologists). Because of this, I was unaware how important philosophical assumptions are for service delivery; sitting alongside ethical standards as a foundational underpinning. Instead, so far I have operated on a philosophy of "this solution feels right, because it suits me and my knowledge and skill-set". Now I have more of an understanding and a vocabulary related to philosophies of practice found within sport and exercise psychology practice, I think it's important to be more declarative about where my own philosophical assumptions lie.

So What?

I consider my primary aim of my sport and exercise psychology practice as being aligned with the North American/European model of 'balancing performance and welfare within athletes' (Gill, 2000; Terry, 2011). The philosophical paradigms I was introduced to at LJMU include; positivism, constructivist/interpretive, pragmatism, subjectivism and critical (adapted from: Patel, 2015).

Thinking retrospectively about my decision-making in previous and ongoing consultancy and research opportunities, I would feel most comfortable identifying with a constructivist/interpretive paradigm that may at times adopt a more pragmatic approach. I would describe myself as being generally more of a 'words-person' than a 'numbers-person'; I enjoy designing and conducting qualitative research that seeks to interpret reality so as to discover the underlying meaning of phenomena and behaviours. I have a client-led, counselling/humanistic-informed approach to practice; originating from a primary desire to understand my clients in their entirety, outwith their athletic identities. It has been my belief so far in my training, that placing my clients as the experts of their own experience helps me intervene more effectively and supports them in making lasting changes. Furthermore, I believe that this reduces the risk of me projecting my own interpretation of their experience as the assumedly correct one, and instead explore concerns and solutions collaboratively.

Aspects of certainism (Keegan, 2015) are relevant to my practice; elements of sport and exercise psychology are absolutely measurable, and should be treated as such (e.g. using psychometric measures), and I may adopt a more practitioner-led role in certain contexts (e.g. delivering workshops or lectures). Personality profiling tools that I have used in the past such as Myers-Briggs type indicator (1962) and Spotlight (see: Ong, 2018) have suggested I am quite a pragmatic person happy to 'go with the flow'. However, perhaps due to my early-training status and relative naivety, my approach to sport and exercise psychology practice is much more cautious and considered, more proactive and less reactive, than how I may typically behave in my wider life. I can see merit in having a pragmatic

epistemological position (Patel, 2015) when working in sport. From my experiences with coaches so far, having an approach that prioritises problem-solving and committing to action would likely be well received. However, at this stage in my training I feel worried that in my varied attempts to 'just do what works' (Keegan, 2015) could result in athletes experiencing my service delivery as 'unscientific' and confused. Perhaps as my knowledge and skills in sport psychology progress through my training, I will feel more confident to take risks in my practice.

Now What?

I have experienced some anxiety throughout my training so far that could be described as "*I don't really know what I'm doing, why I'm doing it, or if it's going to work.*" Learning more about philosophical paradigms and assumptions, I am able to retroactively label, understand and evaluate my approach to practice, and this has helped to alleviate some of my experienced imposter syndrome (Clance & Imes, 1978). To date, I have viewed my role within the practitioner-client relationship as one of a supportive facilitator, and my case formulation process has followed Keegan and Killilea's (2006) recommendations of "building a theory unique to the client, and basing decisions upon that". My further reading will seek to explore how I can facilitate this through construalist (Keegan, 2015) approaches to needs analysis and intervention monitoring.

However, I will meet many individuals throughout the doctorate with diverse experience and expertise (e.g. coaches, athletes, managers, academics, examiners, employers/job providers etc). Therefore, whilst my primary focus will be on exploring the constructivist/interpretive paradigm and construalist approach, I want to remain open to exploring different paradigms, approaches, ontological and epistemological positions as I progress in my training and am exposed to different individuals within the field. Working in sport and exercise means I am required to be able to rapidly respond others; navigating their varied belief systems and preferences; being seen as being too 'fixed' in my approach could limit how accessible and adaptable I am perceived as being.

Follow-Up (April 2022)

I am now almost at the end of my training journey, looking back on how my views have changed over the duration. Developing a personal and professional philosophy is amongst the most essential components to effective practice (Poczwadowski et al., 2004) thus I have reflected on this matter considerably over the last four years. My theoretical paradigm concerning behaviour change remains stable; within the cognitive-behavioural realm, though I am now more integrative in my approach to practice. As can be observed from the reading of this portfolio, I draw on a combination of theoretical frameworks and scientific philosophies that inform a variety of intervention and research techniques (Poczwadowski et al., 2004). Crucial to this approach is the development and maintenance of supervisory relationships.

I think this professional development reflects the vast increase in theoretical, practical and skill-based knowledge acquired over the course of my training. It encapsulates the flexibility I have developed as a response to the diverse and quickly-changing sport/exercise contexts in which I have worked. Whilst my approach to needs analysis and formulation remains client-led, my interventions can occur at varying levels (e.g. direct, indirect, organisational) and use a range of skill-sets (e.g. counselling/therapeutic, psychological skills training). On reflection, I'm more innovative and dynamic in my decision-making than I thought previously; allowing me to effectively support the multitude of clients' performance and wellbeing needs.

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December 2019: A Christmas Gift

What?

This week I had my last session with a client (junior darts player) before the Christmas holidays. The last few months have been challenging for her, experiencing conflict with family and school peers that has consequently affected her mental wellbeing and sport performance. As such, the majority of our work together recently has explored her positive and protective factors (Weerasekera, 1996), examining the effectiveness of her current coping mechanisms and social support resources.

I have a strong and trusting therapeutic relationship with this client; she is typically shy and reserved around new people, but felt sufficiently comfortable to disclose her experiences of mental health distress to me. Since that disclosure, I adjusted the content and delivery of my intervention (until that point I mainly focused on building skills in mental imagery and relaxation to improve her technical darts playing) to building psychological resilience; informed by an Acceptance and Commitment Therapy (ACT) model of approach (see: Hayes et al., 2009; Harris, 2019). She has responded extremely well to this, reporting autonomous use of mindfulness and defusion techniques (Ruiz et al., 2021) when feeling stressed, anxious or unhappy. At the start of our last session, she presented me with a small Christmas present (homemade Scottish tablet and some small toiletries) and a card. Inside the card, she had thanked me and described the mental health support I had provided over the recent months as “life changing”.

So What?

I was extremely touched by her gesture, particularly the sentiment behind her words, and the homemade nature of the gift. I accepted it, though there was a moment of doubt in which I wondered if doing so could be the start of an ethical 'slippery slope' (Gutheil & Gabbard, 1993). Finding out that she viewed my support as "life changing" brought up a mix of emotions; on one hand I was happy, relieved, grateful and proud at the positive impact my intervention appeared to be having. On the other hand, I felt some fear and apprehension at the gravity of such a statement; could making an unintentional mistake later in the therapeutic process have a "life changing" negative impact? Could the impact of my acceptance (or rejection) of her Christmas gift be an equally impactful event?

I could not find any explicit advice on gift-giving within the BPS code of ethical conduct (2018) or practice guidelines (2017). Good ethical practice (BPS, 2018) dictates practitioners should consider issues of power (possibly affected by me accepting the gift) but also the importance of compassion and openness when working with clients; she was visibly happy when I received her gift and expressed my gratitude. After our session I sat with my mixed feelings, wondering if in accepting a small Christmas gift from a client, I had crossed an ethical boundary. I am aware that within the NHS for example, small financially low-in-value gifts are acceptable. More valuable gifts must be registered with the employer (National Health Service – NHS, 2017). However, I was acting as a self-employed 'private contractor' in this role, where payment for service delivery is usual ethical practice (Quartiroli et al., 2020). My reflection therefore is less concerned about the ethics of gift acceptance in financial terms, rather the emotional significance of gift giving, acceptance and rejection.

After consulting the literature, it appears that psychology practitioners receiving or exchanging gifts with clients is not unusual (Brown & Trangsrud, 2008; Knox et al., 2003) though they should be received with caution (Cappa, 2001). Talan (1989) states gift acceptance of any kind may endanger the therapeutic relationship, whilst others argue gift acceptance is appropriate within certain contexts, e.g. presented during the holiday season or at termination of therapy (Brown & Trangsrud, 2008; Hundert, 1998). Psychologists who receive gifts from psychotherapy clients describe feeling mixed positive and negative emotions (Cappa, 2001; Spandler et al., 2000), so my response was typical.

Now What?

Having taken some time to reflect and sit with my feelings, I think that it was right of me to accept the gift. The BPS code of ethical conduct (2018) makes it clear that practitioners should maintain personal and professional boundaries, however I don't believe accepting a small Christmas gift within this context is unethical. Zur and Lazarus (2002) define a boundary crossing (such as receiving or exchanging token gifts) as a benign, often beneficial deviation from traditional, accepted clinical practice; distinct from a more harmful and exploitative boundary violation. Therapeutic impact is seriously compromised by rigid and inflexible boundaries (Hermansson, 1997); appropriate boundary crossings increase the likelihood of success of clinical work as they facilitate increased familiarity, understanding and connection between practitioner and client (Zur & Lazarus, 2002).

Emotionally fragile clients may be less psychologically equipped to handle their psychologist's rejection of a gift (Shapiro & Ginzberg, 2002). I feel very proud of the corner my client has been turning, and the strides she has made in improving her performance and mental health; had I refused her gifts (in particular the homemade ones) I could appear rude and rejecting, damaging her emotional stability, our therapeutic relationship and any future success in our work together. Accepting small gifts, particularly at termination/related to holidays is not typically associated with being disadvantageous to a client's psychological growth (Knox et al., 2003), though I feel that had my client felt rejected by me, this would have been the case.

I agreed a small fee for my services (not including travel expenses) during the contracting process with my client. That I receive payment likely made me more hesitant to receive any additional gifts from her with monetary value, even if the value is small. I felt that the gift (particularly due to its homemade quality) falls within the guidelines for (paid and unpaid) practitioners on gift receiving as set out by the American Counseling Association (ACA) (2014). The gift is inexpensive, was given by my client without malicious or manipulative intent as a token of gratitude during a period of time associated with gift-giving culture. Ultimately, I feel that it is down to the individual psychologist to decide if exchanging gifts with clients is ethically appropriate. I felt that presenting my clients with a tokenistic Christmas gift/card would not be appropriate, and therefore did not do so. If my client had offered me an expensive, inappropriate or highly personal gift I would not have felt comfortable to receive it; likewise had she offered me a gift midway through our work together, at a time not culturally associated with gift-giving. Inexpensive, handmade or food items (such as the gift from my client) are often considered unproblematic to receive (Brown & Transgrud, 2007; Knox et al., 2003). Given the above relevant context and empirical support for my decision, I am confident that accepting the gift was ethically appropriate. Furthermore, I believe that engaging in this act of boundary crossing may have benefitted our therapeutic relationship as it facilitated an opportunity for my client to demonstrate self-determined generosity, which was not met by rejection.

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April 2020: "I'm a therapist with a therapist" – Accessing personal therapy during training

What?

I have just received confirmation that I am able to access personal therapeutic support from a psychiatrist at Glasgow NHS psychotherapy services. I underwent three assessment sessions in March prior to the COVID-19 related national lockdowns, and will soon begin one-to-one psychodynamic psychotherapy for at least the next 12 to 24 months. I have lived with diagnosed mental illness and (trauma-related) mental distress for most of my adolescent and adult life. However, whilst I have previously been under the care and observation of mental health services (for several years), this is my first experience with psychodynamic psychotherapy.

I will be attending my sessions remotely for the foreseeable future, though my therapist intends to move to in-person service delivery as early as possible. At present, I feel confused, scared and ashamed, describing my situation to a friend as "I'm a therapist with a therapist". Whilst this was said jokingly, it masked real fear; I am entirely unsure how I make the transition from practitioner to patient, or how I align my role in which I support others with my own need to be supported.

So What?

The idea that a psychologist's practice may benefit from self-analysis and experience of personal therapy is not novel, having been suggested by Freud (as seen in Carter & DeLamotte, 2000) and Fromm-Reichmann (1950) over half a century ago. A 1974 survey of American clinical psychologists found 63% had received personal therapy (Garfield & Kurtz, 1974). Clark's (1986) review found some evidence that therapists who had undergone personal therapy self-reported more effective practice as a consequence, though findings were somewhat contradictory. More recently, Tod et al., (2017) note that effective sport psychology practitioners have well-developed interpersonal skills including likeability, openness and empathy. Furthermore, they highlight how trainees' professional development and approach to practice may become more compassionate as a result of experiencing challenging or distressing life events not related to sport psychology. Macran & Shapiro (2011) suggest that personal therapy experiences may have a positive effect on therapist qualities such as empathy, warmth and genuineness, often credited with contributing towards effective client change. For some counselling and psychology students, engaging in personal therapy may be a recommended or mandatory requirement during training (Edwards, 2018; Jarrett, 2018). There is also perhaps an ethical expectation that the 'wounded healer' should seek care for themselves to facilitate them being *with* the client during therapeutic work, rather than occupying their own inner world when experiencing or reflecting difficult emotional transactions (Wheeler, 2007; Zerubavel & Wright, 2012). There is possibility for my own professional development and practice to benefit as a result of my entering personal therapy; not only through feeling more supported and thus better able to cope with training demands, but also through gaining valuable insight into the client/patient experience.

Now What?

Counselling psychology training has evolved to make use of both evidence-based practice and social justice principles, utilising client feedback as a tool to connect these two dimensions (Minieri et al., 2015). Whilst I am not a counselling psychology student, a significant amount of the work I undertake with clients with regards to supporting their wellbeing has more of a therapeutic, counselling 'feel' to it. Being able to access mental health services as a patient may afford me a new, valuable perspective; seeing the therapeutic experience from 'the other side'. I hope to make use of 'client feedback' from my own personal therapy journey, to further develop my empathy, compassion and non-judgemental approach when working with clients.

I intend to make time to reflect (both independently and with my therapist) throughout my therapeutic journey, as per Tod et al.'s (2017) recommendations. With regards to ethical practice, I will inform my supervisor of my patient status. When relevant and appropriate, I will inform him of any significant challenges or changes to my mental health that may impact upon my ability to train and work as normal. I will also seek to explore how my training journey may be impacted by my own mental health struggles in therapy.

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June 2020: Considering a more clinical career

What?

This week, I've been (remotely) attending a three day workshop on Compassion Focused Therapy (CFT) (Gilbert, 2009). My mum (a clinical psychologist) was the person who recommended I look into CFT, after my experience working with an athlete who exhibited what I perceived to be rigidly self-critical and shame-based thought patterns, accompanied by frequent experiences of self-loathing. Encouraging clients to develop their compassionate mind and self-compassion skills helps them develop experiences of inner warmth, safeness and soothing (Gilbert 2009). Building a sense of self-compassion may also combat low self-esteem, My client experiences a distinct lack of self-compassion; this is most evident when she describes herself, often using critical, derogatory terms that I do not perceive to be reflective of reality.

CFT is an integrated, multimodal therapeutic approach that draws upon evolutionary, social and developmental psychology theory, incorporating elements of Buddhist philosophy and neuroscience (Gilbert, 2009). There is scant literature on its use within sport and exercise settings, as it is more commonly associated with clinical populations (Lander, 2019). Approaching my client and her needs holistically, viewing her as a person first and athlete second (Keegan, 2015), it makes sense to consider a targeted therapeutic approach that is evidenced to improve low self-esteem (Ierfino et al., 2015) and increase assertiveness (Ghafarian & Khayatan, 2018), irrespective of the documented frequency of using these techniques within sport/exercise psychology.

So What?

The course has been very interesting, though unlike the majority of CPD I have attended throughout my training, this was delivered through a more clinical/counselling psychology lens. I have always been interested in clinical psychology, however I felt that my academic abilities were not sufficient to achieve a place on a training programme, and that my athletic background better lent itself to applied sport and exercise psychology. I am still passionate about sport and exercise psychology, and motivated to seek relevant employment opportunities in the field post-doctorate. However, I am increasingly finding myself drawn to considering a more clinical career trajectory; potentially even considering applying to retrain in clinical psychology.

Over the course of my training, I have seen the bulk of my applied work with clients shift towards a more sub-clinical domain, even in instances where I was contacted regarding a very specific performance-based issue. Sport and exercise psychologists should be prepared to assist with more than just behavioural performance enhancement concerns when supporting athletes (Anderson, 2000). I have defined this felt sense of dual responsibility by coining the following phrase; *"my potential to improve a client's performance opens the door of consultancy, but my ability to support their wellbeing walks me through it"*. For example, I worked briefly with a powerlifter who was seeking support in to help enable more consistent improvements in their deadlift at competition. She started our intake session detailing the specific technical performance issues, similar to lost movement syndrome (Day et al., 2006) and gave a very sport/performance focused oral history of her life and presenting problems. After some gentle questioning however, she opened up about traumatic experiences related to her abusive former marriage.

My feelings about retraining in clinical psychology have been reinforced by what I have experienced as a considerable challenge in finding stable, paid work as a sport and exercise psychologist whilst training. The difficulty in finding stable salaried employment appears to continue post-qualification, based on discussions I have had with newly-qualified peers who have completed either professional doctorates or the QSEP stage two. If I were successful in acquiring a placement on clinical psychology training, I could find more success in sport and exercise psychology employment as a practitioner with recognised dual qualifications. Alternatively, clinical psychology in the NHS (with freelance private practice in sport and exercise psychology) provides an alternative career, should the former prove to be insecure as a permanent employment choice (e.g. differences in maternity leave, flexible working hours, pension schemes etc.) as I progress through the next stages of my life.

Now What?

I was grateful for the skills and knowledge I have gained through varied therapeutic training I have undertaken, in helping me appropriately respond to such a sensitive disclosure from a client so early on in the therapeutic relationship. I think I would have found the situation more challenging and overwhelming, had it happened earlier in my training journey, or when I had less experience in therapeutic intervention. After some self-reflection, I've realised that perhaps my decision to seek out more clinically-relevant CPD has been influenced by my greatest sense of professional satisfaction occurring when I'm working with clients to support their mental wellbeing, irrespective of their athletic lives.

Given that practicing sport psychologists should display sufficient competence to support sub-clinical mental health concerns in athletes, there is clear value in having a close relationship between sport and clinical psychology (Kincey, 1981). Whilst clinical sport psychology as a discipline does not imply that its practitioners must choose a population (Moore & Bonagura, 2017), my only experience of clinical sports psychologists in the UK has been from clinical psychologists who later completed stage two training, not the other way around. The skills and knowledge I have gained from this CFT training course have made me feel better equipped for supporting clients experiencing psychological distress; not necessarily supporting athletes. At this point in my journey, I think it would be prudent (post-doc) to explore employment opportunities relevant to the applied and academic sport and exercise psychology field, but also consider job roles within clinical/health and social care services; as this would help me gain the relevant clinical experience needed to successfully apply for clinical psychology training programmes.

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June 2020: Suicidal ideation disclosure amidst a global pandemic

What?

I had been sending 'check-in' texts to clients throughout the week in order to see how they had been coping through the COVID-19 pandemic and lockdown period. All of my clients had seen their access to organised sport training/competition suspended, and as the majority are children/young people, were also not able to attend school. I had been concerned about how this would be affecting their wellbeing, as we all adjusted to the 'new normal'. One of my clients, a 17 year old national-level darts player, had responded to my check in text stating that she was "losing the will to live" and that she had considered committing suicide around four to five times over the lockdown period. She had been experiencing difficulties at home with regards to having a tense relationship with her stepfather prior to the pandemic; that had been exacerbated by the stay at home order. As a result, she felt isolated, exhausted and expressed escapism fantasies. She had made me somewhat aware of these challenging family dynamics and subsequent mental distress during our work together pre-pandemic, but she made clear to me that it had never previously been so severe to the extent that she had suicidal thoughts. Lockdown requirements meant that an in-person meeting was not possible, and she was unable to take a phone call. Therefore, we sought to arrange a follow-up phone call for a later date, and continued communication via text message.

So what?

Suicidal ideation is noted by various sources within the sport and exercise psychology literature as generally being an issue sufficiently of a clinical nature so as to warrant referral (see: Anderson et al., 1993; Brewer, 2000, Oliver, 2010). Whilst working at the school, I had been able to make recommendations for referral to CAHMS services by contacting the safeguarding lead and liaising with learning mentors. Access to NHS-funded mental health support can be limited and involve significant waiting lists during 'normal' times, but my ability to refer out expediently was further complicated by the pandemic. It has been estimated that by 2023, demand for mental health services may have increased by up to 33% (1.8 million new presentations, recurrences or exacerbations) in England alone (NHS Midlands and Lancashire, 2020). My client required immediate support, at a time when services were stretched to their limit.

I began by assessing the degree of immediate risk of harm to self/others. My client expressed she had thoughts of suicidal ideation and other escapist fantasies, but had not attempted to harm herself (or others) in anyway, nor made suicidal plans or preparations. As such, I judged that my client was not in immediate danger, and sought to keep her engaged in conversation. Following the Mental Health First Aid guidelines set out by the National Council for Mental Wellbeing (2018), I listened non-judgementally and provided reassurance. Together, we explored her with regards to accessing support in both the immediate and longer term.

We discussed how as a result of lockdown, she was expected to live, attend school and train all in her family home environment, and how this might feel stifling. I proposed that she may be able to reduce time spent at home (in the environment where arguments most frequently occurred) by staying at her grandmother's house. I expressed to my client that she should consider sharing what she had told me with a trusted family member, so that they may perhaps be able to advocate for her when during periods of high-tension at home.

In addition to the above reassurance, I strongly encouraged my client to access appropriate professional help and signpost her to relevant information. I advised her to contact her GP at the earliest possible convenience and ask for a referral to NHS mental health support services in her local area. I reminded her that as a result of the challenges of COVID-19 and lockdown, numerous remote support groups had been set up, to provide sanctuary for individuals feeling alone. I directed her towards several crisis support networks including Samaritans and Mind, as well as Papyrus; a telephone helpline for young people and adolescents struggling with mental ill health. I spoke with my client for almost two hours, allowing her to end the conversation and arranging a follow-up phone call for the following day.

Now what?

Immediately after this experience, I reached out to a clinical psychologist contact within my professional network. Together, we engaged in a debrief of the situation, and they helped me to reflect on the support I had provided, and consider what the next step might be. We agreed that the priority was ensuring that my client felt empowered to independently seek mental health support (through GP referral and/or crisis support networks) and that I should maintain regular contact with her to check in on her progress. The clinical psychologist also recommended that due to my client's age I continue to recommend that she also inform a trusted family member of her mental health difficulties, so that she might feel more supported at home.

Over the following weeks, I stayed in regular contact with my client via text message and phone calls. In addition, I sent her several emails with attachments to help her access mental health support (e.g. 'self-care starter kit') that she could use independently whilst waiting for her referral. She also began engaging with the Lighthouse Group, a local organisation that helps young people struggling with self-harm and suicidal thoughts. Through the Lighthouse Group, she was then able to access a mental health support app (Calm Harm) that she identified as being particularly helpful. I will endeavour to remain in regular contact with my client; being mindful of the warning signs of deteriorating mental health (National Council for Mental Wellbeing, 2018). In addition, I have arranged a follow-up phone call with my clinical psychologist contact, to discuss with them what steps I may need to take should the situation change and my client have a repeat experience of suicidal ideation. Finally, I am considering raising this experience as a point of discussion in my own personal therapy; I have had my own experiences with regards to self-harm and suicidal ideation, and allowing myself a safe space to process my feelings will help me to feel more competent as a practitioner, and more supported as an individual.

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CONSULTANCY

June 2020: Together but apart – Building relationships through Zoom

What?

Our work with the national water polo youth team has presented an interesting challenge. How can we best support the team in building relationships amongst players, coaches and staff (the primary aim of the intervention) in the midst of a global pandemic? We know from our intake meeting with the support staff that coaches and players are relatively unknown to one another, with the exception of those who coach/play for the same local clubs. Given that the UK has only recently begun the process of leaving lockdown (Institute for Government, 2022), we are limited to providing all psychological support via Zoom for the foreseeable future. The transition to online platforms may hinder friendship formation if perceived as an imperfect substitute for in-person connections (Storr et al., 2021); this is something we need to consider as we progress in this intervention.

So What?

The effects of the COVID-19 pandemic and related lockdowns on psychological and emotional wellbeing (both important to relationship building) are not yet fully realised, as we are still in the midst of experiencing it. Close friendships and peer networks have distinct meanings and significance for adolescent development and serve as a protective factor against psychological distress (e.g. loneliness, low self-efficacy, and social anxiety) (Giordano, 2003). There is suggestion that friendships formed online vary in both form and function from real-world relationships (Foucault et al., 2009); this is something we should be mindful of when designing relationship building sessions using Zoom. As well as the relationships we are seeking to build between players and staff, we also have to consider their relationship with us as practitioners (the therapeutic relationship) and between ourselves as colleagues.

Certain things stand out from the relevant literature when considering how best to support relationship building (in particular amongst adolescents) within the limitations placed on us as a result of the pandemic. Developmental factors, such as attachment style (Bowlby, 1973; Bretherton, 1992), beliefs and cognitive representations on relationships (Furman & Simon, 1999) may influence an individual's openness and success in forming friendships. Competition can have a negative impact on friendship-building amongst teammates (Adams & Carr, 2019); any future success of the team is likely to be dependent upon players' forming close peer bonds, however they will at some point have to compete against they also have to compete against each another for a spot on the team. It is essential that my colleague and I are mindful of these factors and make relevant accommodations to better support their interactions over Zoom.

Now What?

I am conscious that players (in particular) might be experiencing a level of Zoom fatigue (see: Fosslie & Duffy, 2020; Wiederhold, 2020) since school closures have necessitated the transition to online education. It is important therefore, that we try and take steps to combat this. We will remind players and staff of the importance of finding a quiet, private space within their homes when logging into sessions, in order to minimise distractions and maximise potential learning (Wiederhold, 2020). There are certain facilities on Zoom we can use such as breakout rooms, that may help create a greater sense of intimacy and support relationship building. By supporting players to talk with each other in small groups (that myself and my colleague can pre-determine and adjust as required) we can try to encourage wider social mixing and reduce player reliance on pre-established cliques.

As a Professional Doctorate student, my cohort and fellow students in the years above and below me act as an established peer support network. I often reach out to others on the course to seek guidance, feedback and find solidarity. However, my role with the water polo team is my first opportunity to work in partnership with a fellow

sport and exercise psychologist. So far, I have found the experience extremely rewarding. It facilitates the possibility to work collaboratively, sharing and developing ideas and workloads. We have developed a strong sense of trust already; openly discussing our professional aims and anxieties for this intervention and our wider professional lives and careers. I believe our influence on one another has been highly positive; both increasing the effectiveness of our intervention (e.g. collaborative formulation, ability to delegate tasks so one practitioner is always able to present/observe, comparing notes after sessions) and encouraging greater self development as practitioners (weekly peer supervision meetings, collaborative reflection). Whilst we may have over 200 miles between us, our enthusiasm to work together and support the team in building better relationships has superseded physical distance. It is my hope that with time and our support, the players and staff will have similar thoughts and feelings about the relationships they have been able to build with one another remotely.

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January 2021: Boundaries get blurred when you are working remotely online

What?

Ruby* got in touch with me today to ask if I'd seen the email from the team manager at water polo, asking us if we'd "had" a good break – emphasis on the past tense. Today is Boxing Day; I only stopped working on the 23rd. The email asked us if we'd be able to jump on Zoom for a staff meeting ("only a couple of hours) on Dec 28th – Lucy has already replied, saying she is "having" a good break, and that she won't be available until Jan 6th.

I go to check my inbox and I can see the messages, but also a new one asking me if I'm available to attend on the 28th alone if Lucy is still celebrating the festivities. I'm Jewish... I can't help but wonder if there's an assumption being made that I don't care about time off over the Christmas period. I didn't get to go home for Christmas last year (2020) when they cancelled socialising last minute due to the second COVID-19 wave. As a result, I had been really looking forward to spending time with my family, not sitting on Zoom on my laptop.

So What?

Ruby and I feel that our professional boundaries are being repeatedly ignored when they consistently request more work from us than we are contracted to do. Consequently, we are losing motivation and enthusiasm in the work, and this is only being exacerbated by the ongoing lockdown and pandemic. There's lots of research into burnout for practitioners working in highly demanding helping fields, such as clinical psychologists, counsellors/therapists, doctors/nurses/healthcare professionals, teachers, support workers and clergy (Jenaro et al., 2007; Kirwan & Armstrong, 1995; Skovholt & Trotter-Mathison, 2014). We know that burnout exists within sport and exercise, although research generally focuses on the experiences of athletes and coaches (Dale & Weinberg, 1989; Goodger et al., 2007; Lavallee et al., 2005). Only recently have studies explored burnout in sport and exercise psychologists, and recognised the importance of self-care for practitioners in our field (Quartioli et al., 2019a; 2019b; 2021).

Engaging in self-care is important in ensuring our ability to uphold ethical and effective practice, supporting long-lasting careers (Quartioli et al., 2019b; 2021). For me, after nearly a year of living through the COVID-19 pandemic and multiple strict lockdowns in Scotland, self-care is saying no to this request to meet between Christmas and New year. Just because I don't have to physically attend work, doesn't mean I'm not already 'Zoom burned out' (Samara & Monzon, 2021).

Now What?

Ruby and I were firm in our contracting that we are only supposed to work one day per month, however in the months we are working with the squad, we're doing at least one to two days per week. It's always challenging saying no to a client as you don't want to let them down. However, when we began working with the club in the middle of the first lockdown; it's hard to find excuses not to meet (remotely) when everyone is only allowed outside for one hour per day. Even though we've discussed this issue before with our supervisor, I think it needs to be revisited. As an experienced practitioner, they have more authority and may be able to support us in communicating with the client. Ruby and I aren't paid, so there isn't a financial incentive for us to re-contract and increase our weekly/monthly hours. Having a conversation about the role challenge/role ambiguity (Olk & Friedlander, 1992) this issue brings up for us might also be helpful, as I suspect our challenge with maintaining boundaries and viewing our (unpaid) expertise as undervalued, is not unique. Rather, symptomatic of a wider issue regarding how clients respond to trainee practitioners, and how we might internalise this and consequently be open to unsustainable work models for fear of ruining our reputations before we've even started.

*Pseudonym

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March 2021: “The Girls” – Benevolent sexism in the workplace

What?

In peer supervision sessions with Ruby* (my colleague from water polo) we have been discussing our shared frustrations with what we perceive as some (likely inadvertent) communication difficulties, and boundary crossings from some of the coaches and staff at the team. In a particularly candid moment, I shared with her that I am becoming increasingly annoyed with staff referring to us as ‘(the) girls’ in both written and verbal communication. I find it to be patronising and disrespectful, regardless of intent.

Staff frequently refer to the players as ‘(the) boys’ (though Lucy and I are mindful to use ‘players’ or ‘squad’ as much as possible) but male coaches/staff are never collectively referred to as (the) boys, or even (the) men; instead using ‘coaches’ or they are individually named. Ruby has also noticed this happening, but said she feels more able to “*let it slide*” as she perceives ‘girl’ more as a term of endearment, attributing this view to it being common and accepted phenomenon where she lives. I too believe that staff use the term with neutral or even positive intent (calling us ‘the girls’ gives a more youthful association than ‘the women’ or ‘the psychologists’), particularly those for whom ‘girl/s’ as a collective noun for adult women is common dialect (many, if not all of our colleagues). However, whilst being repeatedly referred to as a girl is generally excusable, and at least on a surface level inoffensive, I find it to have a detrimental impact upon my self-confidence that has been worsening over time.

A particularly condescending incident occurred when during a staff meeting in which we were detailing an upcoming workshop that aimed to utilise game-play to facilitate relationship and trust building, the strength and conditioning coach asked us “*when are you going to get to the real stuff girls?*” We had perceived this individual as being equal to us within the hierarchy of support staff (though as individuals Ruby and I have achieved a greater level of academic qualification); hearing him refer to us as ‘girls’ made us feel like he didn’t perceive us as intellectual, professional equals. We are aligned in our feeling that this suggests there to be a lack of understanding amongst our colleagues as to the skills/knowledge/commitment required to train and qualify as a sport and exercise psychologist. I noted that the (male) head coach had at one stage said that he felt ‘the girls’ was not an appropriate moniker for practitioners of our calibre. However, its use has become so entrenched that he will also sometimes in passing refer to us as ‘girls’. Ironically, in a meeting with our (male) placement supervisors (HCPC accredited sport and exercise psychologists) in which we raised this exact issue as a reflection point, they both later (on multiple occasions) referred to us as ‘girls’, in the same meeting and beyond.

So What?

“*Sexism in sport is commonly overt yet simultaneously unnoticed*” (Fink, 2016). Using identifiers such as “Girls”, or even “Ladies” is an example of benevolent, rather than hostile sexism (Glick & Fiske, 2001) though this is typically harder to recognise and its innocuous nature contributes to its perpetuation (Drury & Kaiser, 2014; Goldman & Gervis, 2021; Glick et al., 2000). On its face, benevolent sexism is acceptable, excusable and inoffensive, but in actuality as a lived experience it can feel restrictive, patronising or condescending. Referring to female professionals, experts and clients as “girls” or other similar diminutives (e.g. “ladies”) has also been observed within healthcare settings (Lerner, 1976), commented on extensively within print media (see: Madsen, 2021; Parkinson, 2015) and been evidenced to have a significant negative impact upon female practitioners’ self confidence and belief in their ability to obtain leadership positions at work (Macarthur, 2015).

Whilst I am not personally offended by the term ‘girls’ in and of itself, I felt its proximity to ‘boys’ (the collective noun of choice players on average 15 years out junior) created an implicit association of us as being less mature or capable than male peers who were not described in similar terms. It is my belief that doing so inadvertently affects our ability to work effectively; how can we expect respect and be able to step into the ‘expert role’ when required, if our colleagues are unintentionally implying we are on the same developmental level as our junior players?

With the exception of the team manager, Lucy and I were the only female members of staff to work regularly with the team. This may have contributed to our colleagues' lack of discomfort in using gendered labels to refer to us in a way that did not mirror how male coaches/staff were described in passing.

There may be conflict between the perceived 'soft' or 'feminine' counselling-based skills implicit within sports psychology practice, and the 'hard/masculine' performance enhancement based skills associated with sports science, e.g. strength and conditioning (Goldman & Gervis, 2021; Krane & Waldron, 2020); this offers an explanation as to why the strength and conditioning coach felt it appropriate to describe our work as not sufficiently 'real'. Beard (2017) stated "you cannot easily fit women into a structure that is already coded as male". Perhaps our gender, and the consistent and repeated verbal reminder of it, contributed to a psychological 'othering' of Ruby and I in the eyes of our male colleagues and players. I am left wondering how (if at all) our gender influenced the decision to have Ruby and I as the only staff members uninvited to accompany the team at their international competition (though we are expected to provide remote support from the UK throughout the duration), and why we are the only staff members to receive no team kit.

Now What?

It's easy to let things like being called 'girls' slide, because to all intents and purposes it's pretty harmless. On its face, benevolent sexism is acceptable, excusable and inoffensive, but as a lived experience, especially over time it can feel restrictive and disrespectful. Sport psychologists were amongst the last additions to the sports performance staff hierarchy, and thus may experience the least power within such systems (Cotterill & Barker, 2013; Pain & Harwood, 2004). Sometimes I feel like sport psychologists are often the last ones hired, first ones fired when things go wrong, and left out when budgets get tight. Female psychologists may experience the combined effects within sport, of both being female and practicing an undervalued discipline, especially less experienced trainees or early career psychologists (Goldman & Gervis, 2021; Krane & Waldron 2020; Whaley & Krane, 2012).

Our experience is not unique, nor uncommon, as a quote from a participant in Goldman & Gervis (2021) demonstrates; "*Sports psychology is not fully embraced in professional sport. We are always the last people in. When they can afford everything else then maybe they'll get a sport psychologist in.*" Even elite female athletes aren't immune, often referred to as 'girls', 'ladies' and other similar terms much more frequently than their male peers in television and print media (Messner et al., 1993). There has been a clear, detrimental impact on my sense of professional resolve and confidence in my ability to be taken seriously and respected as an equal within a sport and exercise workplace. Past experience of raising this with my male placement supervisors did not have the desired result, and I believe that continuing to raise it will only exacerbate my frustration, and risk me coming across as an 'angry feminist' (van Breen & Barreto, 2022). Suffice to say, I will console myself through writing this reflection, and perhaps sharing my frustrations with trusted female friends or colleagues who I know to have had similar experiences. Sexism in sport is nothing new, after all.

*Pseudonym

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November 2021: Feeling undervalued when working for free

What?

My colleague Ruby* (from water polo) and I have just finished a meeting with stakeholders at the National Governing Body (NGB) for the sport. They had already requested to push our meeting date back twice, by several months, due to being busy/away with other teams at international competition. Consequently, Ruby and I have been left in a state of limbo since they suspended the remainder of our programme with the U17s team, after they failed to qualify at the Europeans. We entered the meeting unsure if our role with the team was to be terminated completely, or if there was a possibility to secure paid work, after having volunteered our services for 17 months.

We were asked to prepare a number of materials in advance of the meeting; a summary and evaluative statement of services delivered during the 2020/2021 competitive season, and an outline of proposed ongoing and future support at both a local team (U17s) and wider system (all NGB affiliated teams e.g. diving, swimming, water polo) level. Ruby and I felt it would be most effective to adopt a collaborative approach to the formulation of future support, and thus have already had several advance meetings with the head coach (and other support staff); the results of which informed the written proposals we submitted.

Despite a warm response and significant positive feedback (on both delivered works and proposed future support) from stakeholders during the meeting, Ruby and I were informed that they would now take our ideas and suggest their implementation to a (as yet unknown/unemployed) sport psychologist who would be recruited 'in-house' (from within the NGB/UK National Institutes for Sport system). This individual would be taking on a future paid role within the NGB as the sport psychology co-ordinator, overseeing the content and delivery of all psychological interventions within GB swimming, diving and water polo teams. They made it clear that they did not consider neither Ruby nor I to be eligible for this role, but that they hoped we would stay on as unpaid volunteers until 2024; to deliver our own ideas and interventions, under the supervision of a paid, more senior psychologist. As two adult women with financial responsibilities (e.g. mortgage, bills etc.) in search of consistent employment offering financial security, being asked to commit to up to four years of unpaid work with no tangible reward (e.g. concrete offer of promotion to paid role upon termination) feels like an impossible, and insulting request.

So What?

We were required to pitch (at length) our ideas for upcoming support to the stakeholders; our meeting ran for almost two hours' duration. At the heart of our proposition was our philosophical position; that we believe applied sport psychology to be at its most effective, when embedded within the sporting culture from the ground up. It should be considered and valued equally to other aspects of performance training (e.g. technical, tactical, physical), rather than delivered as a series of one-off workshops or applied sporadically to 'fix' problems.

Our intervention over the last 17 months sought to begin this process; introducing a youth team to sport and exercise psychology. It aimed to provide consistency, facilitate team identity and values and supportive relationships during a challenging and inconsistent climate (the COVID-19 pandemic) and limited access to in-person training. We had also noted there was a lack of consistency and equity in the current sport psychology service delivery across the NGB; the responsibility lay on individual teams to source their own psychological support, and there was disparity in terms of budget (i.e. whilst Ruby and I were unpaid due to the reduced budget within water polo, psychologists working with swimming teams often were financially compensated). Our proposal for future works included the suggestion that an individual (or individuals) be placed in a more organisational role; ensuring that the content and delivery of psychological interventions remain consistent across all teams associated with the NGB. Naturally, we had hoped that by proposing this idea, Ruby and I may be considered for it.

The rejection after many months of dedication was particularly painful, given we had volunteered our time, knowledge and skills for free throughout the pandemic; a time of heightened economic scarcity and uncertainty. As self-employed/freelance workers, Ruby and I found our client bases (and related income) disappear almost overnight in response to the ban on organised sporting events/training (Davies et al., 2020). Self-employed workers in the UK (Yue & Cowling, 2021) and abroad (Beland et al., 2020) were disproportionately affected by the hours of work and associated income reductions related to the COVID-19 pandemic; directly contributing to a deterioration in levels of subjective wellbeing compared to waged employees. The asymmetric UK welfare support response (that favoured waged workers) further broke the resilience of self-employed people, Ruby and I included, who struggled to cope with the reality of dealing with an unprecedented, global event such as the pandemic (Yue & Cowling, 2021).

Now What?

Like other self-employed/freelance workers, the sudden and drastic reduction in our ability to find and maintain consistent paid employment as a freelance worker during the pandemic resulted in a desperation-driven (rather than freedom-driven) approach to sourcing work (Dunn et al., 2020). Ruby and I had always hoped that the sheer volume of work produced, over a significant length of time, might stand us in good stead should the possibility for paid work arise; it appears to have only opened the door to further unpaid opportunities. Consequently, we now have to process our feelings of disappointment and reflect on how we can be more protective of ourselves in future, so that we are not left with a (real or perceived) sense of having been 'taken advantage of' in voluntary positions.

We organised a peer supervision meeting immediately after our meeting with the NGB stakeholders concluded, in which we discussed our emotional responses to the rejection. After volunteering our services to the team for almost a year and a half, not being invited to join players and other support staff at international competitive fixtures (but still being expected to deliver several workshops remotely during the competitive period and remain 'on-call' for last minute, emergency support) and now having our ideas praised but our presence as paid workers rejected, we feel disappointed and let down at best, betrayed at worst.

Women are more likely to volunteer or perform unpaid work than men (Einolf, 2010; Hayghe, 1991; Rotolo & Wilson, 2016), and there is emerging evidence that self-employed women have experienced greater social and financial inequalities related to the COVID-19 pandemic than their male peers (Martinez Dy & Jayawarna, 2020). We have had benevolent sexism experiences throughout the course of this intervention, and now are left wondering if our Sex/Gender in some way contributed to our vulnerability to being undervalued. Unpaid/voluntary work is typical for sport and exercise psychology trainees (Mărgărit, 2013); many are required to support the completion of their training programmes by means of unrelated paid employment (McEwan et al., 2019). However, I am almost at the end of my Professional Doctorate training, and Ruby became a qualified (QSEP stage two), HCPC-registered sport and exercise psychologist early in 2020; I don't believe it is unfair to suggest that we are experienced, highly qualified individuals who produce work to a standard worthy of financial compensation.

Whilst voluntary work can often be rewarding and facilitates professional development through relevant work experience, this experience of rejection has had a detrimental effect on our sense of professional identity and job in/security. Volunteer workers are vulnerable to (conscious or unconscious) exploitation, and the continued hiring of volunteers within the applied field creates an elitist culture whereby only psychology trainees who can afford to volunteer are likely to experience career progression (Byrne & Twomey, 2011). It is hard to find a sense of self-worth, when one's skills and expertise are valued as costless. We have already raised these concerns on multiple occasions with our (male) placement supervisor, to little avail; he stated that voluntary work is typical for trainees, and that one day we will be 'lucky' and someone will view our voluntary contributions as meriting payment in future. Whilst this may be true for some trainees in certain situations, it has not been the case for Ruby and I so far. Thus I believe moving forward the only viable course of action is to thank the stakeholders at the NGB for the offer of continuing in our roles as volunteers, and withdraw ourselves and our proposed services from the institution.

*Pseudonym

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RESEARCH

March 2018: The Research Journey

What?

I'm currently focusing my independent study on thinking of different ideas for empirical research projects; that align with my areas of interest in terms of content and analytical approaches. My undergraduate dissertation was quantitative, which was recommended by my tutors due to the time constraints in final year psychology. I knew even then however, that I was interested in conducting research that requires me to actually *speak* to people. I find it more interesting both as a researcher and as a reader when studies try to uncover depth of understanding *qualitatively* using participants' own words, over making broader statements *quantitatively* by fitting large numbers of participants into fixed categories.

So What?

I conducted a thematic analysis (Braun & Clarke, 2012) for my Masters Dissertation study and found the approach and outcome to be much more satisfying than the quantitative statistics I had produced at Undergraduate level. For my doctorate, I definitely want to continue this trend and focus my energies into conducting qualitative research, perhaps using a methodology I haven't yet used such as IPA (Interpretative Phenomenological Analysis – Smith, 1996) to answer questions that explore sports peoples' lived experiences. At present, I'm interested in a range of research topics that could be suitable for qualitative exploration:

1. Exploring athletes' experiences of abuse in sport, including physical, sexual or emotional (e.g. bullying, harassment) abuse. I'm especially interested in finding out about what support athletes perceived was available to them, and any experiences of self-identified post-traumatic growth (Tedeschi & Calhoun, 2004).
2. Exploring athletes' experiences of coping with chronic illness whilst training and competing in their sport. I want to speak to athletes, with varying levels of expertise and competitiveness, who live with a chronic illness. I'm interested in finding out how being chronically ill (and the effects of their illness) affects athletes' ability to perform and how it shapes their athletic identity.
3. Continuing with the research interest I developed during my Masters studies (Kiemle-Gabbay & Lavalley, 2017) and engage in further exploration of how athletes perceive and cope with high-risk in extreme sports and physical activity pursuits.

Now What?

I've spent quite a bit of time now thinking about different research topics, reading relevant literature and learning a bit more about different types of qualitative research methodologies. In my studying, I've come across some discussion about developing a research philosophy (Guba & Lincoln, 1982). Being able to identify and develop your own research philosophy is an essential part of doctoral students' development (Baldwin et al., 2014). However, the concept of personal philosophies is still very new and confusing to me. It wasn't something that was discussed during my Masters and I've been finding it a complicated topic to grapple with when thinking about my consultancy and approach to applied practice... I feel anxious about having to do (and defend) a philosophical position within my research too.

Before developing my research topic ideas further, I think it would be prudent for me to do some more independent study related to research philosophy. My 'quick and dirty' review of research philosophy-relevant literature on Google Scholar (for example: Ryan, 2018) so far suggests that my philosophical approach is likely to be closest aligned with interpretivism (see: Weber, 1978), in that I believe that our knowledge of phenomena to be subjective and influenced by individual experience and understanding. Consequently, I will prioritise exploring interpretivism in more detail in my further study of research philosophy.

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Follow Up: May 2022

What?

Reflecting back on my research journey, I am able to appreciate how my research philosophy and ontological position developed over the course of my training. Early in my training, I would have described myself as being grounded within an interpretivist paradigm, interested in using qualitative research methods to understand the subjective and individuated world of human experience (Guba & Lincoln, 1988; Kivunja & Kuyini, 2017). I did (and still do) believe that reality is socially constructed (Bogdan & Biklen, 1998), that contextual factors must be considered when systemically pursuing understanding, and accept that interaction between researcher and participant(s) is inevitable (Lincoln & Guba, 1985; Morgan, 2007). Consequently, my research axiology placed value on constructing a dialogue with participants and using qualitative methodologies to collaboratively construct meaningful realities (Chetty, 2016; Rowlands, 2005). When I look back on the research I actually conducted during my doctoral training, it is clear that my ontological understanding shifted to a position of more open-minded pragmatism, especially when I compare myself as a researcher today, to the fairly fixed interpretivist I believed myself to be at the beginning.

So What?

When reflecting on my research journey, I identify with the descriptions of “the pragmatic researcher” set out by Giacobbi et al. (2005);

“The pragmatic researcher is sensitive to the social, historical and political context from which inquiry begins and considers morality, ethics and issues of social justice to be important throughout the research process.”

My research topics of menstruation within sport and exercise and barriers to physical activity participation for gender diverse individuals have certainly required me to be sensitive to a multitude of socio-political and social justice contexts. My experiences conducting and writing my doctoral research papers required significant ongoing independent study and reflection on the ever changing cultural landscape in relation to these areas. I had to look inward and reflect on how my own perceptions and experiences may influence my research, as well as explore how they may in turn be shaped by my cultural (i.e. feminist, Western etc.) understanding of menstruation and gender diversity within sport and exercise.

The nature of my doctoral research demanded me to be more flexible and open-minded when it came to analysis. Faced with so much data coded in such a wide variety of forms, I was challenged to consider how my research may benefit from including both quantitative and qualitative means of analysis. Giacobbi et al. (2005) also describe how a pragmatist philosophy influences the choice of research question and analytical method;

“A pragmatic research philosophy... embraces mixed-method approaches to applied research questions.”
“Pragmatists often use pluralistic methods during multiphase research projects.”

My epistemological position today fits within critical realism (Bunge, 1993) as I appreciate the merits of understanding data through both interpretative and statistical means. I still value the richness and depth of analysis achieved through qualitative methodologies but now find greater appreciation in including supportive quantitative and/or descriptive analyses, as it allows the researcher possibility to paint a broader picture with their data. My choice of template analysis (King, 1998; 2012) and narrative content analysis (Klaus, 1980) as qualitative analytical tools was deliberate, as both include descriptive quantitative elements such as frequency counts. As such, my doctoral research papers demonstrate my developed preference for conducting mixed-method data analyses in order to tell a more complete story and provide well-rounded answers to research questions.

Now What?

At this point in my professional development, I hold the belief that no philosophy is fixed. My own philosophy has developed significantly over the four years of my training journey, and I do not doubt that my experiences post-doctorate will influence it further. My understanding and appreciation of the scientific and wider world is constantly evolving, as is my understanding of myself; as an individual, as a sport and exercise psychologist and as a researcher. I am more self-aware than ever of how my perceptions and experiences influence my role as a researcher; informing my research interests, the types of studies I design, the choice of co-researchers I work alongside and the methods of analysis I engage in. The shift in my ontological understanding and overall research philosophy to a position more grounded in pragmatism was in part influenced by the nature of my research design and data. However, I believe this relationship to be bidirectional; my developing philosophy in turn influenced the nature of my research. Post-qualification, I hope to continue engaging in mixed-methods research, and have several follow-up papers planned with my co-researchers.

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November 2020: Trouble with Twitter trolls

What?

I was engaging in some Social Media outreach this week, as part of our recruitment drive for the menstruation in sport (MiS) project. The project is a collaboration between myself and my supervisor at LJMU, and other academics at the University of Lincoln and the University of the West of Scotland; I am to be first authors on our research papers, two of which I plan to submit to meet the research components of the LJMU professional doctorate. Our participant recruitment strategy focused on online snowballing; particularly as the continuing COVID-19 pandemic and on and off lockdowns and other restrictions makes in-person recruitment impossible. To do this successfully, I needed to develop a recognisable, cross-platform Social Media presence for the MiS project through creating branded 'research accounts' on Twitter (@MenstruationIn) and Instagram (@Menstruation_in_sport). Whilst I regularly post Social Media content aimed at directly recruiting potential participants to our study (e.g. sharing links to the research survey, tagging notable large sport/exercise/menstruation-related accounts etc.) I also share/re-tweet other content relevant to menstruation in sport (e.g. statements from governments/NGB/charities, athlete/sport team/academic tweets of note, links to other menstrual studies etc.) to avoid appearing 'spammy' and risk damaging my chances of high online engagement and subsequent participant recruitment (Koo & Skinner, 2005).

A few days ago I quote tweeted a post from the Scottish Parliament's verified Twitter account (@ScotParl) related to the unanimous passing of the *Period Products (Free Provision) (Scotland) Bill (2020)* by Members of the Scottish Parliament on Nov 24th. The original tweet had amassed almost 9000 re-tweets and quote tweets; I was one account amongst many celebrating the news. In my tweet I wrote the following; "*Proud to be living in Scotland – setting an example on the world stage, that no one who menstruates should be in a position where they have unequal access to sanitary products. Life changing decision!*" Within a short space of time, my tweet had attracted a small number of responses from accounts I identified as associated with gender-critical feminist content, who wished to express their disapproval that my tweet had not directly named women as the sole beneficiaries of the bill's passing. I did not respond to these tweets.

So What?

Despite my comparative lack of experience compared to my co-researchers I am acting as PI, as the project directly impacts my doctorate. As such, I have the most responsibility at all stages, from the research design, to participant recruitment, data collection and analysis, and the write-up and subsequent manuscript publication process. Evidently, this research project and its outcomes are very important to me; I feel pressure to 'do well', not only to meet my own standards, but also that of my more senior co-researchers.

Over the next several hours, despite my lack of acknowledgement/reply to these tweets, they increased in number and aggression. Examples of some (but not all) things I was accused of in these tweets include: being a misogynist, being a 'sex denier', being a 'flat earther', erasing and dehumanising women and girls, having political/ideological bias of a nature that is harmful to the integrity and validity of my research project. One user went so far as to send me an (eight-stanza long) poem titled "*Menstruator, and other words that rhyme with 'hate her'*" in which it was implied my tweet (and its linked account) had been perceived as an attempt to dominate, humiliate and manipulate women (amongst other rhyming words), so as to bring about their replacement and eradication within society. In reality my motivations behind tweeting were much simpler; primarily I wanted to celebrate the passing of progressive, menstruation-relevant government policy, and secondly, raise awareness of our study and recruitment drive by re-tweeting a highly visible and 'trending' tweet from a verified account.

The growing popularity of using Social Media to promote research and recruitment to a global audience, and the increased awareness of online abuse and harassment faced by women online, poses a dilemma for feminist researchers (Vera-Gray, 2017). This added labour, termed 'safety work', forms an invisible backdrop to feminist researchers' methodological decisions (Vera-Gray, 2017) that can be sufficient enough as to have a direct personal impact upon the researcher themselves (Stanley & Wise, 1979). Online trolling, particularly of women expressing feminist or feminism-aligned views (Lopez et al., 2018), is considered a form of gender-abuse and symbolic violence (Bourdieu & Wacquant, 1992; Lumsden & Morgan, 2018). It is therefore reasonable, that I not minimise or dismiss this matter, but instead sincerely reflect on my actions so far and ongoing, so as to mitigate potential personal and professional damage to myself, co-researchers and the MiS project.

Now What?

There is surprisingly little advice for researchers in how best to deal with online trolling, the onus is on the individual to self-sufficiently manage such occurrences, even in instances where the harassment may be of a nature that risks potential harm to an individual's wellbeing (Fileborn, 2016). Negative commentary has the potential to create a 'spiral effect' in which individuals feel encouraged to continuously engage in and escalate heated discussions (Binns, 2012). Deleting negative comments can be interpreted as a 'shutting down' of free speech, with the potential to increase accusations of researcher bias (Waling et al., 2020). 'Shunning' or ignoring trolls elicits mixed responses, believed to contribute to both increases and decreases in trolling behaviour (Herring et al., 2002), and potential participants may be put off by visible trolling comments, perceiving the research space as no longer safe (Waling et al., 2020).

I have ultimately decided to continue ignoring any abusive messages I have received, or may continue to receive in future; regardless of the ideological position of the commenter. There is a certain level of irony in my current situation; to date my research project has received negative feedback, criticising it of being both too inclusive (e.g. using the term 'menstruators') and not inclusive enough. Trans women are ineligible to participate, as survey responders are required to have experience(d) menstrual bleeding, though this allows for responses from female-sexed individuals with divergent gender identities (e.g. Trans men, non-binary people etc). However, following Waling et al.'s (2020) recommendations, I am also considering the broader political, social and cultural contexts surrounding my research, and how this may affect participation and research dissemination. Consequently, I have prepared a follow-up tweet that makes clear our study's eligibility criteria, whilst avoiding being drawn into an online ideological debate. The tweet is as follows; *"I want to make it absolutely clear that the MiS research survey is open to ANYONE who menstruates. We do not ask about people's gender identities as part of our eligibility criteria, just that you are aged 18+, take part in sport/exercise and experience(d) regular menstruation."* It is my hope that the combination of this strategy for coping with trolling, and the short attention span of Twitter users, will contribute to a reduction or cessation of this activity in future.

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January 2022: Managing expectations when working in interdisciplinary research groups

What?

I and my co-researchers are currently working on the first manuscript to emerge from the Menstruation in Sport (MiS) research project. As first author, I am responsible for writing all drafts (in full), which I then circulate to my co-researchers for feedback. Our research group is multi-disciplinary; whilst my background is in sport and exercise psychology, my co-researchers are experts in applied and academic sport science and physiology. The research project and collected data is vast and complex; consequently we have decided to 'salami slice' (Menon & Muraleedharan, 2016) our results and corresponding write-up. This first paper uses mixed-methods analysis to explore participants' experiences of menstrual cycle symptoms and their impact on performance and wellbeing.

Given the prevalence of menstrual cycles and their related symptoms amongst the global sporting population, our findings may hold some significance for all female/menstruating athletes, and the spectrum of individuals supporting them. Consequently, I and my co-researchers have had to be mindful during the writing process, of the wide and varied audience that we hope to reach with our paper. As is the case when working in any diverse team, managing multi-disciplinary expectations and research group dynamics can present greater reward and challenge than independent work.

So What?

I am thoroughly appreciative of the opportunity to design and conduct research as part of a collaborative, interdisciplinary group; I believe our varied backgrounds and expertise as researchers strengthens our project and widens its potential impact; however, collaborative research can be a complex enterprise (Thurow., 1999). Good interdisciplinary research involves a clear understanding of research objectives at an individual and group level (Cuevas et al., 2012). As first author, I have to find balance in including my co-researchers' areas of expertise and analysis aims, and understand how they relate to my own; a skill I have improved over time. My co-researchers all work full-time within academia, consequently feedback is staggered as their professional responsibilities make co-

ordinating a unanimous response challenging. I have made amendments based on one co-researcher's feedback, to then receive contradictory feedback from a different co-researcher later. The challenge of prioritisation (Cuevas et al., 2012) likely contributed to the volume of re-writes completed so far, particularly earlier, more grounded in social science.

Now What?

The most pressing issue I am experiencing is in the length and complexity of the collaborative writing process. My current manuscript write-up is the 11th version of the first draft I produced roughly ten weeks ago, and I suspect that there will be more amendments and subsequent versions to come. Whilst I might typically expect to produce two or three full drafts, balancing the ideas and opinions of up to five individuals requires significant consideration. My early drafts were quite lengthy (almost 12'000 words excluding references and appendices), as my preference is to cut words from a longer text over writing in brief and adding in more detail later. The more sport science-focused journals we are targeting for publication have considerably more limited (typically 3000 – 5000 words) than many psychology journals. I am finding that this presents a not insignificant challenge for a mixed-methods analysis of results obtained from a dataset as large as ours. However, with each re-write I find my concise academic writing ability improves in both form and function, and whilst I am currently experiencing the volume of re-writes as a tiring process, I am confident that I will experience the benefit when writing my second paper.

Interdisciplinary research requires shared learning and familiarisation of key theoretical and empirical understanding and literature outside of one's own discipline (Campbell, 2005). As a psychologist, I represent a minority of social science-based expertise compared to my co-researchers, who are significantly more knowledgeable than I in the biological mechanisms of menstruation and some of the quantitative research methods we have used. Therefore, I have had to quickly acquire a working knowledge in different fields so as to understand and write about these elements, as well as conducting statistical and qualitative analyses I was previously unfamiliar with. My second empirical paper is qualitative and more psychological (concerning menstrual stigma), therefore I anticipate my own expertise will play a greater role in the write-up process, hopefully demanding less re-writes.

I agree with Cuevas et al. (2012) that the benefits of multidisciplinary research outweigh any inherent challenges that may occur. My research project and academic papers are strengthened by the excellent support, resources, knowledge and skills of my co-researchers. Furthermore, from my experience of conducting research within teams, I feel my self-development as a doctoral researcher is also greater. To reduce the number of ongoing re-drafting of this current paper and in future when writing paper two, I think it would be prudent to discuss with my co-researchers how we might improve the manuscript feedback/re-write/editing process to make it more streamlined. For example using tools such as GoogleDocs to allow multiple co-researchers to edit/feedback on a draft concurrently, rather than write new drafts based on each new round of individual feedback.

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March 2022: Considerations when researching stigmatised populations

What?

There is much current discussion within print and television media about the inclusion of Trans athletes within competitive sport, and the issue of 'fairness'. The systematic review I wrote with colleagues relates specifically to barriers to physical activity participation experienced by gender non-conforming (GNC) individuals; some of the studies involved competitive sport practice, though this was not our focus.

We have clearly stated that our review aims to bring together extant research on GNC people's experiences of physical activity, sport and exercise; contributing to improving understanding of why GNC individuals experience high levels of inactivity and exploring what issues need to be addressed so as to make physical activity interventions more suitable for GNC people experiencing common mental health conditions. We have deliberately avoided wading into the 'fairness' debate regarding Trans athlete inclusion at elite, competitive sport level. Despite this, we experienced some challenge and 'push-back' to our research poster at the 2021 DSEP conference. A fellow attendee was concerned that the findings of our review might negatively impact cisgender female athletes, taking their hard fought resources away. Given the ongoing, and at times toxic debate on this subject occurring currently within society, I am reflecting on how the publication of our research may have implications for the stigmatised populations our research aims to support.

So What?

Research studies have the potential to provoke hostility, particularly those involving stigmatised populations vulnerable to discrimination and/or controversial issues (Walling et al., 2020). My research, particularly at doctoral level, is associated with equality, diversity and inclusion, gender and feminist theory. It is my belief that as a collective, both female and GNC athletes are more stigmatised and subjugated within patriarchal structures such as the sporting world (Kitching et al., 2017; Pfister & Pope, 2018) due to their centring of masculinity (Hoskin, 2020). Consequently, one of my responsibilities when writing the systematic review was ensuring that our paper was sympathetic to the voices and experiences of cisgender female athletes, including their fears of 'safe space' removal and the risk of male violence (Jeffreys, 2014). I am therefore troubled that in response to the ongoing 'fairness' debate, our review may be shared and discussed by others in a manner that aims to 'weaponise' our findings, with the intent to further alienate GNC and/or female athletes and their supporters.

Now What?

A criticism of stigma researchers from Link and Phelan (2001) notes that they often investigate stigmatised experiences/groups from a vantage point of theories uninformed by lived experience. This is not reflective our research; my co-researchers are both GNC individuals with lived experience relevant to our research topic. Whilst I am cisgender I am a member of the LGBTQ+ community and have lived experiences of sex and sexuality based discrimination. As our study is a review, we are not directly responsible for the protection of vulnerable participants, though I believe academics nonetheless have duty of care at a wider societal level when conducting research that has potential impact for stigmatised groups. Accordingly, it would be prudent to meet with my co-researchers in advance of our publication date and confirm a strategic approach to responding to potential in-person or online criticism/negative commentary that could be harmful if seen/heard by stigmatised individuals. It is in line with my personal and professional values to remove/refuse to engage with commentary that seeks to debate the rights of stigmatised individuals outlined in the Equality Act 2010. Therefore, my suggestion would be to follow recommendations set out by Walling et al. (2000). This involves taking a case-by-case approach to identify, manage and respond to negative commentary that may pose a challenge to the perceived safety of stigmatised individuals.

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April 2022: Coping with Rejection in the Publication Process

What?

I've just received my second straight rejection from a peer-reviewed journal, of the manuscript for my first empirical paper. The rejection email noted that whilst there was some "interesting data on menstruation in sport" in my manuscript, unfortunately when viewed in competition with other submissions it was not rated sufficiently highly to warrant publication. They continued, stating that the publication success rate at the journal was <15% and therefore rejection was highly likely. I am restricted to targeting free journals for publication; I do not have access as a corresponding author to funding to help pay for publication. As a student with no current stable source of income, my access to personal payment for 'open access' publication is also limited; thus these restrictions add additional challenges when preparing manuscript drafts and choosing journals.

I am trying to take some comfort in the recent acceptance for publication of my systematic review and an inequalities paper (written with colleagues in the BPS DSEP EDI working group) in SEPR (Sport and Exercise Psychology Review). However, the rejection of my doctoral research, of which I am first author and primary investigator on the project, feels like a personal disappointment. I have spent over two years working on this project, maintaining motivation throughout a global pandemic, meeting and overcoming a variety of challenges to ultimately contribute significant novel understanding to the menstruation in sport/exercise field. I believe that the potential positive impact my project may have on the lives of women and girls in sport to be absolutely clear; therefore my continued lack of success in attempting to get it published is frustrating.

So What?

Academics are primarily judged by their research output (Holt & den Hond, 2013); a phenomena described as 'publish or perish' (Tytherleigh et al., 2005). I believe trainee sport and exercise psychologists (particularly those interested academia as a possible employment field) to be no exception. I am keenly aware of the significant potential benefit a growing, peer-reviewed research portfolio may have on my future employability; academic career prospects are often based on publishing record (Carson et al., 2013). I believe my emotional response to be typical; negative evaluations affect researchers of all career stages and skill levels (Day, 2011).

I am feeling extremely disappointed, especially as the rejection from the previous journal noted that they were unwilling to survey-based research papers, due to a recent influx. Whilst I had always planned to conduct a large-scale survey-based research project (to gather highly individualised menstrual cycle data from a global sample of female athletes), the impact of the COVID-19 pandemic and related lockdown restrictions contributed to a significant increase in survey-based research; anything else was essentially impossible.

As such, I am finding it hard not to take the rejection personally – one of the strengths of my research is in its global scale, reach and impact; something that would have been impossible had I utilised an alternative research design (e.g. interviews). The rejections have resulted in feelings of self-doubt; could my research have been considered more publishable pre-COVID? Or would it never have met the standard for these particular journals?

Now What?

The research publication process has been described as a high stakes competition for journal space (Horn, 2016), and the academic community comprises a large volume of researchers who regularly experience manuscript rejection (Allen et al., 2020; Hargens, 1988). The lack of control you experience as an author in the publishing process is something I struggle with; the feedback I've received from reviewers as to why my manuscript was rejected is minimal. As such, I'm not sure how my manuscript might be improved to better my chances of publication at a different journal. This is something I find to be both stressful and challenging, as is commonly reported by other academics (Horn, 2016).

Coping with rejection is challenging, as a search for belonging is innate across individuals and cultures (Fiske & Yamamoto, 2005). Whilst I know rationally that manuscript rejection is a very common experience, irrationally I have felt my pride hurt, and my sense of professional belonging damaged. My strategy for coping with this rejection is three-fold; firstly – to allow myself space to sit with and work through my feelings of hurt, acknowledging that they will reduce and normalise with time and experience (Chan et al., 2020). I believe this step in particular, is an act of self-care, essential for trainee psychologists' motivation and continued professional competence (Goncher et al., 2013; Martin et al., 2022). Secondly, I am reminding myself that academics operate within a culture of rejection (Woolley & Barron, 2009) and that the rejection rate for scholarly articles in peer-reviewed journals is consistently high, ranging up to 90% (Woolley & Barron, 2009). Indeed the journals I apply for reject 85% of submissions; I am not in the minority. Finally, I am adopting a problem-focused approach (Lazarus & Folkman, 1984); I've made contact with my co-researchers to discuss alternative journals and decide our order of focus for the next submission(s). By consciously 'normalising' (Edwards & Ashkanasy, 2018) my experience of publication rejection, I will become more resilient, working through my feelings of failure and coping better with rejection in the future.

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DISSEMINATION

February 2019: How can I benefit, if I can't get any credit?

What?

I have been asked to assist with the development and content writing of two online e-learning modules, through a contact at a national institute for sport. I was highly motivated to accept the (unpaid) role due to the potential for future professional opportunities that may arise after my work is seen by people associated with a national institute of sport; internal practitioners and stakeholders associated with the development of the e-learning modules, and coaches, athletes and parents accessing them.

I and my contact at the institute met earlier this week to discuss and agree upon proposed module designs and content (I had already pre-prepared some ideas in advance of the meeting). I asked them where I would be credited when the modules were uploaded to the institute's website (e.g. at the start/end of the module, as a subheading, with a link to my contact details etc.) at which point she explained that I would not receive any personal credit for the modules. They would be published online with only their association with the institute itself as a author affiliation. They confirmed that I would be able to write about this position on my CV, and if relevant discuss it in any future job interviews, but there would be no public association between myself, my work and the institute. Put simply, the role is both unpaid and unaccredited.

So What?

I was extremely flattered to have been asked, and gratefully accepted. I knew that there was no funding available for the work, but voluntary work and/or unpaid placements is common within the sport industry (Gipson et al., 1989; Walker et al., 2021) amongst trainee psychologists (Bor et al., 1997; Mărgărit, 2013; Nassoori, 2021; Patsi & Hatch-Johnson, 2021; Perry, 2019) and students (Brough et al., 2015). Like others who have been through practitioner psychology training (McEwan et al., 2019; Perry, 2019) I have had to supplement the completion of my training programme by finding other means of paid employment outside of my sport and exercise psychology practice. I am only one year into the doctorate and trying to gain relevant experience that helps me develop professionally and complete university assessments is my absolute priority, over financial compensation.

I don't feel able at this stage in my journey that lack of pay is a sufficient reason for me to turn down opportunities with renowned individuals, teams or organisations. However, I had hoped that I might find new opportunities from having my name publically associated with psychological materials designed for a national institute for sport. If not through finding further opportunity with the institute itself (e.g. being considered for future paid sport psychology work or long-term unpaid assistant roles), then potentially through the many people in the industry that might have capacity to pay or employ me in future, who may access the e-learning modules as part of their CPD training. In my opinion, being publically credited with authorship of work that I have designed and written is the minimum effort required to offset the potential negative impact to wellbeing and financial stress associated with engagement in unpaid academic placements (Grant-Smith et al., 2017). So, understandably, I felt somewhat taken a back and disappointed that I wouldn't get my name on my own work.

Now What?

Josephine Perry (2019) stated in a recent blog post that she finds the requirement for trainee sport and exercise psychologists to work in unpaid roles to be exploitative. She feels that our industry's reliance on unpaid internships perpetuates an elitist volunteer culture (Byrne & Twomey, 2011) in which only the wealthy who can afford to work for free access stage two training (Perry, 2019). I share her concerns; I was in part able to accept this role due to my experienced privilege of having parents able to financially support me through training, whilst my earning capacity is

limited. I am still excited about the opportunity to work with my contact at the institute (who I personally and professionally admire) and therefore taking steps to re-frame my initial upset feelings into something more productive.

To cope with my disappointment, I am cognitively de-fusing (Harris, 2011) from unhelpful thoughts and emotions, and considering the opportunities and possibilities that remain. The modules are expected to be relatively lengthy (4000 – 7000 words each) and I have to produce three distinct versions of each e-learning module's written content (eight in total including two first drafts); for athletes, their parents and coaches. Some differences between content and learning activities may be required. The first module focuses on 'openness to learning', is underpinned by self-determination theory (Ryan & Deci; 2000; Deci & Ryan, 2008) and provides teaching on intrinsic/extrinsic motivation (Ryan & Deci; 2000), autonomy supportive (Mageau & Vallerand, 2003) and controlling (Duda et al., 2017) environments, social support (Cutrona & Russell, 1990; Mageau & Vallerand, 2003; Reeve et al., 2004; Rees & Hardy, 2000) and reflective skills (see: Gibbs, 1998). The second module covers 'resilience' using an applied sport adaptation of the Acceptance and Commitment Therapy (Hayes et al., 2009) hexaflex model for psychological flexibility (Schubert et al., 1968; Boden & Boden, 2012; Harris, 2019) as an experiential learning framework. The theoretical underpinning, required length and detail of the e-learning modules may make them a suitable topic for my teaching and training case study required for the professional doctorate. I will seek to explore this in more detail with my academic supervisor at our next meeting.

May 2019: Follow-up

Unfortunately, I was recently informed that my contact at the institute of sport is no longer working in her role (I do not know the reasons as to why, and did not feel it appropriate to ask). Consequently, the e-learning programme has been suspended. This is not my contact's fault; I place no responsibility on them for the following events. The frustrations I am expressing are at the unknown stakeholder at the institute who decided to inform me via email (after weeks of no contact) that despite the full e-learning programme being almost complete, they are unwilling to continue without a full-time institute associated psychologist to supervise it. Due to the programme's suspension (as there is now insufficient staff at the institute available to oversee it) the modules that were in development are now redundant and will no longer be used by the institute. I had already completed all of the work required for the project (i.e. 8x written drafts, designing accompanying learning tasks and graphics, developing storyboards, attending out-of-town in-person meetings and software training), with the exception of building the module itself using the e-learning software at the institute's offices (the final stage); to see this volume of effort go nowhere is hurtful and frustrating.

I am feeling extremely disappointed; I think my hurt feelings are compounded after having already having to accept and agree to a lack of payment and authorship acknowledgement when agreeing to take on the work initially. It feels like the cancellation of the project, after the work is completed means my time has been wasted. Time and effort that I spent in producing high quality theoretically underpinned and thoroughly referenced work, which received excellent feedback from my institute contact. I will probably be able to find an alternative use for the modules I have written elsewhere (e.g. using them as lesson plans in my role at the school) however I am now unlikely to be able to use this role with the institute as the basis for my teaching and training case study. Consequently, I will need to arrange to speak with my supervisor to discover what (if anything) may be salvageable in terms of writing the case study, and get his advice on how I can make the most use of the work I have produced, given the new limitations of my situation.

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December 2019: Presenting applied work at a national conference

What?

I have been attending the BPS DSEP annual conference in Solihull over the last two days, joined by several peers from the professional doctorate programme. This event marks my second scientific conference; I attended the BPS DSEP conference in December 2017, only a few weeks before beginning my studies at LJMU. I presented at both conferences, in 2017 I gave an oral presentation of my MSc thesis; *'Coping in high-risk snow-sports: A qualitative exploration of alpine racing and freestyle athletes'*. This year, I submitted a poster of my applied case study and linked report on our project with Police Scotland; *'The Sports Integrity Initiative (SII): A collaborative approach to the development of psychoeducational tools with Police Scotland.'* Many early career researchers and postgraduate students begin their conference journeys with poster presentations first (and oral presentations/seminars etc. later) as they are considered less daunting (Glass, 2020), so my experience is somewhat atypical.

I enjoyed the experience of presenting my work as a poster, though I feel more comfortable giving oral presentations. Oral presentations and/or seminars feel to me, like a more natural way to communicate and disseminate psychoeducation and research findings. The poster presentations at both conferences I have attended seem to fall during or near to lunch breaks; it can feel a bit 'squeezed in' compared to other forms of presentations. At times the room was quite empty, with the majority of attendees prioritising getting something to eat (understandably, conference days are long)! I also felt more awkward and lonely than I had done whilst giving an oral presentation, a commonly reported experience (Glass, 2020). I feel that this was likely due to the requirement for me to stand in front of my poster (so people knew it was mine) in such a way that is close enough to answer attendees' questions but far enough away that the information on my own and my neighbours' posters remains visible. Whilst poster presentations may not be perceived as having the same gravitas as oral presentations, the effort required is arguably similar (Glass, 2020); this was certainly my experience.

So What?

Attendance at scientific conferences is an important aspect of psychology practitioners' professional development (Necka, 2013). They offer much more than just a place to listen to key note talks and present research findings (Oester et al., 2017). They can facilitate learning new skills/techniques, engaging in professional networking, and brainstorming and idea-sharing with peers that may lead to research, employment and funding opportunities to a degree that may not be equally possible in online meetings (Oester et al., 2017). I know from my experience in 2017 how significant conferences can be for professional development. After my presentation, I made several professional contacts with shared research interests, and I was also introduced to the Scottish network for sport and exercise psychologists. Through the Scottish network, I have been able to access an alternative source of peer supervision/collaboration, with in-training and qualified members more local to me than my professional doctorate peers. I was therefore motivated to present to the best of my ability; making the most of the opportunity to present my poster to an audience of academics and applied practitioners working within sport and exercise. I felt pressure to perform well, not only for myself but also on behalf academic colleagues and Police Scotland not in attendance, and to represent the SII.

Now What?

Learning and collaboration are better supported during two-way exchanges (Abelson et al., 2003; Rowe & Frewer, 2000); by being present at the conference I was able to stand next to my poster and disseminate more effectively by responding to attendees' questions about my poster/the SII project. I found a somewhat challenging experience to convert an 8000 word report of a six-month long project into a single page poster, when also having to consider using an eye-catching design that avoids overwhelming volumes of text). However, I found that having engaged in this process meant I felt better prepared and able to answer questions more directly 'to the point' than in 2017. On the other hand, I am two years further in my professional journey, and almost one year into my doctoral training; I may also be feeling the benefit of increased experience and confidence.

I do feel some of my self-doubt and fears around my professional practice to be reduced after attending this conference. There is potentially a greater sense of 'togetherness' experienced by presenters and attendees at conferences, than in other dissemination environments, that contributes to reduced anxiety in early-career researchers (Bassegy, 2016). As an individual who sometimes experiences self-doubt and imposter syndrome (Clance & Imes, 1978), I am grateful for any experiences that allow me to 'face my fears' in a supportive environment, receive feedback from peers and engage in subsequent reflection.

I found this year's conference to be particularly beneficial for my professional networking; I attended the DSEP committee AGM (annual general meeting) where I met several committee members and was encouraged to submit an application to join. I was not aware that in-training members could be elected to a divisional committee, and I am keen to join. I hope that in doing so, I may be able to provide a voice for trainees, and contribute to the development of our professional field at a national level. Based on this experience, I am still motivated to submit future applied or research projects to academic conferences as both posters and oral presentations. Though I still prefer the feel of oral presentations, I appreciate having a variety of conference presentations on my CV.

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January 2020: Presenting to professional doctorate peers

What?

Yesterday I gave a presentation to my peers (from my own and other cohorts) on the LJMU professional doctorate course, on the consultancy opportunities that are the subject of my first two case studies. The presentation reflected on my trainee journey of finding opportunities to work within/alongside organisations and directly with athletes, to demonstrate diversity of applied consultancy experience. It was my first experience disseminating sport and exercise psychology material directly to fellow professional doctorate students; whilst fellow trainees may have been in attendance at scientific conferences I have presented at, yesterday was an audience of my peers.

So What?

Dissemination skills are a core part of sport and exercise psychology training (Wylleman et al., 2009) and essential in ensuring competent and quality therapeutic work (Fairburn & Cooper, 2011). Trainees have identified dissemination of psychological materials through presenting at conferences as being particularly helpful in improving their functioning as a practitioner (Wylleman et al., 2009). Despite its importance to professional development, professional doctorate students and trainee psychologists frequently neglect to disseminate their work (Kasket, 2012). Whilst I spent several years in my role at the school disseminating psychological materials to a younger audience, my higher education teaching and dissemination experience is much more limited. I feel that rather than viewing this opportunity as a threat (i.e. what if my peers don't think my work is good enough?) I approached it as a challenge with rewarding potential (i.e. what can I learn from the response and feedback from my peers?).

Reflective practice (and a willingness to disseminate reflective narratives) is integral to ethical and effective applied and academic sport and exercise psychology (Anderson et al., 2004). Disclosing your personal thoughts, feelings, triumphs and anxieties with others as part of reflective practice serves as a reminder that we all people first, practitioners second (Anderson et al., 2004; Nelson-Jones, 2010) – a concept I feel I sometimes forget to apply to myself during moments of self-doubt. Using this dissemination opportunity as a means to combine presenting both the outcomes of my consultancy work and my reflections on the consultancy and broader training experience allowed my peers to provide both specific and broader feedback. As a person who finds feedback a very helpful tool with regards to continued professional development and reducing self-doubt and imposter syndrome (Clance & Imes, 1978), I feel this approach facilitated greater professional development within myself, than if my presentation had not involved any reflective elements.

Now What?

Personal reflection is bound by the limits and knowledge of our own understanding, and practitioners should be willing to share not just the results of their research and applied work, but also their reflections on the process (Anderson et al., 2004). Being able to share my consultancy experiences and reflections publically with my peers facilitated a sense of safety and an exchanging of views which I found supportive. Consequently, my felt sense of imposter syndrome (Clance & Imes, 1978) reduced after having the opportunity to receive feedback from people who 'get' the trainee experience, both with regards to the standard consultancy work I have completed, my dissemination/presentation skills and the reflective points I had shared.

The response and feedback I received from my fellow doctoral students was highly positive; we engaged in a good dialogue about the theoretical (cognitive-behavioural) underpinnings of my second case study. Several students asked me follow-up questions on my role working with the police (as an atypical sport and exercise psychology client), facilitating some interesting in-the-moment reflections for me. Many were complimentary about my dissemination/presentation skills and my ability to communicate psychological theories and materials appropriately to the intended audience. This feedback in particular has bolstered my confidence in seeking out higher education teaching opportunities (e.g. guest lecturing, teaching assistant) to gain further dissemination experience whilst continuing to train. Furthermore, I am considering academia as a potential employment field post-qualification, though I will likely need more experience in teaching and dissemination to be shortlisted for interview. Moving forward therefore, I plan to prioritise searching for part-time junior lecturer, teaching and research assistant posts in the latter half of my training, alongside my applied sport and exercise psychology work.

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August 2020: Trainee Takeover – Social Media as a dissemination tool

What?

Since joining the BPS DSEP committee, the bulk of my role has involved making contributions during meetings on behalf of in-training members. I was recently asked by the 'social media and communications' (abbreviated to comms) lead if I would help her in finding and creating content to be shared on the DSEP social media channels and linked blog. This content would be scheduled to be posted on specific days known as 'trainee takeover' days. The proliferation of social media over the last decade has allowed for wider communication and dissemination of user-generated informational and educational content; a tool that has been embraced by individuals and academic and applied institutions, governing bodies and committees/working groups (Pham, 2014). Our online presence has grown drastically in recent years, and I am keen to help the comms lead. I am reflecting on how social media can be an effective tool for dissemination; I now hold responsibility for deciding what sport and exercise psychology content should be posted on 'trainee takeover' days. Our aim was to use the 'trainee takeover' posts to disseminate psychological material through BPS DSEP social media channels that elicited a greater sense of being made '*for trainees, by trainees*'.

So What?

Social media platforms provide infrastructure that can be used to support and disseminate research, build professional networks and communicate ideas that connect with a global audience (Peach & Erskine-Shaw, 2015). When used effectively, the potential for dissemination is massive and meaningful. For example, live blogging conferences and including personalised hashtags (e.g. #DSEPConference2020) in posts can be used across platforms to disseminate conference material to a wider audience beyond in-person attendees (Tutelman et al., 2018). In my role, I hope to find and share posts that would appeal to the public interested in sport and exercise psychology alongside DSEP members, but may hold specific relevance to current, aspiring and newly-qualified trainees (e.g. content related to training/qualifications, content produced by in-training members, sharing MSc/doctoral research projects etc). I think taking this approach (and my own status as a trainee) will help the 'trainee takeover' posts feel more authentic to their intended audience. It is also important to consider and account for social media platform communication and culture, and how this might differ from other internet-based dissemination tools such as blogs (Pham, 2014). For example, when used appropriately, memes are an effective engagement tool for sharing psychology-related content online (Jimenez et al., 2020) and may feel more familiar and relevant for a 'millennial' trainee audience.

Now What?

The comms lead has given me authority to create posts; deciding on their theme, content and graphic design. I plan to reach out through my various networks (e.g. trainee WhatsApp/Facebook groups, professional doctorate cohorts etc.) to invite current, aspiring and newly-qualified trainees what kind of posts they'd most like to see, and invite them to contribute work to be shared. My aim is to combine more formal, educational/outreach posts with more personable, informal content (e.g. sports psychology cinema posts), with the aim of striking the right balance between disseminating content online that is both educational and 'clickable' and maintain audience growth and engagement (Jariwala, 2021). Currently, my ideas for trainee takeover posts include:

- Links to CPD/training courses of relevance to sport and exercise psychology trainees (particularly free or low/reduced cost for in training members)
- Sharing recruitment drives and findings of sport and exercise psychology research
- Links to articles/blogs /podcasts/videos created by or for sport and exercise psychologists
- Sports Psychology Cinema: posts related to films/TV series of themes relevant to sport/exercise psychology and its practitioners

Using social media as a dissemination tool comes with ethical considerations, particularly surrounding privacy (Myers et al., 2012; Pham, 2014) and personal/professional boundary maintenance (Devi, 2011; Kolmes, 2012). I will make sure to follow ethical standards and guidelines of professionalism (BPS, 2018; HCPC, 2016) when sourcing content and designing posts. My work in this role is directly supervised by the comms lead, and she will have the final say on all DSEP social media posts. I plan to create several months' worth of posts at a time; these will all be sent to her for advance approval (and provides an opportunity for feedback and subsequent required changes).

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September 2020: Shaping the field from the inside

What?

Feeling powerless to meaningfully help others and contribute to systemic progression is common amongst trainee psychologists across disciplines (Boden, 2021; Cartwright et al., 2021; Chemerynska et al., 2022). Today I find myself with an opportunity to have potential influence on an individual with the power to make meaningful change. I had a Zoom meeting with a colleague who is the Qualifications Lead on the DSEP committee. I joined as a co-opted member in late 2019, as the trainee lead for Social Media and Communications (Comms). I was motivated to join the committee as I felt it offered an opportunity to meaningfully contribute to the development and future of our profession. Currently, I am the only in-training committee member; my colleagues are considerably more experienced and established within their respective academic and applied careers. We arranged the meeting so as to discuss ideas for suggestions relevant to qualifications and training that may be raised at the next committee meeting. It struck me that I had an opportunity to contribute ideas that may shape the field from the inside in a manner that I, as a trainee, would find of benefit.

So What?

Reflective practice and supervision are fundamental to ethical and effective sport psychology practice (Knowles et al., 2007; Sharp & Hodge, 2010). The most common complaint amongst trainees (particularly those on QSEP/BASES qualification pathways) I had observed in Social Media groups related to a lack of peer supervision network due to the independent nature of the training pathway. As a Professional Doctorate student I regularly engage in peer supervision with students across cohorts, whilst as a member of the Scottish Network of Sport and Exercise Psychologists, I attend a monthly practitioner development group that utilises a peer co-operation model (members are generally in-training or recently qualified). As with peer supervision, peer co-operation is a collegial process in which practitioners collaboratively reflect and explore experiences so as to develop professional and personal competence and understanding (Napan, 2021); the use of the term 'co-operation' is to reduce the risk of implied hierarchy.

Consequently, I was keen to explore if the DSEP committee could support the establishment of a quarterly peer supervision group for members at a national level; reaching out to in-training/newly-qualified psychologists whose peer networks may otherwise be lacking. A linked pre-qualifications group could also be created and its members invited to join specific sessions, so as to not exclude Stage One (MSc) members. This would reduce the reliance on attending (potentially costly) sport psychology conferences or CPD trainings as a means to provide exposure to peer supervision networks and models (Andersen & Williams-Rice, 1996)

Now What?

Whilst I had my own ideas about how the division could better support its in-training members, psychologists like all other societal groups, are not a monolith (Pilgrim, 2010). I suggested that following our meeting I support the Qualifications Lead in reaching out via Social Media to students, QSEP and BASES trainees, and contact Professional Doctorate programme leaders at Glasgow Caledonia, LJMU and Portsmouth universities. I am also keen to explore how the DSEP hubs might be able to support my suggestion of an established national peer supervision group, and will raise this with the Applied Hubs lead at our next committee meeting.

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December 2021: My conference presentation journey

What?

Last week we had the BPS DSEP annual conference, this year held in Liverpool. I am reflecting on my conference presentation journey across my training, what I have learned and gained from the experiences. I began in 2017 at my first DSEP conference, where I gave an oral presentation, followed by a poster presentation in 2019. In 2020, the impact of the COVID-19 pandemic affected my (and everyone else's) professional and personal life in almost every way imaginable. Despite these limitations, I gave a significantly greater number of talks and presentations at conferences than in any year previously.

I was an invited speaker at a quarterly meeting (held remotely via Zoom) for the Scottish network of sport and exercise psychologists, presenting my experience and reflections on working with a youth sport team during COVID-19 lockdowns. I was invited to speak as a panellist on a podcast on the topics of bi-phobia and bi-erasure (see: Pallotta-Chiarolli, 2017; Pennasilico, 2019), and gave two presentations at that year's BPS DSEP annual conference. The conference was held online due to the pandemic; together with my colleague at GB youth water polo I submitted a recorded video poster presentation on our experiences working with the team during lockdown. In addition, I was invited to submit a pre-recorded oral presentation as part of the Equality, Diversity and Inclusion (EDI) symposium, providing a brief introduction to menstrual research within sport and exercise.

So What?

This year (2021) marks further advancements in my academic conference journey. I have given both poster and oral presentations, and given a talk at an academic event as an invited key note speaker. Together with colleagues, I have co-facilitated an EDI workshop, providing teaching and training on challenging inequality within our field. I have chaired a conference session, and even assisted in the planning and running of the BPS DSEP conference as a member of the conference organising committee.

I was contacted by the president of the University of Dundee period poverty (DUPP) society with an invitation to discuss my work with the Menstruation in Sport research project, as their events week key note speaker. The talk was given live, remotely (over Zoom) due to ongoing COVID-19 restrictions impacting freedom of movement in Scotland. Being asked to be a key note speaker was an eye-opening experience for me. Usually I am submitting my work to conference/event organisers and hoping to be selected, it is much rarer for them to contact me and ask me if I'd be willing to give a talk. My initial internal response was one of disbelief, self-doubt (*'why me? I'm not key-note speaker material; they must have made a mistake!'*) And feelings of imposter syndrome (Clance & Imes, 1978). However, rather than let these thoughts consume me, I reminded myself that my research (though still unfinished) has already been impactful; we received six times the number of participant responses I had predicted – suggesting that it's a topic people involved in sport and exercise are interested in and supportive of.

I experienced similar feelings of anxiety and doubt, in the moments before chairing a session for the first time at this year's DSEP conference. Chairing is both a challenging and important responsibility that goes beyond simply introducing speakers (European Society for Prevention Research, 2017). I was responsible for introducing speakers, reading and understanding their research and presentations and how their talks may relate to one another, preparing discussion questions and prompts ahead of time, managing time-keeping and the session structure, leading and overseeing questions to speakers, and making speakers and audience feel at ease and not rushed or pressured. It felt like a full-circle moment for me; from beginning my conference presentation journey as an extremely nervous pre-doctoral student, unsure what I was doing there and if anyone would listen to me... to chairing a session of peers, at a conference I helped to organise.

Now What?

There were more female students and academics at the DUPP event than I have experienced at other similar events. Higher-status female students/academics are under-represented in academia (Marchant & Wallace, 2013), due to systemic barriers and equality issues making career progression more complex (Barrett & Barrett, 2011; Pyke, 2013). It is highly likely that as women, they may have had more of a vested interest (compared to male colleagues) in a talk given at a menstruation-related event. Regardless, I felt more confident in accepting and expressing my emotions, and making relevant self-disclosures (related to experiences of menstrual stigma) as a key note speaker, in a professional setting. This is likely due to my perception that female peers in attendance may be less likely than male colleagues to judge such behaviours as unprofessional or unacceptable (Kenny & Bell, 2011; Mair & Frew, 2018). There is a lack of female role models within sport and sport psychology (Gill, 1993; Meier, 2015); I remember my own feelings of surprise and relief when I saw my first female key note speaker at an academic conference. It is my hope, that I might have been able to provide some sense of visible representation during my talk at the event, for other female early-career researchers. The experience was extremely positive and I credit it with making the greatest contribution to my growing confidence in my presenting skills; culminating in me taking on roles at academic conferences that require greater responsibility, such as chairing a session and co-facilitating a workshop.

Moving forward, I want to consider the next steps for my conference presentation journey. It is my hope to present my doctoral research in full at future conferences and academic events; ideally to an audience of key stakeholders in women's sport. I believe my confidence in my professional abilities has never been higher, and I wish to capitalise on possible opportunities that may arise after receiving greater exposure of my research. In order to keep developing, I need to keep stepping outside of my comfort zone. Facilitating a training workshop was a new and exciting challenge this year, and something I wish to continue post-doctorate. In future, I can continue challenging myself further by seeking to lead an EDI training workshop (in full or part); taking responsibility for dissemination and delivering teaching and training to experienced peers and colleagues.

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CONSULTANCY CASE STUDY ONE

THE SPORTS INTEGRITY INITIATIVE (SII): A COLLABORATIVE APPROACH TO THE DEVELOPMENT OF PSYCHO-EDUCATIONAL TOOLS WITH POLICE SCOTLAND.

Abstract

In October 2018, was approached by senior academics at a Scottish University to join Police Scotland as the student project leader and psychology co-consultant on the Sports Integrity Initiative (SII). The SII capitalizes on collaborative opportunities that support the 'Divert' and 'Deter' branches of Police Scotland's "Four D's Strategy" (Divert, Deter, Detect and Disrupt) to tackle serious organised crime (SOC) in sport. It specifically focuses on the provision of educational media products for a youth (under 21) sport audience; raising awareness of the risks associated with, and consequences of, SOC in sport. Together with contacts at Police Scotland and overseen by placement/academic supervisors, I designed and implemented an intervention that comprised Phase One (development phase) of the SII. The outcomes of this intervention would inform the development of future media products in Phase Two. Six Focus Groups with youth sport populations within East Scotland were conducted. Results informed an evidence-based narrative construction, and multifaceted model of predicted behaviour (the ABC's of Moral Behaviour). A final report detailing all elements of Phase One of the SII was submitted, with a significantly increased budget awarded for Phase Two of the SII.

Key words: Organised crime, behaviour change, youth athletes, narrative development

Introduction

Client and project overview

An Inspector (Insp) and with Detective Constable (DC) at Police Scotland (Divert and Deter, Safer Communities, East Scotland) approached two senior academics; namely a Professor of Duty of Care in Sport, and their colleague the Dean of School. Both worked within the School of Applied Sciences at a Scottish university, and were contacted regarding a potential student assignment. The Sports Integrity Initiative (SII) maximises potential collaborative opportunities supporting the 'Divert' and 'Deter' branches of Police Scotland's "Four D's Strategy" (Divert, Deter, Detect and Disrupt) to tackle serious organised crime (SOC) in sport. The SII aims to raise awareness of the risks associated with SOC in sport, educating and empowering athletes and their wider support systems to make informed decisions surrounding SOC, its products and consequences. The project was developed and facilitated through the partnership between Police Scotland and the university. As no current students were available to undertake the project, I (the trainee sport and exercise psychologist) was approached by the Professor of Duty of Care in Sport to act as the nominated student project leader (SPL). After an initial intake meeting held at the police station with all involved parties, it was agreed that I should be subcontracted in the role of SPL and psychology co-consultant for phase one (development phase) of the SII, under the local supervision of the Professor of Duty of Care in Sport (hereafter referred to as the placement supervisor) and academic supervision of Dr. Martin Eubank, Liverpool John Moores University (LJMU).

The vision of Police Scotland's "Four D's Strategy" for serious organised crime is to provide a safer, fairer and more prosperous country, free from the harm caused by SOC. Its focus within sport relates specifically to threat and harm arising from the distribution, sale and use of drugs (performance enhancing and/or recreational), bribery, extortion and coercion, and the manufacturing and sale of counterfeit goods. Recent cases including Shanthakumaran Sreesanth's IPL match-fixing scandal (Jaffay, 2017), "Irish Mafia" fight nights (Findlay, 2016), and Jamie Insall and Darren McCormack's (BBC Sport, 2017; Collins, 2017) bans for cocaine and steroid use, respectively, by UK Anti-Doping, attracted significant domestic and international media attention. The INTERPOL Match-Fixing Task Force (IMFTF) brings together worldwide law enforcement agencies (82 jurisdictions and Europol) to tackle match-fixing, SOC and corruption in sport; supporting member countries in investigations and operations that prioritise the sharing of information, intelligence and best practices. The 4 D's strategy within Scottish sport is focused primarily on 'Divert' and 'Deter', therefore the SII acts as a preventative measure, targeting younger athletes whose experiences with SOC may yet be lacking or limited.

Intake and Contracting

A Workplace Checklist provided by LJMU for applied consultancy undertaken by trainee sport and exercise psychologists was signed and dated by all relevant parties (see; Appendix 2). A risk assessment (see; Appendix 2) was conducted and an independent consultancy agreement (see; Appendix 2) developed. The agreement was informed by and aligned with the British Psychological Society (BPS) and Health and Care Professions Council (HCPC) standards of ethical conduct and practice with regards to; disclosure and dissemination, limits to confidentiality, harm avoidance, record keeping, right to withdrawal, trainee status and areas of competency (BPS, 2018; Keegan, 2015). Agreed goals and proposed supportive actions were outlined, signed and dated by the trainee, client, and supervisors. In addition to the preliminary meeting, three initial 'intake' meetings with involved parties were conducted at the police station and at the university to clarify client expectations, outline the aims and objectives of phase one of the SII and agree upon a proposed strategy of information gathering and methodology.

Needs Analysis

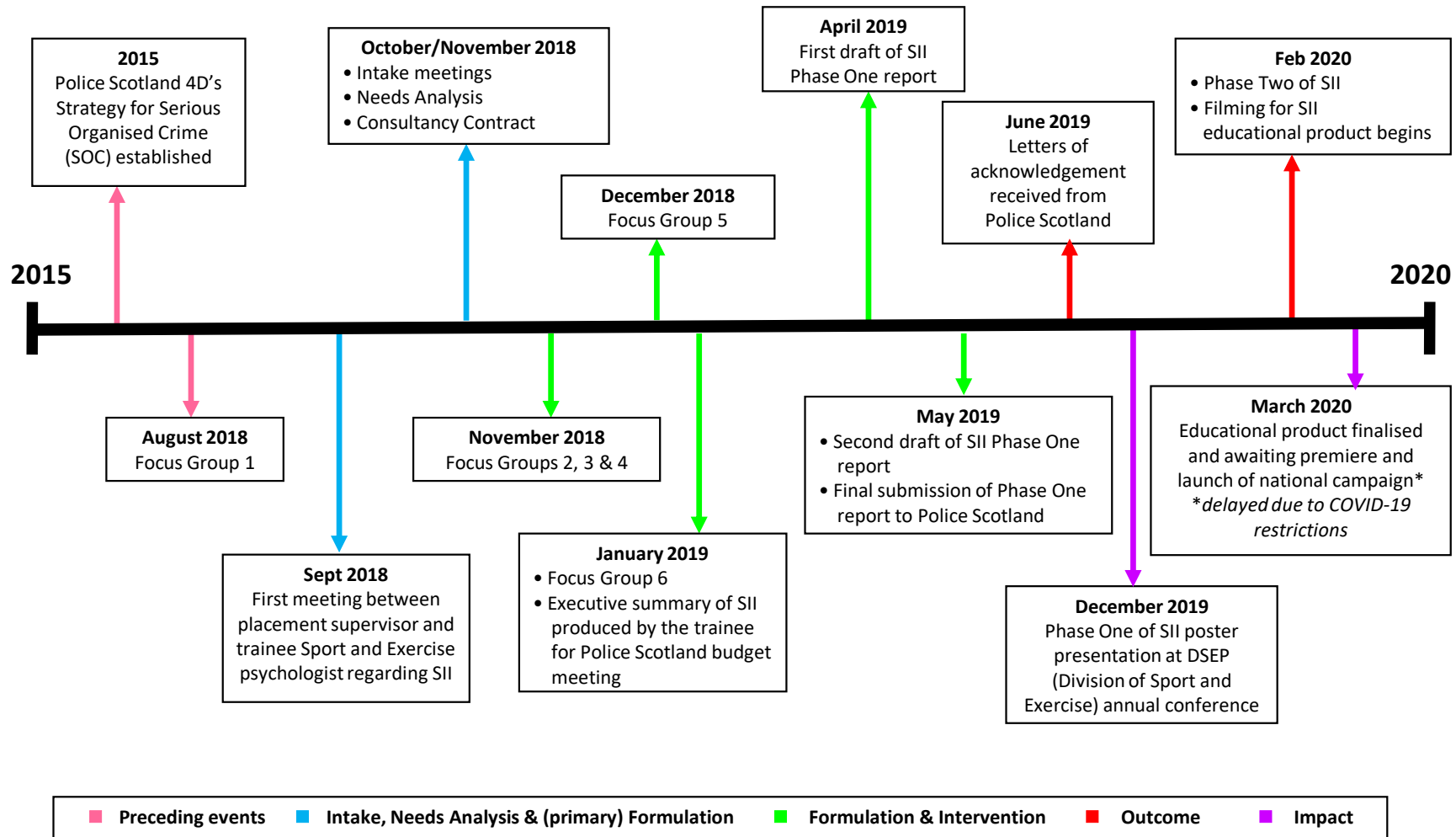
The trainee sport and exercise psychologist was subcontracted to act as SPL (under supervision) and co-consultant during the development phase. The SII aims to educate youth (aged 21 and under) athletes and responsible related persons (coaches, parents etc.) on the risks associated with SOC in sport, so as to empower young people to make informed choices related to the risks and consequences associated with SOC and its products (e.g. goods, drugs/banned substances, money etc.). It was proposed that such an approach would allow sport and relevant, related psycho-education to be promoted as a positive experience.

The original brief (see Appendix 1) tasked students with the designing and implementation of a product that could be utilised to deliver key messages related to SOC, to young people in sport. The proposed product (the client demonstrated a preference for a short film or cartoon) would comprise of three parts, each referring to a different theme related to SOC in sport and its key messages; 1) agents, match fixing and gambling with links to social media, 2) performance enhancing products including controlled drugs, and 3) counterfeit goods. Police Scotland provided example narratives for each theme within the brief and had designed two accompanying draft storyboards featuring proposed narratives they felt may be impactful and relatable for a youth sport audience.

An initial focus group with Youth (under 18) Sport Ambassadors (YSA), conducted prior to my involvement with the SII, had heavily criticised the storyboards and depicted narratives as being *"unrealistic"* and *"lacking in detail"*. It was noted that whilst the proposed narratives had potential to be successful if delivered effectively within a product (i.e. *"with good acting and writing"*) for the stories to be relatable and relevant for their intended audience, they would need to *"feel real"*. The focus group participants proposed that building narratives based on real lived experiences of athletes exploring a range of potential consequences of immoral and/or illegal behaviours within sport may help ensure a more meaningful impression of Police Scotland's intended messages to the audience.

At the point at which I agreed to collaborate with academics at the Scottish university and Police Scotland on the SII as the designated SPL, a more effective approach to the consultancy was proposed by myself and the placement supervisor. The aim was to provide an informed, psychological narrative and consultation process, through the outlining of appropriate evidence-based psychological theory and strategy. This would guide and inform the future development of products aimed at promoting the SII. This approach was significantly more aligned with the trainee and supervising sport and exercise psychologists' majority client-led philosophy of practice, as it allowed participating athletes to collaborate on shaping effective and authentic narratives congruent with their experience. The third strand of the SII 'Counterfeit goods' was ultimately abandoned as a focus of the strategy for the development phase, so as to prioritise identifying the antecedents and consequences of match fixing, bribery and performance enhancing drug use within the final product. Fig 1. details a timeline (including key events) of Police Scotland's 4 D's strategy and the subsequent intervention outlined within this case study.

Fig. 1: Sports Integrity Initiative (SII) Project Stages and Timeline



Case Formulation

Defining Integrity

A definition of integrity based upon that outlined by Agnew et al.'s (2017) systematic review of ethics, integrity and well-being in elite sport was devised. Integrity in sport is when the ethics and values of fairness, honesty and equality are followed, so that people feel confident that sporting performances and results have been achieved fairly, without being affected by illegal or immoral factors. It requires athletes, officials, coaches, supporters, and others to behave positively, fairly, honestly and morally both in and outside of the sporting arena, so that the overall reputation and standard of the sport and competitive events are kept to a high standard. This understanding of integrity within sport was rationalised and applied as the agreed-upon standard within all written and verbal communication throughout the duration of the development phase of the SII.

Underpinning Theory

To best create stories that would feel authentic to their audience, the voices and experiences of real athletes needed to be shared. However, asking youth athletes, frequently minors (under 16) to recount lived experiences of potentially immoral and/or illegal behaviour in focus groups with a noticeable police presence, would have been both inappropriate and likely impossible. After personal and supervisory reflection, focus group tasks were designed that required participants to consider hypothetical scenarios. These would allow youth athletes to explore what may lead someone to engage in immoral and illegal behaviour in sport, within a safe and ethically-governed environment. In this way, any suggestions offered by focus group participants could be informed by authentic experiences, where available, but safely disguised in the form of suggestions or comments to hypothetical scenarios. Participating athletes' engagement in these tasks would assist in determining realistic 'tipping points'; a specific point at which an athlete makes a decision that may or may not 'tip' them into engaging in immoral/illegal behaviour and place them at risk of SOC in sport.

'Tipping points' are influenced by '*nudge theory*' (Thaler & Sunstein, 2008) in which the authors define a nudge as "*any aspect of the choice architecture that alters people's behaviour in a predictable way, without forbidding any options or significantly changing their economic incentives*" (Thaler & Sunstein, 2008, page 6; See also; Leonard, 2008; Sugden, 2009). Like Thaler and Sunstein's 'nudges', it was essential that the events leading up to the narrative 'tipping points', resulting consequences and the 'point' itself felt authentic for a youth sport audience, so as to create a product with greater potential impact and relevance.

The Theory of Reasoned Action (Fishbein & Ajzen, 1975; Fishbein, 1979) suggests behaviour is best predicted from an individual's intention to perform the behaviour. The theory proposes intention derives from two distinct components; the first is an attitudinal component in which an evaluation is made of how favourable people perceive the behaviour as being. The second is and a normative component that reflects subjective and societal

norms relating to the degree to which individuals believe others, who they deem important and favourable, will approve of them performing the behaviour.

Deterrence Theory, a theoretical approach to understanding law-compliant decision making (see; Paternoster, 1987) stems from the '*rational-choice perspective*' of human behaviour (Cornish & Clarke, 1987), which assumes that people are 'rational calculators' who - with time and self-reflection - make decisions determined to be of net benefit to themselves (Strelan & Boeckmann, 2003; 2006). Extending this, Perceptual Deterrence Theory (PDT) (Paternoster & Bachman, 2013) is concerned with how individuals may respond to the perceived rather than objective costs of law-breaking decisions. PDT theorises that the more certain and severe the perceived potential punishment is for decision-making that results in criminal behaviour, the more likely the lawbreaking activity will be judged not to be in an individual's best interest, thus choosing not to engage in the act.

The above-mentioned theories informed all materials and activities provided within the focus groups. A non-judgemental approach was taken, and participants' ideas and suggestions during focus groups were viewed as rational, even if they related to law-breaking or immoral behaviour. This is in line with Deterrence and Perceptual Deterrence theories (Paternoster, 1987; Paternoster & Bachman, 2013) and in turn strengthened trust in the relationship between participant and focus group facilitator, allowing for greater authenticity within the data collected.

Methodology

Participants

Several potential youth sport populations were identified within initial meetings as being suitable for focus groups, with additional populations emerging during the focus group process. Voluntary recruitment resulted in 84 female and male athletes (age range; 13-22) from youth sport populations across the East Coast of Scotland, to take part in one of a number of focus groups. To help ensure anonymity, specific demographic data relating to participants (i.e. gender, age, ethnicity) was not routinely recorded.

Participant populations included:

- Youth Sports Ambassadors (YSA) (N=12)
- Scottish Premiership Football Club Under 21s (N=6)
- High Performance Sports Development (HPSD) athletes attending an independent school (N=11)
- Scottish university undergraduate students (sport/fitness programmes of study)(N=25)
- Scottish Rugby Club (N=18)
- Scottish Aquatics Club (N=12)

In addition, several coaches participated during the football club (N=1), HPSD (N=1) and rugby club (N=2) focus groups, with a number of coaches and parents also taking part alongside the swimmers from the aquatics club. This ensured that narratives could be collected from both athletes and their support workers across a variety of sports and skill levels, thus ensuring a greater depth and breadth of recorded experience.

Data Collection

Data collection was an iterative process, in that each stage required subsequent reflection which influenced the next stage, facilitating greater understanding (Srivastava & Hopwood, 2009). Theoretical saturation was determined by trainee and supervisor(s) to have been reached at the point when no novel responses occurred within the focus group responses.

Materials and initial development work: Focus Group 1

All focus groups began with a presentation and talk delivered by the DC, regarding SOC in sport, the SII and its aims and objectives. This was followed by an opportunity for attending athletes and others to ask questions. As described within *Needs Analysis*, prior to the work undertaken by the trainee for the SII, two storyboards depicting narratives related to performance enhancing drug use and match fixing/bribery were created by Police Scotland. These were subject to evaluation on the effectiveness of their intended messages at the YSA focus group. Upon reflection, and at the suggestion of the placement supervisor and I, storyboard evaluation was

dropped from subsequent focus group activities, so as to proceed with a more data-driven approach to narrative building to inform later product development.

Material, development and data collection: Focus Groups 2 – 6

I developed worksheets that included a range of qualitative and quantitative, group and individual tasks, to be utilised within focus groups 2-6. Variations of individual worksheets used across the Focus Groups (excluding Focus Group 1) can be found in Appendices 3 and 4. Variations of group worksheets can be found in Appendices 5 and 6. The nature of activities included:

- Identifying, ranking and categorising the qualities of perceived 'role models' in sport.
- Appraising pre-existing sporting integrity initiatives adapted from non-U.K. countries.
- Posing hypothetical scenarios related to performance enhancing drug use and match fixing/bribery.

Procedure

A timeline of focus groups and related activities can be found in Fig. 2. Focus groups took place across a number of locations, either locally within the city or at the athletes/sports training ground. Duration ranged between 60-90 minutes. Storyboard evaluation was abandoned after Focus Group 1 to adopt a more data-driven approach to narrative construction, so as to develop a product with greater authenticity. This influenced the decision to design individual and group activities aimed at eliciting significant qualitative data related to examining participants' responses to hypothetical scenarios, so as to reflect their real-life experiences anonymously, but as authentically as possible, within any future product.

The quantitative measure (non-validated questionnaire using Likert scales, see Appendix 7) aimed at appraising non-U.K. based SII's was abandoned after Focus Group 2. Immediate analysis of post-focus groups' results revealed even risk factors identified by participants as having an 'average' to 'somewhat high' (see: *Results from Focus Groups*) influence on an athletes' likelihood to engage in corruptive behaviour were scored as having 'very little' to 'little' effect on participants' decisions within their every-day sporting lives. Therefore, it was determined that further evaluation of the effectiveness of pre-existing SII's would prove less illuminating than deeper exploration of participants' responses to hypothetical scenarios.

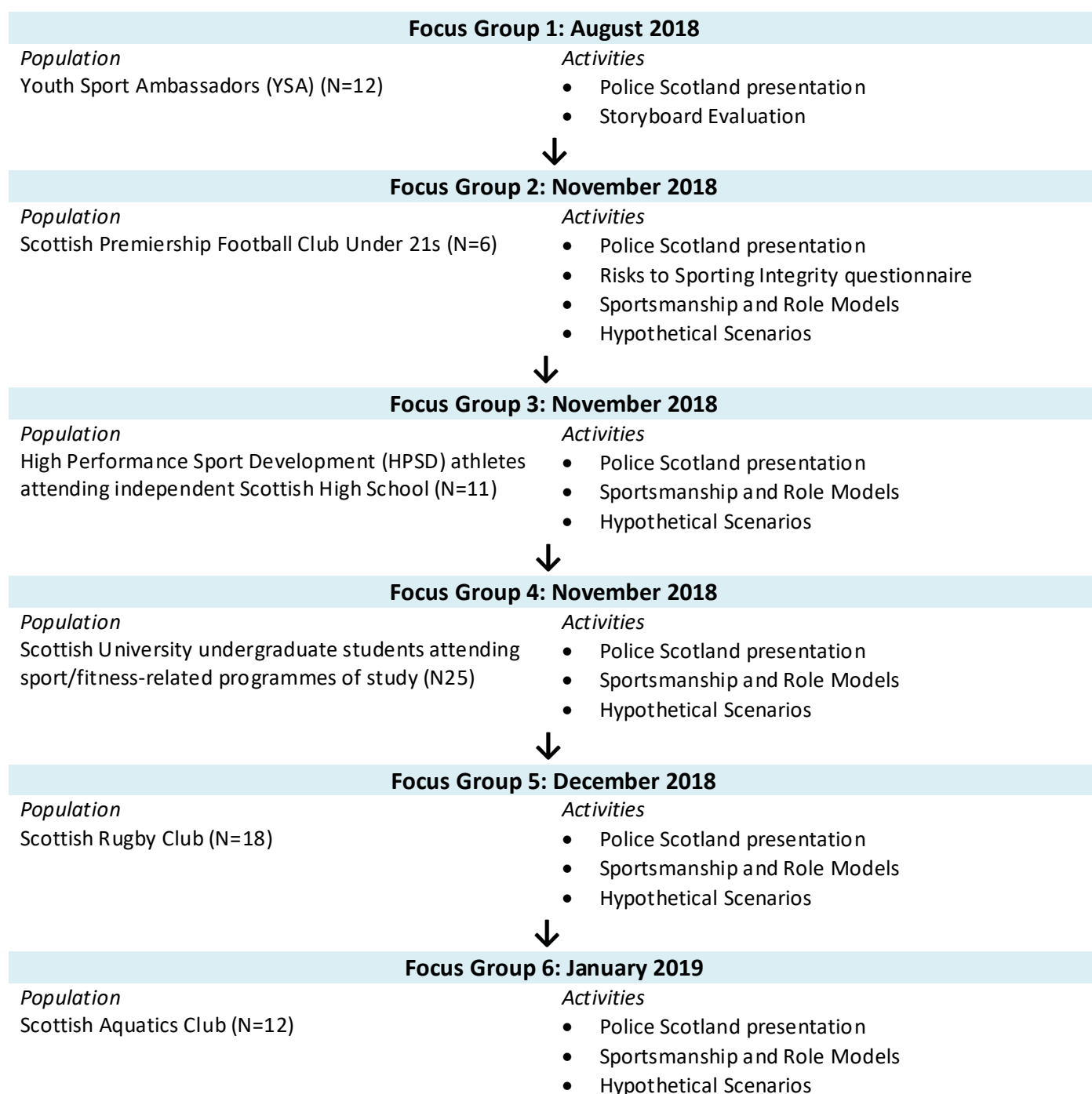
Participating athletes, coaches and parents from Focus Groups 2-6 were encouraged to take part in small group active discussions facilitated by the trainee sport and exercise psychologist and placement supervisor, related to performance enhancing drug use and match fixing/bribery in development and elite sporting settings. Hypothetical scenarios were posed to participants, requiring them to identify likely locations, situations and individuals who may engage in or be involved with corruptive behaviour in sport. Furthermore, participants were asked to evaluate their responses to this hypothetical behaviour, and examine its effect on their attitudes towards sporting and athletic integrity.

Ethical Considerations

Though demographic data was not recorded during Focus Groups, it was estimated that a significant proportion of participating athletes were minors (under 16/under 18). Participants were advised by the attending Inspector and DC during the introductory presentation (and later by the placement supervisor and I) preceding Focus Group activities, that they need only share information they were comfortable discussing, and were entitled to withdraw from any activity at any point.

Participants were reminded they were under no obligation to - nor were advised to - draw upon any real life experiences when engaging in the activities. Therefore, any mention of illegal, unethical or immoral behaviour neither could, nor would be viewed as incriminating, or an admittance of harmful behaviour. A referral process was established for any incidences of participants disclosing information that indicated a current, historical or perceived risk of harm and/or criminal behaviour. The participant would be informed of the need to break confidentiality, and begin the referral process. The safeguarding officer at the participants' team/organisation would be contacted, and a meeting with the participant (minors would be accompanied by an appropriate adult), safeguarding officer and placement supervisor would be arranged. Formal safeguarding, disclosure and referral policies in place at the participants' team/organisation would be adhered to by all parties. In all instances, the participant would be encouraged to self-disclose to the appropriate parties. Verbal consent was obtained during the focus groups prior to beginning the individual and group activities, with additional consent provided by coaches, parents/guardians and other responsible people(s) present, on the behalf of attending minor athletes.

Fig 2: Focus Group Timeline and Related Activities



Results

Main Findings from Focus Groups: Storyboard Feedback and Risks to Sporting Integrity Questionnaire

The storyboard depicting a narrative related to rogue agents and match fixing was described by focus group members as being unrealistic and lacking in sufficient detail or context to make it feel authentic to its intended audience. Whilst the performance enhancing drug use storyboard was perceived as marginally more realistic and relatable than the former, it was still heavily criticised for lacking enough 'punch' to deter others from engaging in immoral or illegal behaviour. As a consequence, the storyboard evaluation tasks were abandoned for all subsequent focus groups, so as to collaborate with participating athletes on narrative development, thus developing a product containing themes more relevant for youth athletes in Scotland.

The Risks to Sporting Integrity Questionnaire (see Appendix 7) is a non-validated questionnaire designed by the trainee sport and exercise psychologist, presented as an individual task in Focus Group 2. It required athletes to score on a Likert Scale (1=very low/very little – 5=very high/a lot). It identified risks to sporting integrity and was primarily adapted from pre-existing non-UK based initiatives (see; Bricknell, 2015; Misra et al., 2013) on two levels; how likely each factor makes the chance than an athlete may engage in corruptive, illegal or immoral behaviour, and how much each risk factor affects them individually and influences their daily decision making. It was hypothesised that it would be most appropriate to prioritise the effects of risk factors deemed as *significantly* increasing the likelihood of engagement in corruptive activities and/or *significantly* impacting upon the everyday lives of participating youth athletes in Scotland within narrative development. Table 1 highlights results from the Risks to Sporting Integrity questionnaire.

Table 1: Results from the Risks to Sporting Integrity Questionnaire

Risk Factor	Influence on potential corruptive behaviour		Effect on daily life and self-decision making	
	Mean	Standard Deviation	Mean	Standard Deviation
1. The nature of the sporting world as a ‘closed environment’; athletes and coaches can sometimes feel ‘cut off’ from the outside world.	3.14	0.35	1.14	0.35
2. An Athletes’ personal morals, beliefs or ideas about what sorts of behaviours are immoral, illegal or corruptive in sport.	2.66	0.75	1.5	0.5
3. Engaging in illegal or corruptive behaviour can be an opportunity to make money.	3.14	0.99	1.29	0.45
4. Engaging in illegal, immoral or corruptive behaviour can have a negative effect on the integrity of the sporting world, which may affect public perception of the sport.	2.57	0.73	1.14	0.35
5. Engaging in illegal, immoral or corruptive behaviour may result in an athlete suffering from professional and/or legal consequences.	2.43	1.05	1.14	0.35
6. Engaging in illegal, immoral or corruptive behaviour can result in other people making judgements about you, or disapproving of your actions.	2.71	0.7	1	0
Overall results for item score:	2.78	0.39	1.2	0.16

The questionnaire was abandoned for Focus Groups 3-6. As the results in Table 1 show, despite certain risks being identified by participants as having an ‘average’ (score of 3) to ‘somewhat high’ (score of 4) score for influence on potential corruptive behaviour, their self-reported effect on the daily lives and decision making was in contrast scored on average as ‘very little’ (score of 1). Upon reflection with the placement supervisor, it was agreed by all relevant parties that evaluating pre-existing sporting integrity principles and related policy occurred too early within the ‘Divert’ and ‘Deter’ elements of the SOC strategy, and would be more appropriate at the ‘Disrupt’ stage. A return to focusing on risk identification and psycho-education before examining effective procedure and policy more intensely was determined to be the most appropriate route for the development phase.

Sportsmanship and Role Models

Athletes and coaches from focus groups 2 – 6 participated in an individual activity in which they completed worksheets related to their perception of good sportsmanship and sporting role models. I transcribed all results verbatim and explored for emergent themes. Transcriptions of results from the individual role models activity and subsequent theme development tables are listed within Appendices 8, 9, 10 and 11. The first item; ‘What does the term ‘good sportsmanship’ mean to you?’ produced several semantically and experientially-linked themes, including

but not limited to; playing fairly, helping and respecting others, leading by example and elite performance. When asked to describe what potential impact ‘good’ sporting role models may have on other athletes, participating athletes noted they would encourage, motivate and inspire others to perform and behave at their best, whilst simultaneously striving for continuous self-improvement. In contrast, ‘bad’ sporting role models who engage in poor, inappropriate and immoral behaviours were believed to ‘normalise’ such actions, reframing them as appropriate or necessary within elite sport settings and increasing the risk of repetition through others (negative modelling).

Athletes were divided into smaller subgroups (10 in total across Focus Groups 2 – 6) to complete the second role model activity. They were asked to identify and rank the 10 most important qualities of a good sporting role model (1 = most important, 10 = least important). Ranked qualities from each subgroup were then reverse scored (most important quality = 10, least important quality = 1) by the trainee to determine their total ‘importance score’ (IS). Results were then divided into two groups; qualities identified and ranked by one group (single appearance) and by multiple (more than one) groups (multi-appearance). Results from the group role models activity can be seen in Table 2.

Table 2: Ranked Role Model Qualities and Importance Scores (IS)

Multi-Appearance		Single Appearance	
Role Model Quality	IS	Role Model Quality	IS
Respect	59	Doping Free	10
Hard-Working	45	Disciplined	9
Leadership	36	Consistent	8
Humble	36	Responsible	7
Positive	35	Popular	7
Fair	27	Integrity	7
Confident	22	Willing to Learn	6
Honesty	20	Organised	6
Resilient	16	Independent	6
Good Example	16	Collaboration	6
Competent	16	Crime-Free	6
Motivated	15	Passionate	5
Communication	14	Creativity	5
Professional	13	Cheeky	5
Loyal	12	Ambitious	5
Determined	12	Strong	4
Commitment	11	Kind	3
Friendly	9	Advises Others	3
		Unique	2
		Gains	2
		Dedicated	1

The IS of each identified role model quality was then averaged (Mean IS) and added to its frequency of appearance (Fq); the total number of times each quality had been identified within the 10 total subgroups, to provide an overall total (OT); $\text{Mean IS} + \text{Fq} = \text{OT}$. These scores were subsequently adjusted to the nearest 0.5 (adjusted OT), which were applied so as to assign an importance category (Category) of either ‘high’, ‘mid’ or ‘low’ importance (see Table 3 below):

High Importance Qualities: Six qualities were categorised as being of 'high importance', and all were identified multiple times across subgroups. The adjusted OT scores for high importance qualities ranged from 12 – 15.5 (range = 3.5).

Mid Importance Qualities: Eight qualities were categorised as being of 'mid importance' with adjusted OT scores ranging from 9 – 11 (range = 2). The majority (N=6) of qualities in this category were multi-appearance.

Low Importance Qualities: 25 qualities were categorised as being of 'low importance' with the majority (N=18) being single appearance. Adjusted OT scores for qualities of low importance ranged from 2 – 8.5 (range=6.5)

All relevant scoring data including frequency of appearance, adjusted overall total scores and assigned importance categories for all single and multi-appearance identified role model qualities can be found in Table 3.

Table 3: Role Model Qualities categorised by Importance with adjusted Overall Total scores

Role Model Quality	Multi (M) or Single (S) Appearance	Mean IS	Fq	OT (Mean IS + Fq)	Adjusted OT (nearest 0.5)	Importance Category
Respect	M	8.43	7	15.43	15.5	High
Positive	M	6.43	7	13.43	13.5	High
Fair	M	9	3	12	12	High
Hard-working	M	6.8	5	11.8	12	High
Humble	M	6	6	12	12	High
Leadership	M	6	6	12	12	High
Doping Free	S	10	1	11	11	Mid
Good Example	M	8	2	10	10	Mid
Honesty	M	6.66	3	9.66	10	Mid
Disciplined	S	9	1	10	10	Mid
Motivated	M	7.5	2	9.5	9.5	Mid
Confident	M	4.4	5	9.4	9.5	Mid
Communication	M	7	2	9	9	Mid
Consistent	M	8	1	9	9	Mid
Professional	M	6.5	2	8.5	8.5	Low
Resilient	M	5.33	3	8.33	8.5	Low
Competent	M	5.33	3	8.33	8.5	Low
Loyal	M	6	2	8	8	Low
Responsible	S	7	1	8	8	Low
Popular	S	7	1	8	8	Low
Integrity	S	7	1	8	8	Low
Commitment	M	5.5	2	7.5	7.5	Low
Determined	M	3	4	7	7	Low
Willing to learn	S	6	1	7	7	Low
Organised	S	6	1	7	7	Low
Independent	S	6	1	7	7	Low
Collaboration	S	6	1	7	7	Low
Crime Free	S	6	1	7	7	Low
Friendly	M	4.5	2	6.5	6.5	Low
Passionate	S	5	1	6	6	Low
Creativity	S	5	1	6	6	Low
Cheeky	S	5	1	6	6	Low
Ambitious	S	5	1	6	6	Low
Strong	S	4	1	5	5	Low
Kind	S	3	1	4	4	Low
Advises Others	S	3	1	4	4	Low
Unique	S	2	1	3	3	Low
Gains	S	2	1	3	3	Low
Dedicated	S	1	1	2	2	Low

Hypothetical Scenarios

After completing the group role models activity, participating athletes from focus groups 2 – 6 remained within their subgroups to complete the hypothetical scenarios task. The placement supervisor and I acted as discussion facilitators and scribes to avoid participants having to dedicate time to writing down their answers, thus maximising the time attendees had to engage in collaborative discussion. Participants were asked to provide responses to posed questions related to performance enhancing drug use and match fixing, bribery and unfair play. These were designed

to elicit suggestions from the participants of subsequent hypothetical scenarios and outcomes, with their discussions transcribed verbatim by the discussion facilitator. Scenarios (see Table 4) were accompanied by a number of prompts (provided verbally by the discussion facilitators when relevant), informed by relevant theory and existing literature.

Table 4: Posed Hypothetical Scenarios and related Verbal Prompts

Discussion Question	Prompts
1a. Can you think of a hypothetical situation, or hypothetical situations, where you might be pressured into taking performance enhancing drugs?	<i>What might that situation look like? Who might be involved? Where would you be?</i>
1b. Can you think of a hypothetical situation, or hypothetical situations, where you might be pressured into fixing matches, betting against yourself or taking bribes to not play fairly?	<i>What might that situation look like? Who might be involved? Where would you be?</i>
2a. What could affect your decision to take, or not to take Performance Enhancing drugs in this situation?	<i>The risk of getting caught Personal morals/feelings about drug-taking Health risks associated with drugs Personal morals/feelings about corruption in sport Wanting to be a role model for others Professional/legal consequences of getting caught Feeling like others may disapprove or make negative judgements</i>
2b. What could affect your decision to engage in match fixing, betting against yourself, taking bribes and playing unfairly?	<i>The risk of getting caught Personal morals/feelings about match fixing, unfair play, gambling/betting, bribery Personal morals/feelings about corruption in sport Wanting to be a role model for others Professional/legal consequences of getting caught Feeling like others may disapprove or make negative judgements</i>
3. How would being in a situation like this make you feel?	<i>What emotions/thoughts/urges/memories etc. might you experience? Why?</i>
4. Please think of a hypothetical situation in which you discover an athlete, who you admire a lot, has been discovered to be engaging in corruptive and immoral behaviour in sport (e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes, playing unfairly). How would this affect the integrity of the athlete, and of the sport itself?	<i>Would the opinion you currently have about the athlete/the sport change? Why/Why not? Is sporting/athletic integrity important for you? Why/Why not?</i>
5a. Please think of a hypothetical situation, in which you discover that a teammate or close friend who you play sport with has been taking performance enhancing drugs. What would be your initial 'gut reaction' upon finding this out?	<i>What emotions might you feel? What thoughts might you have? What things might you say to them? What advice might you give them? What action(s) might you be inclined to take?</i>
5b. Please think of a hypothetical situation, in which you discover that a teammate or close friend who you play sport with, has been taking bribes in order to 'fix' the outcomes of competitions. What would be your initial 'gut reaction' upon finding this out?	<i>What emotions might you feel? What thoughts might you have? What things might you say to them? What advice might you give them? What action(s) might you be inclined to take?</i>

A thematic approach to Qualitative Content analysis (Mayring, 2004) guided the categorisation of participants' responses to the performance enhancing drug use and match-fixing/bribery discussion questions. Content was categorised, based upon emergent themes and sub-themes, with frequency of appearance (Fq) across all focus subgroups noted. Results can be seen in Table 5.

Table 5: Categories of Hypothetical Scenario responses with related Themes, Sub-Themes and Frequency (Fq) of Appearance

Hypothetical Item	Category	Theme	Sub-Theme	Fq
Motivation behind drug-taking behaviour	<i>Social</i>	<ul style="list-style-type: none"> Peer pressure Normalised within sporting culture 	<ul style="list-style-type: none"> From teammates/coaches Seeing someone else 'get away with it' 	4
	<i>Performance Enhancement</i>	<ul style="list-style-type: none"> Internal performance pressure Desire to replicate others' results Concerns about injury 	<ul style="list-style-type: none"> Perfectionism Social pressure driven by internal desire Shortcut 	3
	<i>Education</i>	<ul style="list-style-type: none"> Lack of knowledge about fitness Lack of knowledge to go against advice from others 	<ul style="list-style-type: none"> Shortcut From teammates/coaches 	2
	<i>Mental Health</i>	<ul style="list-style-type: none"> Concerns about injury 	<ul style="list-style-type: none"> Confidence/Esteem 	1
	<i>Aesthetic</i>	<ul style="list-style-type: none"> Desire to replicate others' results 	<ul style="list-style-type: none"> Social pressure driven by internal desire 	1
Rationale for decision not to take drugs	<i>Social</i>	<ul style="list-style-type: none"> Fear of damaging/losing relationships Fear of losing reputation Risk of wider damage to team; 'tar with same brush' 	<ul style="list-style-type: none"> With teammates, coaches, friends and family Loss of fans/public support Labelled as 'drug taker' Social responsibility 	3
	<i>Potential Punishment</i>	<ul style="list-style-type: none"> Risk of getting caught Professional consequences Legal consequences 	<ul style="list-style-type: none"> Risk of drug testing Bans/fines/demotion or career loss Fines/custodial/local Policy 	3
	<i>Finance</i>	<ul style="list-style-type: none"> Financial cost 	<ul style="list-style-type: none"> Fine 	2
	<i>Emotion</i>	<ul style="list-style-type: none"> Shame 	<ul style="list-style-type: none"> Failure 	2
	<i>Physical Health</i>	<ul style="list-style-type: none"> Health risks 	<ul style="list-style-type: none"> Side effects 	1
Rationale for decision to take drugs	<i>Social</i>	<ul style="list-style-type: none"> Peer pressure Social media Normalised within sporting culture 	<ul style="list-style-type: none"> From teammates, coaches From doctor or physiotherapist Seeing someone else 'get away with it' 	4
	<i>Performance Enhancement</i>	<ul style="list-style-type: none"> Wanting to win Shortcut to success 	<ul style="list-style-type: none"> Gaining an advantage 	3
	<i>Education</i>	<ul style="list-style-type: none"> Lack of knowledge of side-effects Lack of knowledge of legal Consequences 	<ul style="list-style-type: none"> Decision is usually rational and considered 	3
	<i>Mental Health</i>	<ul style="list-style-type: none"> Lack of confidence in ability Performance related anxiety/depression 	<ul style="list-style-type: none"> Confidence/Esteem 	2

Rationale for decision not to match fix/bribe	<i>Potential Punishment</i>	<ul style="list-style-type: none"> Professional consequences Legal consequences 	<ul style="list-style-type: none"> Bans/fines/demotion or career loss Fines/custodial/local Policy 	2
	<i>Emotion</i>	<ul style="list-style-type: none"> Guilt Shame 	<ul style="list-style-type: none"> Moral responsibility 	2
	<i>Social</i>	<ul style="list-style-type: none"> Fear of losing reputation 	<ul style="list-style-type: none"> Negative media attention 	1
Rationale for decision to match fix/bribe	<i>Finance</i>	<ul style="list-style-type: none"> Amount of money on offer Financial security 	<ul style="list-style-type: none"> Impact on wider lifestyle Age 	2
	<i>Social</i>	<ul style="list-style-type: none"> Normalised within sporting culture Peer pressure 	<ul style="list-style-type: none"> Seeing someone else 'get away with it' 	2
	<i>Emotion</i>	<ul style="list-style-type: none"> Moral flexibility 	<ul style="list-style-type: none"> Reward vs. Risk 	1
	<i>Performance Enhancement</i>	<ul style="list-style-type: none"> Performance pressure 	<ul style="list-style-type: none"> Confidence/Esteem 	1

Findings and Key Messages

Why take drugs?

The most common motivation to take performance enhancing drugs, identified by participating athletes, was external (originating from others; e.g. *peer pressure, desire to replicate others' results*) and internal (originating from an implicit desire to do well; e.g. *wanting to win, concerns about injury*) performance pressure. Such pressures acted as a 'tipping point' to choose to take drugs across all subgroups. Social factors, such as the fear of damaging or losing significant relationships with trusted individuals like coaches, parents and teammates (internal), and the experience of associated shame acted as a stronger deterrent than health risks related to drug-taking (external), and the threat of punishment (external), be it professional (i.e. risk of getting caught, career bans, loss of career etc.) or legal (fines, custodial sentence etc.)

Why behave immorally?

When provided with identified risk factors (e.g. *'Engaging in illegal or corruptive behaviour can be an opportunity to make money'*) based upon existing sporting integrity policy (see; Bricknell, 2015; Misra et al., 2013) the self-identified direct impact of all listed factors on participating athletes' daily decision making was consistently rated as 'very little', even for factors acknowledged as being of average to moderate risk, such as: *'The nature of the sporting world as a 'closed environment'; athletes and coaches can sometimes feel 'cut off' from the outside world'*. 'Tipping points' theoretically informed by perceptual deterrence theory (Strelan & Boeckmann, 2003; 2006; Paternoster, 2013; Loughran et al., 2018; Willison et al., 2018) were subsequently identified through a thematically-driven analysis of participants' responses to posed hypothetical scenarios.

Participating athletes were more likely to 'tip' towards immoral behaviour (match-fixing, bribery, unfair play) after seeing or perceiving others 'getting away with it', whether this was a direct observation or assumption. This was most significant when the immoral individual was considered a role model. Other tipping points included the athlete's point in their career (being at the beginning, or towards the end of a career were both identified as potential tipping points), internal/external performance pressure (which were equally influential on having the ability to 'tip') and the amount of money on offer. The exact figure deemed "enough money to say yes" varied greatly between individuals and focus groups, but was consistently labelled as a self-identified 'life changing amount'.

What's the role of role models?

The concept of athletic role models and role model-like behaviour is important to the success of athletic integrity (Strelan & Boeckmann, 2006). Participants highlighted how observing admired others 'get away with' illegal/immoral behaviour, be they teammates, coaches or professional athletes, normalises immorality within the sporting culture, thus encouraging others to engage in it. Incidentally, sporting role models were ascertained as being some of the best placed individuals to deter others from poor decision making, through 'leading by example'. Such behaviour when modelled was suggested to 'tip' athletes towards moral behaviours.

The results from the intervention suggested that communicating key scenarios using perceived role-models to both help and hinder moral behaviour. Not shying away from documenting the authentic consequences of the moral/immoral behaviour choice, may help to create a product that reflects the reality for youth athletes in Scotland. This approach to media product development would allow for psycho-education -inspiring empowered decision making by the audience - whilst retaining an authentic and appropriate 'feel' to the message, as opposed to 'lecturing'. Participants highlighted hypothetical situations in which trusted individuals (e.g. coaches, teammates/friends, physiotherapists/doctors etc,) were amongst the biggest influences on 'tipping points' for illegal and immoral behaviour, with their effect exacerbated if these individuals are also perceived as a role-model. Therefore, it was suggested by the trainee and supervisor that role model characters within Phase Two should be shown in both a positive and negative light, to best reflect the breadth of their ability to encourage moral/immoral behaviour in others.

Establishing a narrative; The ABC's of moral behaviour

Social factors and the role of others are as important as personal choice when faced with a 'tipping point'. An approach to the creation of a media product that would be able to communicate such nuances to a wide youth sport audience was proposed by the placement supervisor and me. Our suggestion was to develop a short film that follows the experiences and narratives of a friendship group encountering situations that expose them to the potential for SOC in sport, highlighting antecedents, subsequent moral/immoral behaviour choices and associated consequences. We believed that exploring these narratives through a group helps to ensure authenticity of psycho-educational tools in the eyes of their audience, ensuring greater effectiveness. The placement supervisor and I emphasised the

need to include stories in which the group act as positive (choosing to deter/divert) and negative (choosing to engage) role models with realistic yet mixed results, so as to create a diverse educational tool that aims to inspire autonomous, moral decision-making, rather than threaten potential consequence.

It was theorised that creating five to six 'characters' with associated narratives based upon findings from the Development Phase would be of benefit to Police Scotland in the development of a future product. Each character's story followed an 'ABC' structure (Antecedents, Behaviour, Consequence) to justify predicted behaviour and related consequence within the narrative. Character's antecedents were derived from high-importance role model qualities (Table 3) and identified motivations behind illegal and immoral behaviour (Table 5). Their subsequent behaviour was determined by their rationale behind the choice to take drugs, fix matches, accept bribes and engage in unfair play – or not to do so. To create narratives that feel authentic, the consequences of each character's behaviour should be both positive and negative, and include a variety of outcomes from thematic categories identified within Table 5. It was suggested by the trainee and supervisor that it would be prudent to be mindful of the increased 'normalisation' of corruptive behaviour within the current sporting climate, and the increased influence of 'tipping' youth athletes towards illegal or immoral action in environments where admired others 'get away with it'. However, several participating athletes stated they may also feel sufficiently angry and frustrated enough to report such behaviours of others and even terminate relationships with trusted individuals in these hypothetical circumstances. Therefore, including stories in which characters within the group successfully 'get away with' illegal or immoral behaviour at a professional level, but lose the respect and friendship of their peers was also suggested by the trainee and supervisor as relevant for the target demographic. All proposed character profiles and related storylines can be found in Appendix 12.

Dissemination of findings

I created an executive summary and report (see Appendices 13 & 14) on behalf of the academics' university and Police Scotland outlining the approach, main findings, key messages and next steps (Phase Two) of the SII Development Phase, to be submitted as part of an internal funding request at Police Scotland.

Evaluation

Impact and Phase Two

The SII had an initial proposed budget of £400, which was increased to £4320 following the submission of the Development Phase report. The trainee received verbal (highlighted by the Insp. during the end-of-consultancy meeting) and written commendation and recognition of their role in the success of the development phase of the initiative from the Insp. and placement supervisor (see Appendices 15 & 16). Furthermore this work presented as a poster by the trainee at the 2019 BPS DSEP (Division of Sport and Exercise Psychology) conference in Solihull (2nd and 3rd December, 2019).

After sufficient funding was secured, the DC met with Edinburgh-based film and theatre companies to discuss the project. It was quickly established that film would be the most effective medium. The script was written by the DC, and informed by the findings and suggestions from the Development Phase of the SII. Filming commenced in February 2020. The film (and accompanying educational pack) aims to premier within Scotland with an event attended by various identified individuals and bodies known to Police Scotland, who will utilise and promote the product. Coaches throughout Scotland will be supported in delivering teaching sessions utilising the educational pack and video. Whilst filming was complete by March 2020, the film's premiere and subsequent launch of the SII National Campaign have been delayed as a result of lockdown and social gathering restrictions arising as part of the UK Government's response to COVID-19. At the time of writing, the film's premiere and SII launch has no fixed date but is planned for a time when organised sport resumes and social gathering restrictions are relaxed enough to allow for a suitably sized event.

The results of this intervention can aid in predicting when an individual may intend to engage in illegal/immoral behaviour in sport, by highlighting some of the influences of attitudinal and normative components to intent. Fishbein & Ajzen's (1975) Theory of Reasoned Action proposes that an individuals' intent to engage in behaviour derives from two distinct attitudinal and normative components. The attitudinal component was explored through discussions of the consequences of immoral/illegal behaviours. Participants noted the outcome of engaging in criminal behaviour in sport may have a multi-faceted impact on an individual. We created hypothetical scenarios in which participants were encouraged to identify and explore the consequences of illegal/immoral behaviour, without a requirement to judge the outcomes as positive or negative. This allowed them to evaluate how favourable they viewed the behaviour as being, without fear of self or external judgement; the self-defined 'favourability' of behaviour informs the attitudinal component of intent. To assess the normative component, we explored the influence of role models on behaviour. Participants often reported how observing role models 'get away with' illegal/immoral behaviour helped to 'normalise' rule breaking within the sporting culture. This increased the likelihood that the participant may approve of the behaviour, or perform it themselves. The 'role model effect' can also be understood through Perceptual Deterrence Theory (Paternoster & Bachman, 2013). Participants may have

appeared more likely to engage in illegal/immoral behaviour (despite the known risks/consequences) by observing the experiences of others to help predict the certainty/uncertainty of punishment. In instances where role models have faced little to no consequence for their actions, participants may be more likely to view risky, even law-breaking behaviour as being in their best interest. Contrastingly, seeing role models speak out about the negative consequences of illegal and immoral behaviour in sport appeared to increase participants' perception of both the severity and certainty of punishment for such behaviours. Therefore, the behaviour appeared less favourable, and thus participants were less likely to suggest they'd engage similarly, given the (hypothetical) opportunity.

Limitations and Strengths of the Case Study

The trainee's role was limited to that of the Development Phase of the SII, and therefore any direct influence on the resulting product was a result of this early work only. To further ensure anonymity of those in attendance at Focus Groups, demographic data related to participants (e.g. age, sex/gender, ethnicity, sport played etc.) was not routinely collected. Upon reflection, recording at least age and sex could have allowed for greater observation of relationships between these variables and the results obtained. Whilst the exact figure of male compared to female Focus Group attendees, it was estimated that males comprised roughly two-thirds. This was despite significant repeated attempts to locate and recruit more female-majority youth sporting populations by all involved. Consequently, it is not yet known if more female-specific scenarios and subsequent products may have a greater impact on female youth sport audiences. Further exploration of adolescent female responses may be required prior to future media product development. This may help to ensure that featured narratives are perceived by the audience as being just as authentic to the female experience in elite youth sport.

A proportion of athletes who attended Focus Groups 4, 5 and 6 were under 18 or 16. I ensured that my conduct throughout this process adhered to BPS ethical guidelines for working with minors, and took considerable care to prioritise the comfort and safety of participants. However, given the potential vulnerability of young participants, and the complex and difficult nature of the questions asked, I would propose an additional element within the Focus Groups if we were to repeat this work. Allocating additional time during the debriefing for the provision of simple and age-appropriate anti-Drugs/anti-Bribery awareness and education would help to ensure an environment that prioritises law-abiding behaviour and safety throughout. Furthermore, no external evaluation of the effectiveness of the work was conducted (though as data collection was iterative, activities were introduced and substituted within the Focus Groups over time, based upon how effective myself and the placement supervisor deemed them to be). Introducing an external 'quality appraisal' (e.g. survey) tool, completed by participants at the end of, or after having attended Focus Groups, would have appropriately provided a secondary form of continuous evaluation of the efficacy and effectiveness of our work. Alternatively, an independent practitioner could have carried out a subset of our analysis, to determine the degree of inter-rater reliability of our analysis and results.

The work conducted as a result of this consultancy, and indeed my own role as a trainee sport and exercise Psychologist being invited to work with a National Police force, is highly novel. It represents a new avenue for sport and performance psychology consultancy, including consultancy work conducted during the training process. Our

efforts, though indirect, were systemic in the development (and future launch) of the SII and its media/educational products in Scotland; bringing psychological thinking to a non-psychological organisation. This highlights my ability as a sport and exercise psychologist in training, to influence behaviour in a way that is beneficial to sporting performance and mental wellbeing. In the context of this case study, the influence I exerted on the client through the intervention was strategic, conducted at an indirect and systemic level. This type of work is less typical than the more widely recognised 'one-to-one psychologist/client' behaviour change model of applied sport and exercise psychology. It is my belief, that the work completed and skills demonstrated by myself within this case study are closer to that of the more 'organisational' role applied psychologists may adopt within larger teams/sporting environments when conducting systemic 'culture change' work, for example when working systemically to change a 'culture' found within a certain sport (see; Relvas et al., 2010; Nesti, 2016; Champ et al., 2018).

As mentioned above, my involvement during Phase One of the SII provided critical development work that was essential in securing funding for the initiative. The amount of financial support awarded after the submission of key documents (see Appendices 13 & 14), which I wrote in their entirety, increased nearly 11-fold. Furthermore, it was the submission of my written abstract (and later conference poster) that were accepted for presentation at the DSEP conference. This again highlights my commitment to, and success within the role awarded to me as student project leader and co-consultant. At every point, our work was underpinned by psychological theory and principles, establishing an evidence-based approach to methodology supported by valid and reliable results.

The client and nature of the applied work required within this case study are not typical of applied sport and exercise psychology. However with some level of flexibility, it still aligns with more standardised models of practice, such as those outlined in Keegan (2015). After several intake meetings, a needs analysis was conducted, requiring preliminary case formulation ('what's the problem?'). A strategy of intervention was proposed ('what should we do?'), which was re-formulated and adjusted iteratively throughout the process (is it working?). Results of the intervention were analysed ('what happened?') and disseminated to the client ('what did we learn?') and the outcomes' wider impact within applied sport and exercise psychology discussed ('what was the impact?'). This case study demonstrates that even in applied situations that at first appear unfamiliar, familiarity can be found. Following guidelines for good ethical practice, adopting an approach to practice that prioritises safety and honesty, and ensuring my applied work was informed by a strong evidence-base (yet remained iterative and therefore responsive within the 'here and now') were the qualities of my work that enabled a successful outcome. It is these same qualities I feel I have continued to develop throughout my work in the SII, and that have guided the writing of this case study.

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Appendix

Appendix 1: Original Briefing Paper for the Sports Integrity Initiative



BRIEFING PAPER

Submitted for the attention of Inspector [REDACTED]

Disclosable under FOISA 2002		Yes	
Author/Contact	Constable [REDACTED]	Department / Unit	Safer Communities Divert/Deter
Date Created	20 th August 2018	Telephone	01382 596686
Attachments:			

PAPER TITLE: Sports Integrity Initiative – [REDACTED] Student Assignment

1. Purpose

- 1.1 The purpose of this briefing paper is to provide an overview of a student assignment between [REDACTED] University and Police Scotland.
- 1.2 This assignment is being facilitated due to a partnership between Police Scotland and [REDACTED] University in relation to the development of the Sports Integrity Initiative.
- 1.3 The Sports Integrity Initiative focuses on maximising the potential collaborative opportunities to support the Divert and Deter strands of Scotland's Strategy to Tackle Serious Organised Crime (SOC).
- 1.4 The aim of the Initiative is to educate young people and responsible persons (coaches and parents etc.) on the risks associated with SOC in sport.
- 1.5 Allow people to make informed choices in relation to the risk from SOC and its products. This will allow sport to be promoted as a positive experience

2. Outline of Assignment

- 2.1 Students are tasked with designing and implementing a product which can be utilised to deliver key messages in relation to SOC within sport.
- 2.2 The product requires to be engaging and interactive for 11-18 year old's and can be created using format's such as cartoon, film clip, graphics etc. This would essentially be a product that can be accessed by all members of the community via platforms such as YouTube/Facebook/Smart Phone App's and websites.

3.0 Content

- 3.1 Ideally the product will contain three sections incorporating a different cartoon, film clip or graphics for each individual part.
- 3.2 The sections are described below along with a suggested example and some key messages:

3.3 Agents, Match Fixing and Gambling, with links to Social Media;

Suggested example is for a young footballer, eager to do well, showing promise within a local team, approached by an "agent" with an offer of assistance and immediate financial reward (e.g. football boots). Young player continues to do well and promotes this on their social media accounts. Agent begins to seek "payment" for assistance and player enticed/threatened to act unethically or cheat.

Some of the Key Messages we would like included;

SOC involved in sport, will identify vulnerable people to exploit.

Disreputable agents facilitate Organised Crime (Player pays agent for services which facilitate Organised Crime).

Social Media can support and promote sporting life but can also identify vulnerabilities.

Match fixing and Gambling are linked to agents and SOCG.

3.4 Performance enhancing products, including controlled drugs;

Suggested example is for young person attending a gym. Initial focus on good nutrition and exercise. Faster, better results are sought and they are offered performance enhancing drugs. Results and success are achieved initially but leads to poor outcome/positive testing.

Some of the Key Messages we would like included:

SOC involved in sport, will identify vulnerable people to exploit
Harms- health, reputation.

3.5 Counterfeit goods;

Suggested example is for young person needing new sportswear which is expensive. Young person/parent seeks cheaper way to buy the sportswear. Searches online, buys cheap product, sourced from Far East where factories employ young children and offer poor employment standards. Story compares the young person in Scotland with their counterpart in Far East, highlighting the impact on others.

Some of the Key Messages we would like included:

SOC involved in sport, will identify vulnerable people to exploit.

Direct link with illicit trade and SOC/Terrorism.

Shared responsibility to source ethically.

- 3.4 Police Scotland will be in a position to assist students with content for the project.

4 Next Steps

- 4.1 ██████████ to provide opportunity to a suitable student.

Workplace Checklist

Liverpool John Moores University: Psychology

If you have any questions relating to the completion of this form please contact Dr Martin Eubank ([REDACTED])

Trainee's name: Laura Kiemle-Gabbay

Name of organisation in which she/he will be working: [REDACTED] University

Address: [REDACTED]

Telephone: [REDACTED]

Fax: NA

1. Do you have a written Sport and Exercise and safety policy? Yes

2. Do you have a policy informing people working in your establishment of your Sport and Exercise and safety guidelines? Yes

3. Will you inform the trainee of the Sport and Exercise and safety policy? Yes

4. Risk assessment

a: Have you carried out risk assessments of your work practices to identify possible risks, whether to your own employees or to others within your undertaking? Yes

b: Are risk assessments kept under regular review? Yes

c: Are results of the risk assessment implemented? Yes

5. Accidents and incidents

a: Is there a formal procedure for reporting and recording accidents and incidents? Yes

b: Do you have clear procedures to be followed in the event of serious and imminent danger to people at the place of work? Yes

c: Will you report to the university all recorded accidents involving the trainee?
Yes

6. Should any further information/clarification be required please give contact details of the person below:

Name: [redacted] Position: Professor

Tel: [redacted] Fax: NA

E-mail: [redacted]

The above statements are true to the best of my knowledge and belief.

Signed (workplace contact): [redacted] Date: 19/10/18

Name (please print): [redacted] Position: Professor

Signed (supervisor).....[redacted]

Appendix 3: Consultancy Agreement

Trainee name: *Laura Kiemle-Gabbay*

Title of post/organisation: *Sports Integrity Initiative (consultation role)*

Supervisor: *Dr. Martin Eubank*

Date: *18.10.18*

AGREED GOALS	ACTIONS TO SUPPORT GOALS	TO BE ACTIONED BY WHOM?
<p><i>To provide informed psychological narrative and consultation for the Sports Integrity Initiative to better educate young people and responsible persons on the risks associated with Serious Organised Crime (SOC) in sport for up to, for up to three products.</i></p> <p><i>To advise in a (trainee) sports psychology capacity on future products that may be developed and implemented by Police Scotland to deliver these key messages to the intended audience.</i></p>	<p><i>Outline appropriate evidence-based psychological theory and strategy, that can guide and inform the future development of up to three suitable products aimed at promoting the Sports Integrity Initiative.</i></p> <p><i>Develop story boards supported by sports psychology consultation and incorporating relevant psychological theory so as to create the most effective future product(s).</i></p>	<p><i>Professor [REDACTED]</i></p>

POLICE SCOTLAND: SPORTS INTEGRITY INITIATIVE

INDIVIDUAL WORKSHEET

Part 1: Sportsmanship and Role Models

Please answer the questions with as much detail and honesty as you can. There are no right or wrong answers, we're just interested in what your individual views and opinions may be.

What does the term 'good sportsmanship' mean to you?

What would 'being a good role model in sport' mean to you? What sorts of qualities or values would a good role model in sport possess? What sorts of actions or behaviours would they engage in and inspire others to do? What would their impact be on other athletes?

POLICE SCOTLAND: SPORTS INTEGRITY INITIATIVE

GROUP WORKSHEET

As a group, create a list of the 10 most important qualities/values/behaviours of a good sporting role model, and your reasons as to why they're important.

List them in order of importance, from most to least important.

1. Most Important

6.

2.

7.

3.

8.

Hypothetical Experiences

Please answer these questions, as a group, in as much detail as you feel can. It doesn't matter if you've never personally experienced these situations yourself, just try to put yourself in the shoes of an imaginary athlete and think about how they could respond, the things they might do or say, and the choices they might make.

Can you think of a hypothetical situation, or hypothetical situations, where you might be pressured into taking Performance Enhancing drugs?

Helpful Questions: What might that situation look like, who might be involved, where would you be?

What factors could affect your decision to take, or not to take Performance Enhancing drugs in this situation?

E.g. The risk of getting caught, your own personal morals/feelings about drug taking, worries about the health risks associated with drugs, your own personal morals/feelings about corruption in sport, wanting to be a role model for other people, professional and legal consequences of getting caught, feeling that other people could disapprove or negatively judge you etc.

How would being in a situation like this make you feel?

Please use the space below to answer these questions!

Can you think of a hypothetical situation, or hypothetical situations, where you might be pressured into fixing matches, betting against yourself or taking bribes to not play fairly?

Helpful Questions: What might that situation look like, who might be involved, where would you be?

What factors could affect your decision to engage in match fixing, betting against yourself or taking bribes not to play fairly?

E.g. The risk of getting caught, your own personal morals/feelings about match fixing/playing unfairly/gambling, your own personal morals/feelings about corruption in sport, wanting to be a role model for other people, professional and legal consequences of getting caught, feeling that other people could disapprove or negatively judge you etc.

How would being in a situation like this make you feel?

Please use the space below to answer these questions!

Opinions on Athletic Integrity

Please think of a hypothetical scenario, in which you discover that a team-mate or close friend who you play sport/exercise with, has been taking performance enhancing drugs and/or fixing matches, betting or taking bribes to play unfairly. What would be your initial 'gut reaction' upon finding this out?

Helpful Questions: What emotions might you feel? What thoughts might you have? What things would you say to them, or what advice could you give them? What action might you be inclined to take?

Please think of a hypothetical scenario, in which you discover an athlete you admire a lot has been discovered to be engaging in corruptive behaviour in sport (e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.) How do you feel this would affect the integrity of that athlete, and of the sport in itself?

Helpful Questions: Would the opinion you currently have about the athlete/the sport change? Why or why not? Is sporting/athletic integrity important to you? Why/why not?

Appendix 6: Risks to Sporting Integrity Questionnaire

POLICE SCOTLAND: SPORTS INTEGRITY INITIATIVE

RISKS TO SPORTING INTEGRITY

Please answer the questions with as much detail and honesty as you can. There are no right or wrong answers, we're just interested in what your individual views and opinions may be.

A number of 'factors that can affect whether an athlete will engage in corruption in sport have been discovered, and are listed below. Using your own personal opinions and ideas, please use the rating scales to determine;

- 1) How much you think each factor increases the opportunity for athletes to engage in corruption or corruptive behaviour in sport.**
- 2) How much each risk factor affects you and the decisions you make in your every-day sporting life.**

1. The sporting world is a 'closed environment' and athletes and coaches can sometimes feel 'cut off' from the outside world.

<i>This factor makes the chance that an athlete might engage in corruptive behaviour... (e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.)</i>				
Very low	Somewhat low	Average	Somewhat High	Very High
1	2	3	4	5

2. Athletes personal morals about what sorts of behaviours are immoral, illegal or corruptive

<i>This factor makes the chance that an athlete might engage in corruptive behaviour... (e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.)</i>				
Very low	Somewhat low	Average	Somewhat High	Very High
1	2	3	4	5

3. Engaging in illegal or corruptive behaviour can be an opportunity to make money

*This factor makes the chance that an athlete might engage in corruptive behaviour...
(e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.)*

Very low	Somewhat low	Average	Somewhat High	Very High
1	2	3	4	5

4. Engaging in illegal, immoral or corruptive behaviour affects the integrity of the sporting world

*This factor makes the chance that an athlete might engage in corruptive behaviour...
(e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.)*

Very low	Somewhat low	Average	Somewhat High	Very High
1	2	3	4	5

5. Engaging in illegal or corruptive behaviour can result in an athlete suffering from professional (e.g. being dropped/sacked, not being selected to play, match bans, loss of results etc.) and legal consequences.

*This factor makes the chance that an athlete might engage in corruptive behaviour...
(e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.)*

Very low	Somewhat low	Average	Somewhat High	Very High
1	2	3	4	5

6. Engaging in illegal, immoral or corruptive behaviour can result in other people (e.g. team mates, coaches, officials, fans, friends and family etc.) making judgements about you or disapproving of your actions.

*This factor makes the chance that an athlete might engage in corruptive behaviour...
(e.g. taking performance enhancing drugs, match-fixing, betting, taking bribes etc.)*

Very low	Somewhat low	Average	Somewhat High	Very High
1	2	3	4	5

Appendix 7: Transcribed results from Sportsmanship and Role Models individual activity

What does 'being a good role model in sport'/'good sportsmanship' mean to you?

Setting a good example	Someone who you look up to	Someone who is inspirational
Being the "best" version of yourself you can be, whether that's in how you prepare for a match on the pitch, or your conduct off the pitch etc.	Being honest with yourself and others	Being grateful for the opportunities sport can provide and the positive impact you can have on others.
Just smiling and saying hello to others.	Promoting yourself and your sport in a positive way, and encouraging the next generation of your sport to want to be in your position.	Someone who you aspire to be like.
Possessing important qualities which lead to being a good sportsman.	Someone you can look up to who is a good leader, is responsible and is an example for those around him.	Leading by example.
Being consistent.	Someone who performs consistently to the ability that you want to reach yourself.	Being a good person, in terms of having discipline and respect, but still being competitive.
Being respectful on and off the pitch.	Respect for self and opponents.	Sticking to the rules of the game.
Always playing and acting fairly.	Fairness – playing by the rules.	Respect – for teammates, opposition, referees etc.
Being respectful to the opposition.	Not trying to deliberately injure your opponents.	Playing fairly.
Helping other people up.	Someone you look up to and want to be like.	A good and successful sports person.
Someone you admire,	Someone who you can relate to.	Well-behaved,
As close to perfect as a person can be in your sport. This is a combination of their mental attitude, and the style and technique they use for their sport.	Playing by the rules and not cheating.	You have to be respectful to your opponents.
Being graceful in defeat,	Playing by the rules.	Not trying to gain an unfair advantage against your opponents.
Respecting your opponent and officials.	Shaking hands at the end of games.	When someone does something wrong, they say something positive, like "better luck next time".
Play by the rules and don't cheat.	Playing fair.	Respect for the team, opposition and officials.
Giving assistance to your teammates.	Playing and acting within the rules and morals of the game.	Being humble in victory and defeat.
Following the written and unwritten rules of the game.	Accepting decisions of officials and respecting both them and the opposition.	Playing fairly.
Playing on the edge of the rules, without breaking them.	Respecting players, coaches, support and referees.	Offering advice and not insults.
Not taking things too seriously or personally.	Keeping your head in the game.	Not arguing with other players.
Pushing your teammates to their performance limit.	Respecting the opposition.	Praising others if they've done something well.
Not arguing with the referee.	Not cheating.	Respect for all players.
Playing within the rules and not	Respecting officials.	Respect towards opposition,

cheating.		coaches and officials.
Respect for referee, players and spectators.	No t being a bad loser or winner.	Not cheating.
Being humble in victory or defeat.	Honest player in training.	Hard working.
When playing in a team sport, being able to work cohesively with others and share thoughts and opinions fairly.	Being respectful.	Being encouraging.
Not cheating.	Respecting your teammates.	leadership in training and competitions.
Being tolerant of others, teammates opposition and officials.	Accept all decisions made by officials.	Accept defeat as well as victory, speak to the opposition after the game.

What qualities/values would a good role model possess?

Confidence 2	Talented 2	Consistency
Positivity	Discipline	Good behaviour/manners 4
Committed 4	Good Leader	Drive 2
Determination 6	Going the extra mile	Encouraging 2
Honest 2	Respectful 11	Fair
Kind 3	Hard-working 6	Treats everyone equally 4
Responsibility	Leadership 8	Setting a good example 9
Positive influence on others 7	Focused 2	Making an effort to be part of the team 3
Doesn't give up in the face of adversity	Professional	Positive mindset 2
Active communicator	Fair 2	Smart
Speaking/Interacting with fans 2	Not swearing	Popular
The best/highest level at their sport 2	Motivated (themselves and others) 4	Being able to take advice from others who are more skilled than you
Offering advice/help to others 4	Competitive	Loyalty
Dedication 4	Inspiring	Self-aware
Punctual	Support your team	Show a good positive approach, ethos and attitude at all times
Be positive	Be tolerant	Always accept the situation as it is

What actions/behaviours would they engage in and encourage others to do, and what is their impact on other athletes?

They would always work at their best and encourage everyone to always do their best.	They would inspire other athletes to work harder and improve.	They will always strive to be the best version of themselves.
In modern sport there is a lot more of a correlation with how you live your life in general, not just on the pitch. E.g. the all black mantra is "better people make better all blacks".	They will always be prepared to work hard and help others and create a positive culture.	By engaging in positive actions to solve problems this can impact on others, instead of being negative and moaning.
If they have professional actions and are humble, and have role-model like behaviour other athletes may look up to them and want to be like them.	In contrast, if they have poor behaviour/inappropriate actions, other athletes may think that behaviour is normal and appropriate (negative modelling).	They should represent the characteristics that their organisation/team stands for.
They should be professional in their approach at all times, and consider how their actions will reflect on their organisation, family and themselves.	Having a positive impact on others will result in them aspiring in wanting to be the same.	Showing good sportsmanship at training/competition inspires other athletes to also work hard and respect others.
They should act and play their sport in a way that sets a good example for others to follow.	Behave in a respectable and positive manner that provides a basis for the public/fans/others to learn from.	Not getting involved in troublesome activities.
Inspires new people to take up the sport through their positive influence. 2	They will keep other people motivated and determined, and encourage them to follow their example.	They will always be driven to do the right thing, and make a good impression.
They don't drink before games or take drugs. 2	Someone who works hard for other people and stays determined to set and achieve their goals.	They would set a good example for others to follow.
A role model's impact would inspire others to perform and conduct themselves on and off the pitch in a positive way.		

Ranked Role Model Qualities (**most-least** important)

Respect for team and everyone else	Respect	Honesty	Motivated	Joyfulness	Resilient Able to bounce back after failure/difficulty	Respect for older players, teammates, coaches, media, staff, rules etc.	Fair Treats others as they want to be treated,	Respect
Leadership lead by example	Strong work ethic	Humble	Disciplined stays in control	Respect	Leadership Lead by example	Positive Positive (but realistic) attitude, good common sense	Strong work ethic	Humble
Honesty trustworthy in all aspects	Setting a good example	High Performance Level	Consistent performance standards	Leadership	Commitment Shows others that you have to work hard to achieve and maintain performance standards	Fair Treats others as they want to be treated	Setting a good example	True to their fans/Loyal
Integrity like honesty, but about knowing yourself, and earning your position through hard work	Determined	Personality	Popular	Communication	Responsible Not involve self in negative behaviour so that others won't think it's acceptable	Confident On and off pitch, confidence in self inspires confidence in others	Respect On field	Hard-working
Positive Always looking forward	Leadership	Organised/Well Presented	Competent/Confident Remembers that nobody is perfect and we're all human	Collaboration	Humble Not being cocky so that the next generation of athletes aren't put off	Independent Not giving into peer pressure	Respect Off field	Always willing to learn
Hardworking Linked to dedicated	Friendly	Ambitious	Passionate	Creativity	Motivating Motivate others compassionately, help those less skilled/younger/new to team	Cheeky Can't be boring, get on well with others to increase trust	Fair Doesn't cheat	Positive
Humble Down to earth, not thinking you're the best, team is the winner not the individual	Positive	Strong (Physically and Mentally)	Positive Maintain positivity even under pressure	Resilience	Hardworking Goes the extra mile, demonstrates depth of care (goes beyond self)	Loyal Loyal to the club, not afraid to show they care	Professional	Friendly
Commitment Links to dedicated and hardworking		Confident	Leadership	Determination	Respectful Treat others and game with respect, play for reasons beyond financial reward/sporting glory	Humble Learn from their mistakes, being honest about own performance, wanting to better themselves	Confident High self belief	Kind
Confidence Without confidence you can't be a leader		Happy	Unique		Honesty Being honest about team and own performance	Competent High skill level, encourages others to want to meet their level	Willing to offer advice to others	**sp**
Dedicated Lead from the front		Gains	Determined		Determined Success through hardship.	Leadership Taking things into their own hands, acting independently	Resilient Good attitude, never gives up	**sp**

Award for Most Important = 10

Items in yellow are single-entry qualities

Award for Least Important = 1

Respect	46	Competent	8
Leadership	28	Integrity	7
Fair	23	Popular	7
Positive	19	Responsible	7
Strong Work Ethic	18	Independent	6
Confident	18	Friendly	5
Setting a good example	16	Passionate	5
Motivated	15	Cheeky	5
Humble	13	Loyal	4
Resilient	11	Professional	4
Commitment	11	Unique	2
Honesty	10	Willing to offer advice	2
Disciplined	9	Dedicated	1
Determined	9		
Hardworking	9		
Consistent	8		

TRANSCRIPTION OF GROUP DISCUSSIONS

PE Drugs Hypothetical (1) Pressure to take Drugs

What does it look like, who would be involved, would it be sport or fitness related?

- Big game coming up and not playing well.
- Injured athlete who isn't playing at full form.
- Seen another athlete using them/Someone else is involved
- Party and/or gym (social environment)
- Olympic weight lifting (steroids)
- Body building (given by personal trainer)
- Youth/young footballers (peer pressure)
- General fitness (motivated to achieve ideal aesthetics)
- Sport (motivated to improve performance)
- If an athlete feels they aren't performing to their full potential (could be due to external pressures e.g. coaches, peers and parents and/or internal pressure).
- Pressure or influence from other people (coaches, peers, parents, clubs)
- Likely to occur in the gym, changing room or at home.
- Can also occur in sport or general fitness as a motivation to achieve bigger/faster/stronger physique.
- Young adult in their 20's, who wants to get bigger... [difficulty reading]
- Between a coach and athlete in the gym after a training session during the off-season)
- Coach would convince athlete that they will be ok, and able to cycle it off, and out of their system by the time the sporting season begins again.
- Can be sport specific or general fitness pressure of underperformance.
- Coaches pressuring athletes and manipulating their trust by misleading them.
- Persuaded to try it in the off-season. and convince athletes it won't be in their system anymore by the time the next season starts, so they won't get caught.
- Bodybuilding competitions
- Someone new to the sport who doesn't prepare enough in advance, or possess the correct knowledge to allow them to build enough muscle/mass naturally (more likely to take them).
- Can happen in the gym/training environment and affect both novices and competitors.
- Athletes aiming to take part in bodybuilding competitions, probably a novice who didn't allow enough time to prepare.
- Can often involve both the athlete and trainer together in the gym.
- Steroids are used to fulfil a desire to appear more 'ripped' (aesthetic motivation).

- Coach pressuring athlete to take drugs to enable a good result at a competition (e.g. weightlifting)
- Fellow athletes/competitors who take drugs to enhance performance pressuring others to take drugs so that they can also improve their performance.
- Coach and teammates pressure/influence athletes to take PE drugs based on their own performance improvements (performance pressure)
- Competitions that aren't drug free (e.g. weight/power-lifting and bodybuilding competitions) can place more pressure on an athlete into taking them, due to most of their competitors being likely to be taking them.
- During the run up to competitions to try and gain an advantage against the opposition (performance motivation)
- With teammates, in the gym, online (via social media), outside the club.
- Don't feel pressure at training (due to structure and overseeing in football academy)
- More likely to happen in own outside gym sessions in extra time
- Encouragement from friends at gym who are into bodybuilding
- To reach a weight limit (standards within contract for each position, gain/lose weight)
- Drop in form (due to illness/injury)
- Lack of self-confidence (more easily persuaded)
- Bad preparation/not doing the basics correctly
- Injury/to speed up recovery
- To bulk up
- To reach a weight limit/specific size within a time limit
- To improve overall fitness/strength
- Coming back from injury; Doctor suggests it will speed up recovery
- Approached at gym (outside of training)

PE Drugs Hypothetical (2) Deciding Factors

What factors could affect the decision to take/not take drugs?

- If they will be drugs tested
- Ruining reputation
- Long term impact on health
- Judgement or peer pressure from teammates [n]
- If someone else does it and gets away with it [n]
- Money
- Lose everything you've worked for (career)
- Local policies (deter)
- Wanting to win
- Cutting corners to gain an advantage
- Fear of always being labelled with "taking drugs" (social backlash)
- Fear of losing supporters (social backlash)
- Fear of damaging/breaking relationships (social backlash)

- Fear of getting caught
- Fear of letting down team; only one person per team may be tested but one test failure can impact upon the entire time and bring its name down (social backlash)
- Fear of losing supporters (social backlash)
- Fear of damaging/breaking relationships (social backlash)
- Low self esteem (nudge)
- Peer pressure (nudge)
- Social media (nudge)
- Not willing to put the hard work in (nudge)
- Side effects
- Cost
- Low self esteem (nudge)
- Low confidence in own ability/skill (nudge)
- Peer pressure from fellow gym goers/coach (nudge)
- Online/social media (nudge)
- Not willing to put the hard work in/wanting a quick fix (nudge)
- Side effects
- Cost
- Impact on lifestyle
- Consequences to career
- Pressure to win (nudge)
- Lack of knowledge; could be unaware substance is illegal (nudge)
- Potential shame could be a factor in not taking them (internal and external?)
- Risk of getting caught
- Lack of knowledge (possibly caused by youthful age) (nudge)
- Persuaded by coach (nudge)
- Unaware of side effects (nudge)
- Fear of disappointing/letting down parents/friends who may not approve if they were to find out (social backlash)
- Internal pressure
- Risk of getting caught
- Worries about health concerns
- Professional/Legal consequences
- Can enhance their performance if they don't get caught (nudge)
- Can end their career if they do get caught
- Weighing up the pros and cons, probably a rational and considered decision
- Being in this situation would make me feel sad, because of the potential to lose important relationships (social consequences/backlash)
- It would make me feel shame, fear of failure
- Feeling down/unhappy (nudge)
- Playing badly/poor form (nudge)

- Others in the same position are playing well (nudge)
- Greed/Shortcut (nudge)
- I would feel awkward/just say no
- Fear of professional consequences
- Health concerns (heart)
- Personal morals against drug taking
- To reach a weight limit (standards within contract for each position, gain/lose weight) (nudge)
- Dropped from team (nudge)
- Lack of self-confidence (nudge)
- Risk of getting caught – by coach; never playing again
- Risk of getting caught – by anyone; embarrassment
- Personal morals against cheating
- Health concerns
- Encouraged by coaches/teammates (nudge)
- Risk of getting caught/banned
- Not wanting to tarnish sporting reputation
- Not wanting to ruin own reputation
- Performance benefits (nudge)
- Health risks
- Bigger = Better / Aesthetics (nudge)
- Trust in Others - If persuaded by someone who has more knowledge and authority in this area (e.g. coach/doctor) more likely to take them because you trust they know what they're talking about, or that they wouldn't provide an athlete with a substance they know to be banned (nudge)
- Risk of ban for getting caught lasting longer than injury recovery period without drugs (nudge)
- If feel adequately educated on risks/types of safe products available more likely to feel secure about products on offer (in gym).
- In an environment where it feels normal e.g. bodybuilding gym (nudge)
- Peer pressure at parties (recreational drugs) (nudge)
- Health risks
- Personal Morals on drug taking

Corruptive Behaviour Hypothetical (1) Match Fixing/Betting/Bribes

What/Where could you be pressured to fix matches/take bribes/unfair play?

- With mates, when I'm struggling for money
- Indirectly persuaded (the people involved would be "invisible") e.g. "unqualified agent/criminals"
- Being pressured by a more senior player; "I did it to get where I am and I got away with it"
- Being pressured by a coach "this is what it takes to succeed"
- More likely to be pressured during dips in performance due to feeling desperate
- Approached by stranger at gym/training, near to event

Corruptive Behaviour Hypothetical (2) Deciding Factors

What factors could affect the decision to fix matches/take bribes/unfair play?

- Money (nudge)
- Risk of not playing (provides security) (nudge)
- Teammate got away with it (nudge)
- It would make me feel guilty vs. pride/shock if I got away with it (nudge)

- Being offered cash (reduces risk of being caught, untraceable) BUT doesn't need to be immediate cash, could be just promise of cash
- Financial nudge point - £5000 (nudge)

- Morals are more likely to shift the greater the amount of money offered
- Possible relationship with age; the younger you are the more you just want to play (football), but as you're older the implications of a cash lump sum make it harder to say no (nudge)

- If the money offered is a life-changing amount (more important in adulthood)
- Risk of being banned (<5 games – nudge)
- Knowing you are cheating/breaking rules; personal morals/guilt
- Risk of it appearing in the media

- Wouldn't do it due to risk of getting caught/banned
- Responsibility of representing the sport; don't want to tarnish this
- Risk of fines
- Risk of jail (legal consequences)

- Pressure from others (coach/teammate) makes it feel 'normal' and not scary (nudge)
- Made to feel desperate in performance dip (nudge)
- Role model in sport has done it and gotten away with it or consequences weren't as severe as expected (nudge)
- Teammate has gotten away with it (nudge)
- Teammate throws benefits in your face (nudge)
- Risk of legal consequences
- Age – older you are the less likely to take bribe (makes it pointless having achieved so much as a junior to "throw it away" at senior level by getting caught)

- If offer is only small it's less noticeable, less risk of getting caught (nudge)
- Risk of getting caught

- Pressure to perform overriding desire to play (nudge)
- Amount offered vs. potential guilt (i.e. 20-30k not enough to deliberately injure someone else)

Corruptive Behaviour Hypothetical (3) Admired Athlete Integrity

You discover an athlete you admire has been engaging in corruptive behaviour, how would this affect the integrity of the sport and athlete?

- Lose respect for them
- No longer consider them to be a role model

- The sport itself is not held in such high regard as before

- My opinion would change in a negative way

- For example, Sergio Ramos (footballer) was caught using PE drugs and my opinion of him changed a lot to become more negative

- E.g. in football where match fixing is a common problem.
- If a player/coach you looked up to/admired/respected for years or someone who engages others a lot for public good does it then it discredits their reputation and public/personal image of them.
- Lose confidence in the integrity of the sport.
- If someone who you respected and thought weren't likely to do that sort of thing is found out to be doing it, then you believe that it's possible that anyone could be doing it, regardless of who they are.
- Athlete's reputation would be tarnished forever, and all previous achievements would be questioned
- My opinion of the sport wouldn't change but it would make me more cynical
- Sporting integrity is important because you want to believe you're watching athletes compete honestly
- You would lose respect for the athlete and wouldn't feel love for that athlete.
- You would perhaps lose interest and faith in the sport and its virtues.
- You would feel as though you've been lied to and that you could no longer look up to them.
- Sporting integrity is important as honesty is the best policy and rules are there for a reason.
- I would lose respect for them
- I would lose faith in the sport
- Honesty is the best policy
- The integrity of the athlete and sport would be affected
- Betting on other athletes and teams should not be a problem
- You do so at your own risk
- They would lose credibility and it would affect their reputation
- It would make their achievements seem less important
- The importance of integrity might differ between sports e.g., rugby/golf fans may value integrity more than football

Corruptive Behaviour Hypothetical (4) Response to Teammate

You discover a teammate has been taking bribes to fix competitions. You would feel...

- Betrayed by my teammate
- Concerned for them and encourage them to seek help
- I would feel betrayed and report them to the police
- I would be very annoyed, betrayed and disheartened
- I would feel slightly betrayed if it was a teammate, because I want to feel as though the whole team are working towards the same goal, but a teammate could sabotage that by being corrupted
- I would perhaps be inclined to tell the coach so he can make the decision to withdraw him from the game

- I would feel very shocked, if someone who has done it for years who I respected and thought highly of were to do it then I wouldn't respect them as much.
- I would think that if it was possible for them to do that, what else is it possible that they might do
- When you lose integrity you lose respect from others
- You want them to face their actions and own up to what they've done so that you wouldn't have to tell on them
- They know what they did and have to face the consequences
- I would reconsider my friendship with him/her
- I would try to help them and guide them in the right direction
- If they don't want to own up, I would end the relationship
- Disgusted and heartbroken
- I would lose trust 2
- I would feel let down by their behaviour

Appendix 9: Proposed Characters and Storylines for Phase Two

1. An older athlete (16-21) who has been encouraged by their coach to work on their physical fitness independently, outside of the normal training environment. They attend a local gym with friends who engage in exercise for social and aesthetic (muscle-building) purposes. The athlete's friends are into 'bulking up' as quickly as possible, for the most impressive aesthetic/visual impact. This is a new concept for the athlete, who previously has prioritised athletic performance over aesthetics, but after observing the results his friends can achieve with the use of performance enhancing drugs, feels they may also benefit from the effects.

2. A Golfer who has come back from a performance break to find a competitor of theirs (who previously they had been 'neck and neck' with whilst using similar equipment) is now beating them in competitions by a wide margin. They learn this information from their coach, who's opinion and authority they respect, which places renewed pressure to improve their performance. As the athlete is aware that they have similar standards of equipment (and presumed similar skill levels), they begin to seek out alternative methods of enhancing their performance within a short time frame (i.e. performance enhancing drugs).

3. A rogue agent lures a young, inexperienced youth football player in to signing with them, after offering them a pair of football boots. The player's accepts the offer, believing it to be low risk, high reward. Later, the player's parent becomes redundant, and when their agent later pressures them to accept a bribe (e.g. being offered £3000 to take a yellow card in a quarter final match), they agree. Over time, this escalates, and the player feels trapped into taking bribes more frequently, for greater monetary reward each time (thus increasing the risk of being caught).

4. A team of cyclists are encouraged to try performance enhancing drugs during the offseason. They suggest that all top cyclists at their competitive level are adopting the same strategy, and it's what they need to do to succeed. One of the athletes agrees to take the drugs, as they want to experience the maximum athletic/fitness gains in the shortest amount of time (i.e. they want to use drugs as a 'shortcut' to increased performance). The second athlete initially refuses the coach's offer as they are worried about the associated health and professional risk to their career, but after observing their teammate achieve improved results in races and seemingly 'get away with it', they feel more motivated to try them for themselves. This results in the 'dealing' of performance enhancing drugs between teammates and from coach to athlete, which carries a much greater legal risk.

5. A rising star in tennis is offered money to 'fix' her upcoming matches. They are initially resistant, but after suffering a number of injuries during the previous season, the prospect that their career might be more short-lived than planned is becoming more real. Their coach is adding to this performance pressure, and demanding that they spend more time at training, which places a financial burden upon the athlete and their family. The athlete also wishes to attend university in the future, and had been planning on finding a summer job to aid them in saving money for such a purpose. A news story reveals that a famous tennis player in the public eye has been caught fixing matches. They receive a fine, but face no further professional disciplinary action (thus 'normalising' match fixing within the sport and reducing the perception of professional/legal risk). The athlete is now faced with a moral dilemma, they could spend more time training during summer if they don't have to work alongside, and stand to earn more money from the bribe than they would in a job.

Appendix 10: Phase One Executive Summary

Executive Summary: Sports Integrity Initiative

Police Scotland

Police Scotland's strategy to tackle serious organised crime (SOC) in sport includes a Sports Integrity Initiative aimed at youth (under 21) athletes. The initiative relates to the 'Divert' and 'Deter' elements of Police Scotland's '4 D's Strategy for SOC'; Divert, Deter, Detect and Disrupt.

The intention of the strategy is to educate and empower athletes to make informed choices relating to the risk of SOC and its products within competitive and recreational sport. Thus, allowing it to be promoted as an educational and positive experience for athletes, coaches, parents and wider support staff within the field.

The development phase of the Sports Integrity Initiative (SII) focused on providing an evidence base underpinning the production of a product (i.e. short film) that can be distributed nationally, as a means to communicate the Divert and Deter branches of the SOC strategy to its intended audience.

Six workshops were conducted within 84 female and male youth (age range; 13-21) sport populations in Scotland¹, including:

- [REDACTED] Sports Ambassadors, (N=12);
- [REDACTED] Football Club (under 21's) (N=6);
- [REDACTED] High Performance Sports Development Programme (N=11);
- [REDACTED] undergraduate students(N=25);
- [REDACTED] Rugby Club (N=18); and
- [REDACTED] Aquatics (N=12).

In addition, several coaches also took part during the [REDACTED] (N=1), [REDACTED] (N=1), [REDACTED] Rugby Club (N=2) focus groups, with both coaches and parents also participating alongside the swimmers from [REDACTED] Aquatics. This ensured that narratives could be collected both from athletes across a variety of sports and skill levels, and their support workers.

The content of the workshops included a range of different activities both qualitative and quantitative in nature, including:

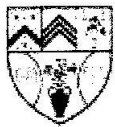
- evaluating SII storyboards and the effectiveness of their intended messages;
- identifying and categorising the qualities of role models in sport²;
- appraising pre-existing SII initiatives; and
- posing related hypothetical scenarios³.

Findings from the workshops and relevant literature informed the development of a multi-faceted model that identifies the potential "ABC's" (Antecedents, Behaviour and Consequences) of sporting integrity for this population. These ABC's will be utilised to develop 5-8 'profiles', who's characteristics, motivations, actions/behaviours and their related consequences will be directly informed by the findings from the focus group and supported by appropriate theory^{2,3}. The project will culminate in the creation of a short film that will reflect the reality of the youth athlete's experience of SOC in sport, using their own narratives and reflections to communicate Police Scotland's intended messages.

¹Theoretical saturation was determined to have been reached at the point where no novel responses were occurring within the focus group sessions/answers.

²Based on the Theory of Reasoned Action (Fishbein & Ajzen, 1975)

³Derived from Perceptual Deterrence Theory (Strelan & Boeckmann, 2006).



[Redacted]
University

4 July 2019

To whom it may concern

Re: Laura Kiemle-Gabbay

I am writing this letter outlining the work done by Laura Kiemle-Gabbay on the Sports Integrity Project as part of her Professional Doctorate in Sport and Exercise Psychology.

Working in partnership with Police Scotland to develop a sport and exercise psychology informed approach and evidence base for the Sports Integrity Initiative was a collaborative effort between [Redacted] University and Laura Kiemle-Gabbay. Initial intake meetings were conducted with Inspector [Redacted] and [Redacted] from Police Scotland and it was decided between Laura and I to adopt a more data-driven approach to narrative creation for the project.

A number of focus groups with athletes from a variety of sports and competitive levels were conducted. I supervised the development of several worksheets developed by Laura to assist with the gathering of relevant qualitative and quantitative data from the focus groups. These focus groups would begin with a presentation on the Sports Integrity Initiative, followed by a combination of individual and group worksheet/discussion tasks, which were submit to review and adjustment throughout the process as Laura and I saw fit.

Upon completion of the focus groups, I oversaw a number of supportive documents (Executive Summary, Approach, Main Findings, Key Messages, and Next Steps (Phase 2) which were then compiled as a formal report; Sports Integrity Initiative (Phase 1), written by Laura. A subsequent meeting with [Redacted] highlighted Police Scotland's positive response to the work that Laura produced as part of Phase 1 of the initiative. Laura's hard work, noted use of relevant supportive literature and theory and creativity made her a valuable member of the team and will ultimately benefit any future product/educational tool that Police Scotland develops. The consultancy work by Laura produced helped to ensure that realistic, appropriate and narratives will be observed and included within the product, thus having a greater impact and relevance upon its intended audience.

Yours sincerely,

[Redacted signature]

School of Social and Health
Sciences

[Redacted]
T: [Redacted] (Switchboard)
E: [Redacted] | W: [Redacted]

The University of [Redacted] is a charity registered in [Redacted]

Date: 24/05/2019



[REDACTED]
**Inspector
Safer Communities
Specialist Crime Division**

[REDACTED]@scotland.pnn.police.uk

Dear Laura

Sports Integrity Initiative- Collaboration with Police Scotland

I would like to take this opportunity to thank you for support to our Sports Integrity Initiative.

Performance sport continues to flourish in Scotland, but like many other business areas, sport is attractive and vulnerable to Serious Organised Crime Groups (SOCGs) and athletes using the products of SOC. Throughout the last few years there has been an increasing awareness and we now have examples of match fixing and drug use, including steroids and performance enhancing products within sport. My role within Police Scotland is to promote ways to raise awareness of the key threats from SOC and to provide opportunities to divert people from this threat.

Your work has given us a sound evidence base to take forward the Sports Integrity Initiative, and to devise a video based educational tool. The "Next Steps" in your report have already been used to inform our approach and supports all discussions with production companies included in the procurement process.

Working in partnership with you and [REDACTED] University has given us the confidence to take this initiative to the next level and I hope we can devise a worthwhile product.

Thank you for your support and your enthusiasm throughout.

Yours sincerely,
[REDACTED] (Inspector)

CONSULTANCY CASE STUDY TWO

USING COGNITIVE BEHAVIOURAL THERAPY TO RELOCATE LOST SKILLS

Where pseudonyms have been used, these will be marked with an *

Where information has been removed to preserve anonymity, this will be marked as [REDACTED]

Abstract

The case study involves Sam*, an 11 year old gymnast. After an accident at training resulted in injury, she experienced significant anxiety and repeated 'flashbacks' of the incident when asked to perform similar movements. She subsequently developed a persistent avoidance of performing roundoff routines, experiencing unwelcome psychological and physiological effects when asked to do so. As a result, these once automatic skills were on occasion 'lost' entirely; known as Lost Move Syndrome (LMS; Day et al., 2006). Without consistent proper execution of roundoff routines, Sam was unable to progress to the next development stage at training/competition.

Sam's intervention was informed by cognitive-behavioural theories and principles. Following formulation utilising Weerasekera's (1996) 5 P's model; an eight-session intervention was proposed, principally focused on instruction in psychological skill development and promoting behaviour change so as to meet Sam's primary need; becoming a more confident gymnast. The intervention occurred over eight sessions, content included (but was not limited to); setting SMART goals, identifying athletic values and developing positive self-talk, mental imagery and performance strategies to promote meaningful behavioural change. By the end of consultancy, Sam was consistently able to perform her formerly 'lost' moves and had progressed to routines of increased difficulty. Both Sam and her parents reported her self-confidence and general behaviour at training and competition to be significantly improved. Sam was provided with a post-intervention action plan and end of consultancy document, facilitating her ongoing self-driven psychological support.

Key words: Lost move syndrome, cognitive behavioural therapy (CBT), gymnastics, youth athlete

Introduction

Client Overview

Sam* is an 11 year old gymnast (who turned 12 years old during intervention). She moved to Scotland, with her parents and three siblings (one sister, two brothers) two years prior. She is the eldest child in the family, and has been training in gymnastics since the age of four. Her younger siblings are also gymnasts and she shares some training sessions with her sister Lily*.

Before moving to Scotland, Sam had a training routine averaging 26 hours per week (over six days), and was in the early Olympic development programme. However, since living in the UK this was reduced to three training sessions per week (totalling 12 hours) with her competitive development aimed toward a regional (as opposed to international/ Olympic) competitive standard. She switched clubs after 18 months due to difficulties in bonding with her coaches and peers; feeling unhappy at training and underperforming.

She had previously met with a psychologist on several occasions but had found the sessions unhelpful. Their approach had involved encouraging Sam to 'face her fears' in a manner her father likened to 'Flooding' (Boulougrouis & Marks, 1969). Ultimately, this approach increased Sam's anxiety, resulting in fear-based refusal to perform moves involving backwards rotations (necessary for her sporting and competitive development).

Referral, Intake and Contracting Procedures

I received Sam's referral from a fellow trainee sport and exercise psychologist (since qualified). They were unavailable and had recommended my services as an alternative. The first contact was arranged via telephone, due to significant geographical distance between the client's home and my own. I spoke with her father, discussing Sam and her sporting experience, and their reasons behind seeking sports psychology support. A second, in-person intake meeting was arranged for the following week at the family home.

Due to Sam's young age, she was joined by both parents for the first 40 minutes of the follow-up session. The importance of parental involvement when working with children in therapeutic settings is well documented (see; Hanna & Rodger, 2002; Harwood & Knight, 2016; Knight, Harwood & Gould, 2018; Lafferty & Triggs, 2014). This, as well as the familiar environment of home, helped her feel safe and increased trust within the therapeutic relationship. Her parents were also able to provide additional detail regarding Sam's sporting and clinical history. For the last 20 minutes of the session, Sam and I talked together about what she hoped to change within her performance and her motivations for doing so.

At the end of this session, a verbal understanding of an appropriate confidentiality agreement was reached. It was decided by all parties that private disclosures made by Sam could be shared (with her consent) with her parents and/or coaches. This would occur when the sharing of such information would be of benefit to Sam's performance and wellbeing. This 'opt-in' approach to confidentiality is my standard approach when working with youth (under 16)

athletes. An consultancy contract (see Appendix 1) was co-signed by myself as the practitioner in training, and Sam's parents. The agreement was informed by and in accordance with the British Psychological Society's (BPS) and Health Care Professions Council (HCPC) standards of ethical conduct and practice, with regards to; disclosure and dissemination, harm avoidance, limits to confidentiality and the above-mentioned confidentiality agreement, areas of competency, trainee status, record keeping and right to termination (BPS, 2018; Keegan, 2015). In addition, I provided Sam with an age-appropriate written agreement outlining how and why information may be shared/remain confidential, agreed aims of the intervention and our respective responsibilities within our roles as client and practitioner. I felt this to be an important step in upholding Sam's autonomy and maintaining her inclusion within the intervention process.

Client History

Sam had been a confident and competent gymnast until an accident aged nine, which resulted in her breaking her arm. She had been training alongside her peers, in preparation for a group performance. The routine involved the gymnasts performing moves simultaneously alongside one another; competitive gymnastics is typically rehearsed and performed solo. Sam had been performing a roundoff back-handspring when, during the completion of the roundoff, she noticed her peer tumbling off-course in her direction. She adjusted her arm position in an attempt to avoid collision but in doing so placed too much pressure on the joint, fracturing it upon impact. Sam described how since the accident, she has experienced frequent ruminative anxiety related to re-injury when expected to perform similar movements. During our first session she vividly recalled her experienced pain and fear, describing how this re-emerged in the form of 'flashbacks' when asked to perform the same, or similar moves at training. These requests result in a re-experience of challenging emotions and sensations; Sam identifies the transitory moment of rotating backwards travel as the 'scariest part'.

Sam is more likely to experience flashbacks if she feels herself to be underperforming generally within the training session, at which point, she typically refuses to engage. She noted that when feeling confident, she does not experience anxiety/rumination and is able to "*just get on and blast it with no worries*" – an observation echoed by her mother. She highlighted that whilst at times Sam could perform roundoff routines successfully, the majority of the time she "*gets in her own head*" and experiences a "*mental block*" – with both parents perception being one of Sam "*just giving up*".

Sam's father explained that whilst he felt the accident contributed to Sam's difficulties at training, it was a part of a number of issues. He described Sam as having "*always had a problem with coaches*", stating she "*lacks emotional intelligence*". He recalled past incidences of coaches complaining about her being "*defiant*". During intake, Sam parroted this phrase, self-identifying her behaviour as "*defiant*" when explaining her poor relationships with coaches at her previous club. Furthermore, her father expressed concern that Sam may have inadvertently re-injured herself when attempting skills she was now afraid to practice. He believed this was an unconscious defence mechanism, designed to reduce the risk of further requests to repeat evidently dangerous moves. Sam's parents were united in their concern that she may be unwittingly disrupting her training and competitive progress, out of fear.

Needs Analysis

Lost Move Syndrome

Lost Move Syndrome (LMS) describes instances in which artistic sport athletes appear to lose the ability to perform previously automatic skills that at one time were executed with ease (Day et al., 2006; Bennett, 2015). Athletes affected by LMS experience a decreased/lack of awareness of body position and limb-locking. This often leads to involuntary or ineffective rotations/body positions, maladaptive to proper skill execution (Day et al., 2006; Bennett, 2015). Rotheram et al. (2012) identified several symptoms characteristic to LMS; intrusive thoughts, anxiety, ruminative thinking patterns, avoidance behaviour(s) and irrational fear of the affected movement.

Comparatively little is known about LMS, its exact causes and consequences, with differing arguments present within extant literature (see; Silva, 1994; Collins et al., 1999). Day et al. (2006) propose LMS to be the result of a switching from automatic to conscious movement processing, exacerbated by high pressure environments. They recommend athletes re-learn singular components of movement skill chains before linking them back together. However, focus on technical changes to skill acquisition appears to only reduce symptoms in the short-term. To date, despite several attempts, no successful treatments for LMS have been outlined (Day et al., 2006; Bennett, 2015).

Sam's presenting problem and her experiences and behaviours associated with it are characteristic of LMS. During intake, Sam and her parents emphasised how critical the ability to consistently perform her 'missing move' was to her future gymnastic development. Without roundoff routines she would be unable to progress to the next training/competitive levels, as their omission resulted in insufficient routine difficulty. A mark of success for the intervention therefore would be Sam's 'finding' of her lost move, performing it automatically, without anxiety or irrational fear.

Intervention Aims

During the (client-led) intake session, I worked with Sam to help her identify a clear behavioural goal; *"I want to become a more confident gymnast"*. This overarching goal related specifically to Sam experiencing more positive emotions whilst training, and reduced experiences of anxiety. She would walk and carry herself with confidence, exhibiting good posture. Sam identified a need to learn skills that would enable more effective responses to stressful situations, and reduce rumination of past mistakes. Finally, she expressed desire to consistently perform the skills and movements affected by her LMS. Consequently, an intervention informed by cognitive behavioural theories and therapeutic techniques was planned. An integrated approach to practice was therefore used, with the intervention drawing from two "third wave" therapies; primarily Cognitive Behavioural Therapy (see: Beck, 2020) and weaving in complimentary elements from Acceptance and Commitment Therapy (see: Hayes et al., 2012).

Case Formulation

Sam's primary need was that with the support of her parents, she sought help with responding better to unwelcome cognitions. Sam self-labelled these anxiety-inducing cognitions as 'flashbacks'; attributing her behaviour changes (freezing, mistake-making, refusal) to fear of re-injury. The subsequent impact on performance (LMS, reduced skill development, inability to progress to more complex routines) and wellbeing (low self-confidence, rumination) were evident. Sam's experiences were bound to her sporting environment, occurring only at training/competition. Consequently, I formulated that Sam's presenting problem was (at most) subclinical, therefore falling within my remit of professional competency.

Psychological literature warns against trying to fit all of a client's difficulties into a singular, problem-specific formulation (Dudley, Kuyken & Padesky, 2011). My philosophy of practice assumes that a collaborative, holistic approach to information-gathering and intervention best aligns with my core belief; *"explore and treat the person first, and the athlete second"*. Formulation (and subsequent reflection and revision) operates most effectively as an iterative process; preceding intervention and occurring concurrently as a collaborative process of 'checking in' with the client. Therapeutically-integrated, evidence-based interventions that place the client at the centre of their own development through 'guided discovery' (Overholser, 2011) are appropriate. Adopting this approach also assists in ensuring formulation/intervention is tailored to my client, rather than vice versa.

The 'Five P's' of CBT

Cognitive Behavioural Therapy (CBT) emerged from Beck's Cognitive Therapy (see; Beck, 1976; 1991; 1993), which has its own origins in behavioural theories such as conditioning (see; Watson & Rayner, 1920; Skinner, 2019) and social learning (Bandura & Walters, 1963). CBT is based on the cognitive model, in that it assumes emotion and behaviour originate from thought, rather than the external environment. As an applied therapy, CBT focuses specifically on the role of cognitions; specifically maladaptive thoughts, emotions and feelings and their influence on behaviour. It aims to help individuals identify maladaptive cognitive processes and learn new ways of thinking that challenge negative assumptions, instilling more positive emotional and behavioural responses (Turner & Swearer, 2010). The 'Five P's' of CBT (Weerasekera, 1996) is a model for Cognitive-Behavioural formulation typically used within CBT interventions. Through Socratic questioning techniques, practitioners elicit information from the client, relevant to five key areas of formulation; the presenting problem, and any predisposing, precipitating, perpetuating and protective factors.

As Sam's LMS appeared to be directly linked to unwelcome cognitions/'flashbacks' she experienced in the seconds preceding attempting the skill, CBT was deemed an appropriate therapeutic model for intervention. Fig. 1 illustrates Sam's complete 'Five P's' formulation.

Fig. 1: 5P's of CBT Case Formulation for Sam

<p>Predisposing Factors What from the client's history may indirectly exert influence?</p> <p>What influencing factors may make them more vulnerable?</p>	<ul style="list-style-type: none"> • Family moved from abroad two years prior. • Accident (aged 9) when performing roundoff flick in training, resulting in a broken arm. • Change of gymnastics club; trained with Club A* for first 18 months before switching to Club B* after difficulty bonding with Club A's coaches. • Father feels she is 'defiant' and 'lacks emotional intelligence'. • Experiencing a current reduction in training development level (from early Olympic programme abroad to regional in UK) and hours spent at training per week (from 26 to 12). • Peer relationships within training and competitive environments are less developed due to 1) emigration from abroad and 2) change of gymnastics club six months prior. • Eldest of four children, feels a need to succeed in order set an example for the others (siblings are also gymnasts). • Both parents exhibit some competitive and/or ambitious traits; father is a business coach, having studied psychology and describes his job as "I teach CEO's how to behave". • Previous negative experiences with practitioner psychologists; evidence of attempts at (self-labelled) 'unhelpful' coping behaviours; flooding.
<p>Precipitating Factors What are the immediate known triggers?</p>	<ul style="list-style-type: none"> • Performing backwards travelling movement/Being asked to perform backwards travelling movements; specifically roundoff back-(flicks/tucks/handsprings). • Self-evaluation of poor performance in tumbling during training occurring prior to roundoff sequences. • Other people present within peripheral vision immediately before run-up. • Other people training concurrently in the environment.
<p>Presenting Problem(s) What are the core issues at hand?</p>	<ul style="list-style-type: none"> • When asked to practice roundoff routines and/or backwards travelling movements at training, Sam experiences flashbacks to her accident resulting in unwelcome and unhelpful physical (freezing, shaking, shortness of breath, weak legs) and psychological (rumination, "flashbacks", anxiety, dread, fear) symptoms. • This results in poorly executed attempts at these skills, risking further injury. Sam may also refuse to practice these skills entirely, in defiance of her current coach. • The skills in question are essential to Sam's development within gymnastics, without their inclusion within routines and consistent execution to the expected standard at training and competition, she will be unable to progress to the next level (L5) within the British Gymnastics system.
<p>Perpetuating Factors What contributes to the problem's continuation?</p>	<ul style="list-style-type: none"> • Sam frequently displays avoidant behaviour at training when asked to practice roundoff routines and similar skills. • Current attempts sometimes result in re-injury (a possible unconscious defence so as to avoid being asked to try them again).
<p>Protective Factors Pre-existing helpful coping? Support & Resources?</p>	<ul style="list-style-type: none"> • Strong family unit at home, everyone very involved in and knowledgeable about gymnastics. • Sessions with new coach beginning soon • "Lost Move" phenomena (i.e. freezing, mental block, refusal) as a response to accident flashbacks occurs only during times of low self-confidence. Sam's self-confidence is generally high. • During confident training sessions, Sam will not experience flashbacks and therefore does not experience anxiety of a sufficient level to refuse to practice roundoff routines. • Evidence of pre-existing helpful coping behaviours; positive self-talk.

Case Formulation: A Cognitive Behavioural Approach

Principles of CBT

CBT is based on the cognitive model and therefore assumes cognitions are the origin of our behaviours, rather than external stimuli (Turner & Swearer, 2010). It is widely recommended as a suitable intervention for children exhibiting symptoms of anxiety and/or anxiety disorders (see; Albano & Kendall, 2002; James, Soler & Weatherall, 2005; Seligman & Ollendick, 2011). Similarly, CBT interventions within youth sport have increased significantly in popularity within the last decade (see; Luiselli & Reed, 2011; Luiselli, 2012; Friedberg et al., 2014; Didymus, 2018; McCarthy, 2018).

CBT interventions are principally time-bound. Current recommendations from the British Association for Behavioural and Cognitive Psychotherapies (BABCP) suggest between five to 20 sessions. An effective therapeutic relationship is highly important; collaboration between client and practitioner is encouraged. CBT places emphasis on clients taking an active role in the therapeutic process and completing therapy 'homework'. The therapist works to help the client identify negative automatic thoughts (NATs) and maladaptive cognitive processes. Together, they collaborate to evaluate these cognitions, though searching for evidence that may challenge or support them.

The ultimate aim of successful CBT intervention is for the client to become their own therapist. This is achieved through their 'un-learning' of unhelpful responses, learning new skills and thinking patterns that prioritise relapse prevention. The structured nature of CBT interventions, including collaborative goal and agenda setting and between-session homework tasks, act as a template that clients can follow independently upon termination.

My justification for a CBT-informed approach to formulation and intervention was as follows; 1) there is a significant and supportive evidence-base for CBT within applied psychology (including sport and exercise psychology). 2) Its recommendation for use with young people experiencing symptoms of anxiety is widely recognised, and 3) its time-limited delivery requirement prioritises equipping clients with the skills to 'be their own therapist' in the future, thus lending itself well to the often fast-moving, results-focused elite sport environment.

At this point in my trainee journey, my approach to practice is beginning to feel more therapeutically-informed. My theoretical paradigm is one of cognitive-behavioural understanding; consequently adopting a CBT-informed approach to intervention is congruent with my philosophy of practice. As I have undertaken additional training in a variety of applied therapies, I have drawn upon the skills and techniques I have learned to guide my interactions with clients in applied settings. Over time, I have developed an appreciation of how my person-centred approach to service delivery facilitates the possibility to weave theoretically similar therapeutic techniques. This integration of third wave therapies supports my ability to deliver flexible interventions for clients that meet their changing needs, and aren't bound by a single therapeutic template. I will apply CBT principles and techniques during sessions with Sam fluidly, and draw upon relevant techniques and understanding from other third wave therapies (e.g. Acceptance and Commitment Therapy: see; Hayes et al., 2012) such as values, if I believe it to be appropriate and relevant.

Intervention

The intervention was guided by the above formulation and largely present-focused; consistent with the CBT approach. It took place over eight in-person sessions (not including the preliminary intake phone call) with some supplementary out-of-hours support (facilitated through contact with parents relayed to Sam) via WhatsApp. The first three sessions took place at the family home, the remainder were held at the gymnastic club premises. The first session comprised the intake/needs analysis process, Sam's CBT-informed intervention occurred over sessions 2-7. The final meeting (session 8) was a joint session with Sam's younger sister Lily; it focused on more holistic, general life concerns. The average duration for sessions 1-7 was 1-1.5 hours long, whilst the final joint session was approximately 2 hours long.

Over six face-to-face sessions, I worked with Sam to help her explore and develop the following skills:

- Setting SMART Goals for training and competition
- Identifying athletic values and engaging in values-guided behaviour
- Developing and utilising positive self-talk strategies
- Mental imagery and visualisation skills practice
- Explore performance strategies that promote meaningful behaviour change
- Create an action plan to facilitate Sam's self-development post-intervention

The combination of psychological skills training (SMART goals, mental imagery and visualisation) and strategies aimed at promoting behavioural change was proposed collaboratively by all parties. The primary goal was to assist Sam in re-discovering her 'lost move(s)' alongside more general aims of improving Sam's self-confidence and psychological skills, and reducing anxiety and subsequent avoidant behaviours related to new skill development. We discussed how Sam (and her parents) would know that these goals have been achieved and explored potential barriers that may impede goal attainment.

SMART Goal-Setting

The primary intervention session focused on setting SMART goals (Doran, 1981) for Sam's training/competitions and skill development. SMART goals (Doran, 1981) use an acronym to define a goal-setting framework; SMART goals must be; Specific, Measurable, Achievable, Relevant and Time-Limited. They are designed to promote meaningful and measurable goal-setting, improving motivation and attainment, requiring the setter to use organisational, self-awareness and time-management skills effectively and independently (Doran, 1981). I guided Sam through a custom goal-setting worksheet (Appendix 2) outlining the acronym framework and providing a brief background on why an athlete should set goals and common mistakes made during goal-setting. Together, we worked through some examples, and as homework I encouraged Sam and her parents to collaboratively set four SMART goals, one for each performance domain (technical, tactical, physical and mental). We monitored her progression towards achieving her goals throughout the intervention, adjusting as required. At the end of the intervention, I discussed again with the

family about the importance of regularly setting (and monitoring) SMART goals. They expressed a commitment to continue this practice independently.

Identifying Athletic Values and Values-Guided Behaviour

Values in sport can be defined as an athlete's judgement of which qualities they perceive as important to their life and sport, and the standards they wish to apply to the behaviours expected of them. Whitehead and Balchin (2000) define values in their Youth Sport Values Questionnaire as *"criteria by which people select and evaluate behaviour"*. Values identification is an integral part of another Cognitive-Behavioural informed therapy promoting behaviour change; Acceptance and Commitment Therapy (ACT) (see: Hayes et al., 2009). Values and values-guided action comprise core components of the ACT Hexaflex framework for psychological flexibility (see; Schubert et al., 1968; Boden & Boden, 2012; Harris, 2019), thus are an appropriate inclusion when designing interventions informed by a Cognitive-Behavioural philosophy of practice when adopting an integrated approach to delivery.

I guided Sam in her discovery of four values she felt were of the highest importance for her in gymnastics. Additionally, she self-rated how effectively she currently embodied her values within her training and competitive performances. Through explorative discussion, Sam identified examples of values-guided behaviours (see Fig. 2) that she could embody within gymnastics, to improve her motivation to train and try new skills. We noted behaviours that would pull Sam away from her values (values-incongruent), so that she may identify them if and when they arose.

I emphasised the importance of keeping her values 'in mind' whilst training/competing, to aid Sam's focus in mirroring a performance akin to the type of gymnast she aspires to be, even when facing challenging, stressful or complex situations. Sam found a 'values torch' analogy to be helpful in understanding and identifying values-guided (and values-incongruent) behaviour; when Sam is feeling lost, her values are a torch that shine a beam of light to help guide her back to being, thinking and feeling in a way that helps her perform and feel at her best. Sam's values and behaviours were as true to her own speech and idioms as possible, to preserve authenticity.

Fig. 2: Sam’s Values and Values-Guided Behaviours

My Values	
Communication	<p><i>Good communication is....</i></p> <ul style="list-style-type: none"> • Being nice and kind to others with what I say and how I say it • Being honest with my coach at all times and telling him when something is wrong • Not reacting to other people and getting annoyed by them, but rising above it instead
	<p><i>Bad communication is....</i></p> <ul style="list-style-type: none"> • Shouting at other people and telling them to go away or to stop it instead of ignoring them • Not telling my coach when something hurts or is painful • Not asking for help when I need it
Bravery	<p><i>Being brave is....</i></p> <ul style="list-style-type: none"> • Going for things when I know I am safe and have the skills I need to succeed • Telling my coach when something isn’t right • Knowing that even when I am nervous, I can stay calm and get the job done • Not being afraid to take risks when my coach says I am ready • Not being afraid to try new skills, even when they are difficult • Trusting my skills and myself, and knowing I can do it
	<p><i>Not being brave is....</i></p> <ul style="list-style-type: none"> • Refusing to try things because I am scared • Hesitating and letting myself get carried away with my thoughts • Feeling nervous or anxious until I feel like I lose control • Not approaching a move properly because I am hesitating • Not committing to what I need to do
Confidence	<p><i>Being confident is....</i></p> <ul style="list-style-type: none"> • Getting out of my comfort zone • Having good posture and walking strong • Believing in myself and my own skills and abilities • Staying positive even when things are hard or scary
	<p><i>Not being confident is....</i></p> <ul style="list-style-type: none"> • Slacking off at training and taking the easy option • Hesitating physically and mentally • Backing down from a challenge and refusing to do it • Making excuses for myself so that I don’t have to try something
Resilience	<p><i>Being resilient is....</i></p> <ul style="list-style-type: none"> • Thanking my brain for reminding me to be safe when something feels scary • Being kind to myself, trusting my coach and staying positive • Keep trying things out and pushing myself even after failures • Not worrying about the past or future, but staying in the present
	<p><i>Not being resilient is....</i></p> <ul style="list-style-type: none"> • Trying to escape • Worrying about past mistakes and going over them in my mind • Fantasising about the future and how it might be better • Not being kind to myself after I make mistakes

Positive Self-Talk

From our discussions, it was clear that the tone and content of Sam's thoughts and 'inner voice' significantly impacted her ability post-injury to execute roundoff routines involving backwards rotation. Her LMS developed after her accident, worsening after her previous experience with a psychologist. Sam and her parents observed she was more likely to avoid or incorrectly execute 'missing' moves when experiencing unhelpful physical sensations (unrelated aches/pains, fatigue) and/or emotions (anxiety, frustration, annoyance, anger). In such cases, Sam reported feeling overwhelmed by memories of her accident, triggering uncontrolled 'flashbacks' and critical self-talk. This typically resulted in a refusal to practice, citing lack of confidence in her ability to perform sufficiently to not risk re-injury or failure. Sitting alongside Sam, we completed maintenance cycles (Fig. 3) (Padesky & Mooney, 1990) using a 'Hot Cross Bun' worksheet (modified to be age-appropriate). This identified and drew meaningful links between Sam's thoughts, emotions, physical sensations and behaviours (modified in Sam's version to thoughts, feelings and actions) raising her awareness as to how her internal experiences (flashbacks and critical self-talk) and external behaviours may directly influence one another.

Together, we identified powerful, positive and inspiring words, phrases and imagery that she could engage with as 'new thoughts', to break her maintenance cycle (Fig. 3). Initially Sam used these strategies reactively; reframing critical self-talk into something more constructive, or counteracting uncontrolled flashbacks/emotion with neutral/positive imagery. Competitive gymnastics is not without risk, thus it was crucial Sam's positive self-talk did not intend to suppress or deny legitimate and proportional anxiety, to maintain authenticity and for fear of creating a "White Bear" effect (Wegner & Schneider, 2003). Sam's repetition of positive phrases and 'mind thanking' (thanking her mind for working to ensure her safety; Diment & Schmid, 2019) helped create distance between her thoughts and behaviour. By viewing thoughts and emotions as psychological processes and not facts, she reduced their influence on her behaviour. Over time, Sam proactively embedded a number of phrases (Fig. 3) within her training routines; prior to a run up (2b), before taking her starting position (2a) after successful performances (1a/1b) and when presented with a new skill (3b). At the intervention's end, positive self-talk had become a self-identified near-automatic behaviour.

Fig. 3: Positive Self-Talk Strategies

Critical/Unhelpful Thought	Positive Self-Talk
1. Experiencing flashbacks of the accident and imagining re-injury.	1a. "Thank you brain for keeping me safe!" 1b. "Thank you brain for reminding me gymnastics can be dangerous, so I need to be careful."
2. Critical Self-Talk; "You can't do this, it's too difficult"	2a. "Come on you've got this!" 2b. "I can do it, I am brave!"
3. Experiencing anxiety related to learning new/more difficult skills, due to the associated increased risk of injury.	3a. "If I want to get better I have to be braver, harder skills are a sign I am progressing." 3b. "You can do this; even easy skills were hard when I first had to learn them... Just go for it!"

Fig. 3: Maintenance cycle (Thoughts, Feelings and Actions worksheet)

Thoughts Feelings Actions

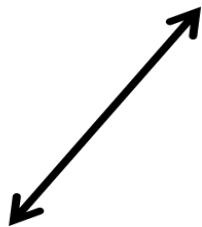
What happened?

I don't like to do roundoff flicks or back handsprings anymore since I broke my arm. When someone asks me to do it I get worried and my brain gets a flashback, and then if I try I sometimes fall and hurt myself again.



My Thoughts

- "I don't want to do this!"
- "This is scary!"
- "I'm going to fall over and hurt myself again."
- "I'm rubbish at this, my coach will be mad."
- I can see my accident like a film in my mind
- I imagine what it will feel like to hurt myself again
- I don't know if my wobbly legs are strong enough to do it
- I can't remember the right body position to land it



- I tell my coach I don't want to do it.
- I keep thinking about my arm position and I land wrong
- I don't do my run in fast enough and go too slowly
- I sit on the side and watch everyone else do it
- I might be angry at other people if they ask me what's wrong
- Sometimes it's ok when I try it

My Actions



- Nervous
- Scared
- Sad
- Angry
- Frustrated
- Grumpy
- Worried
- Anxious
- Annoyed
- Upset



My Feelings



Mental Imagery and Visualisation

Sam frequently used mental imagery and visualisation skills at training and competition, having been encouraged by the majority of (former and current) coaches to 'think through' movements before a physical performance. Holmes and Collins (2001) developed the PETTLEP model of mental imagery, based on the assumption that the same neurophysical processes underlie visualised and physical movement performance. Consequently, visualised and physical practice may be of 'functional equivalence' in terms of skill acquisition (Holmes & Collins, 2001). PETTLEP is an acronym, outlining seven individual components considered essential to effective imagery practice, namely; physical, environment, task, timing, learning, emotion and perspective. PETTLEP interventions have received much subsequent support within the sport and exercise psychology literature (see; Smith, Wright & Cantwell, 2008; Afrouzeh et al., 2013) and are as effective as physical practice in new skill development for gymnasts similar in age to Sam (Smith et al., 2007). As Sam demonstrated a preference for including mental imagery in her training, we focused a session on examining how well her current visualisation practice fitted the PETTLEP framework. Sam required the most assistance in ensuring the timing of her imagery was representative of reality (not significantly faster or slower). Subsequently, an accurate timing of her gymnastic skills and routines was obtained and included within visualisation practice, ensuring objective measurement.

Test of Performance Strategies (TOPS)

The Test of Performance Strategies (TOPS) (Thomas et al., 1999) measures which performance strategy an athlete uses, in various sporting situations. Discovering which strategies athletes utilise at training/competition may further understanding of when and why athletes rely on some strategies over others. I compiled Sam's TOPS results into a 'Performance Strategy Guide' (Fig. 4) outlining preferred strategies within training/competition performance contexts. I included notes on how often she identified strategy usage and her ranking of their importance with regards to the degree she perceived them as contributing to success. The guide was also informed by discussion with Sam and her father. It aimed to provide suggestions as to how the strategies may be most effectively used, and drew meaningful links to other elements of Sam's sport and exercise psychology intervention.

Fig. 4: Sam’s Performance Strategy Guide

Performance Strategies for Training	Performance Strategies for Competition
<p style="text-align: center;">Positive Self-Talk</p> <ul style="list-style-type: none"> • I <u>always</u> use this strategy at training • It is the <u>most important</u> strategy for my training performance • I can use <u>specific, positive phrases</u> to help achieve my best performance • My <u>blue band</u> reminds me of my phrases and tells me that I support myself and my coach supports me too. 	<p style="text-align: center;">Positive Self-Talk</p> <ul style="list-style-type: none"> • I <u>always</u> use this strategy at competitions • It is one of the <u>most important</u> strategy for my competition performance • I can use <u>specific, positive phrases</u> to help achieve my best performance • I can write these phrases on my <u>blue band</u> if I am feeling nervous as an extra reminder of how far I’ve come.
<p style="text-align: center;">Goal Setting</p> <ul style="list-style-type: none"> • I <u>often</u> use this strategy at training • It is a <u>very important</u> strategy for my training performance • Setting <u>individual</u> goals by myself, and together with my coach helps me to <u>stay focused</u> and <u>measure my progress</u> • Take care to set SMART goals, adjust and re-set them when required 	<p style="text-align: center;">Imagery</p> <ul style="list-style-type: none"> • I <u>always</u> use this strategy at competition • It is one of the <u>most important</u> strategy for my competition performance • Take care to check that my imagery, especially my timing, is as <u>close to real life as possible</u>
<p style="text-align: center;">Attention Control</p> <ul style="list-style-type: none"> • I <u>often</u> use this strategy at training • It is an important strategy for my performance • I can take care to <u>reduce distractions</u>, and <u>re-focus</u> if they do arise • I can use <u>imagery</u> and <u>count my breath</u> to help me think through my skills as well as practicing them 	<p style="text-align: center;">Activation</p> <ul style="list-style-type: none"> • I <u>always</u> use this strategy at competition • It is one of the <u>most important</u> strategy for my competition performance • I can use my <u>pre-performance</u> routine to help me activate my <u>mind</u> and <u>body</u> to be <u>ready to perform</u>
<p style="text-align: center;">Emotional Control</p> <ul style="list-style-type: none"> • I <u>often</u> use this strategy at training • It is an important strategy for my performance • I can use <u>thinking strategies</u> like <u>thanking my brain</u> to make <u>new thoughts</u> that will influence my behaviour in a positive way • I can use <u>thinking strategies</u> like my <u>inner smile</u> and <u>count my breath</u> to not react to other people’s distracting behaviour 	<p style="text-align: center;">Goal Setting</p> <ul style="list-style-type: none"> • I <u>often</u> use this strategy at competition • It is a <u>very important</u> strategy for my competition performance • Setting <u>individual</u> goals by myself, and together with my coach helps me to <u>aim for a target</u> and stay <u>motivated</u> under pressure • Take care to <u>reflect</u> after a competition and <u>re-set my goals</u> ready for the next training session

The Blue Band

Sam described feeling a new sense of purpose in her training under her new coach. Both she and her parents emphasised the pair’s trusting relationship; a notable difference from blaming her former coach for allowing the circumstances which resulted in her accident. Her coach’s presence in the training environment significantly increased Sam’s confidence; she was less likely to exhibit LMS training with him present than with the junior coach.




Together, Sam and I created the ‘Blue Band’ strategy, as a physical and psychological reminder of her coach’s support, so as to prompt positive (non-avoidant) values-congruent behaviour. Sam and her coach shared blue as their favourite colour; together we decided she begin wearing a symbolic blue band at gymnastics, as a visual aid. It

could be worn anywhere on her person, in alternate forms (e.g. a blue bobble in her hair, blue tape round her ankle etc). ‘Seeing blue’ was a visual reminder of the affinity between Sam and her coach, and her sources of support. It was important that the band represent shared responsibility; reminding her not only of her coach (support from others) but also the steps she had independently taken to support herself. Sam noted she could write her ‘most powerful phrase’ (“Come on, you’ve got this!”) onto a tape band, if she were feeling especially nervous. Sam quickly adopted the wearing of blue bands, frequently reporting its benefits in positively affecting her behaviour and performance at training sessions. She described how when wearing a band, catching a glimpse of it reminded her of *“what I need to do to improve, and how far I have come already”*.

Reflective Diary

I asked Sam to keep a reflective diary throughout the intervention, so that she may develop self-monitoring skills and observe and understand the consequences of her behaviour. Sam’s reflective diary template was age-appropriate; recording *what* she was feeling and *why*, describing her behavioural response and considering alternative actions. A diary entry is seen in Fig. 5, highlighting a self-identified link between conscious use of behavioural and thinking strategies and a successful performance of a new skill.

Fig 5: Exert from Sam’s Reflective Diary

How I feel	
<p>I feel: excited and happy</p> <p>I feel this way because:</p> <ul style="list-style-type: none"> • I tried giants • I want to get them to be good enough to include them in a routine • I had to face my fear to do it because they are very difficult and high risk <p>This is what I did about it:</p> <ul style="list-style-type: none"> • I used my positive phrases to build up my confidence before trying it • I asked my coach to help support me through it so that I would feel strong • I knew that I was nervous, but I thanked my mind for keeping me safe <p>Something else I could have done is:</p> <ul style="list-style-type: none"> • Written down what the skill felt like when I did it to help me learn exactly what doing it feels like, so that I can aim for that again • Visualised what it looked like in my mind afterwards to help lock the skill in 	  

Post-Intervention Action Plan

Session seven involved the collaborative development of an action plan Sam could refer to post-intervention, in times of need. The plan's focused on facilitating understanding of the steps she could take to support herself when experiencing psychological distress. We worked together to determine the stages and content of her action plan, after which her father provided feedback and further contribution.

From our discussion, Sam identified her greatest concerns relating to the consultancy ending. These were three questions, namely; *"What will I do if I get nervous, sad or scared in the future?"*, *"What can I use to help me get through it without your help?"* and *"How will I know what I need to keep doing to keep getting better?"* Sam's action plan therefore needed to contain guidance on responding to uncontrollable, challenging or emotionally distressing events, prioritising emotional responses that re-frame disproportionate anxious responses to something more measured. It provided a blueprint of the mental skills/strategies she had learned and their suggested usage within gymnastics practice. I sought to alleviate Sam's fear of 'not knowing what to do next' by outlining the importance of regular reflection (using her diary and worksheets/exercises provided to her within her end of consultancy report) as a means to orientate herself.

To address Sam's three key questions, her action plan (see: Consultancy Contract Report, pages 272–284) contained three distinct stages. Each stage sought to reinforce the psychological support she had received throughout the intervention, re-packaged in a way that empowered Sam to be the central figure in her sporting performance and development. To ensure authenticity and encourage Sam to 'buy in' to the plan's recommendations, the guidance featured for each stage of the plan was written in a way that was age-appropriate, using Sam's own euphemisms and turns of speech when appropriate.

I presented Sam with her end of consultancy report, and we read through it together with her father. At his request, a final in-person session was arranged (February 2020) with Sam and her sister Lily. They were both exhibiting general unhappiness and a lack of focus at training after experiencing difficulties with school-peer relationships. Both girls discussed anxieties about the increasing uncertainty brought about by the COVID-19 pandemic. They were concerned about what it may mean for their ability to attend school and gymnastics training, and the introduction of lockdown restrictions in other parts of the world. We used our final session together to identify unhelpful/helpful thought and behaviour patterns, highlighting which thoughts related to external events both beyond and within their control. I demonstrated how they could apply the techniques taught to Sam during her intervention to wider life concerns. For example, applying the same 'mind-thanking' phrase ("Thank you brain for keeping me safe!") to re-frame COVID-19-related anxiety as a reminder to socially-distance. A date for a follow-up session was arranged for March 2020, though the abrupt introduction of UK-wide lockdown restrictions resulted in its cancellation. I offered to continue with remote (telephone or video-call) support for any subsequent sessions. However, due to the lack of clarity on when non-essential sport training and competition may resume, and their satisfaction with the self-directed support provided within the end of consultancy document, the family decided to end the consultancy.

Evaluation

The methods of evaluation for assessing the outcomes and impact of this consultancy case study combine client feedback (from Sam and her parents) (Sam and her parents)-identified and observed (myself, Sam's parents and coach) changes to confidence, behaviour and performance. Whilst I was not able to communicate directly with Sam's coach during the consultancy, her parents stated that he had responded positively to Sam's engagement with sport psychology, remarking on her improved performance and behaviour during training sessions. In addition to the above mentioned methods, Sam achieved objective performance improvements by the end of the consultancy; progressing to more demanding routines of a more complex level in her gymnastics training and achieved improved and more consistent results at competition.

Outcomes and Impact

During the consultancy, Sam was repeatedly asked to practice backwards rotational movements, including roundoff back-handsprings. Consistent, correct execution skill execution was identified by her coach as essential for Sam's progression. Without it, her competitive performance routines would not sufficiently meet the required difficulty level, and she would be unable to ascend to the next training level. Prior to the intervention, Sam generally experienced three distinct outcomes when such requests were made of her. Whilst she could occasionally perform the movements with little to no experienced physical/psychological difficulty, more frequently it triggered psychological distress (anxiety and injury 'flashbacks') resulting in either refusal to participate or an unconfident, unsuccessful attempt. Sam's ability to perform these movements correctly felt on occasion, 'lost' to her, where they had once been automatic; referred to as Lost Movement Syndrome (LMS).

Though Sam experienced some hesitation during earlier sessions, after implementing the recommended intervention strategies she reported feeling significantly more confident when asked to perform complex, or novel skills. She identified how frequent application (to the point that it became routine) of CBT and ACT-informed thinking strategies reduced her anxiety; for example 'mind thanking' before trying a new skill, completing thinking strategy worksheets after challenging training sessions. By session five, Sam was regularly performing backwards rotational movements, and her competitive routine involved formerly 'lost' moves. By the intervention's end, she described her skill execution as feeling automatic once again. Though she was not immune to experiencing anxiety, negative automatic thoughts or 'flashbacks' (on occasion), she expressed her strategies were a sufficient protective factor, thus her movement execution was no longer affected.

It was integral that Sam's 'Blue Band' strategy placed her coach in the role of protective supporter. Day et al.'s (2006) study of LMS in trampolinists found 80% of participants reported fears of disappointing their coach as a significant source of pressure. This fear may have contributed to both the development and maintenance of LMS amongst the participants. Social support has been repeatedly identified as an essential coping mechanism for athletes experiencing performance/wellbeing struggles and/or LMS (Day et al., 2006; Hogg & Holt, 2002; Park, 2000).

Designing intervention activities inclusive of Sam's family unit (parents and siblings) and coach helped make her social support resources more salient. Sam expressed her coping strategies to have successfully contributed to her re-finding of these moves, perhaps due to my following of Day's (2006) recommendations for applied practitioners to combine psychological and more physically-based strategies when working with athletes with LMS.

By encouraging Sam to focus on embodying values-guided behaviour at training (rather than focusing on correct skill execution), she was more effectively able to reduce the impeding effect of excessive self-focus (Baumeister, 1984). Furthermore, Sam reported that focusing on living out her values at training resulted in her spending less time feeling anxious and increasing positive emotional experiences; fulfilling her goal of becoming a more confident gymnast. Furthermore, encouraging Sam to re-frame unhelpful thoughts/feelings rather than suppress them helped reduce the risk of 'paralysis by analysis' (Tenn, 1995) and 'white bear' effect (Wegner & Schneider, 2003) believed to maintain LMS.

Strengths and Limitations

A significant strength of the case study lies in its strong and evident cognitive-behavioural theoretical underpinning. I adopted an iterative approach to formulation, and an integrated approach to service delivery. Consequently, this allowed for a client-led intervention design experienced as authentic by Sam and her parents. It wove together the most pertinent aspects of CBT and ACT, creating a tailored and effective intervention to support Sam's unique and varying needs. Significant consideration was taken to ensure the intervention and its related materials were modified so as to be age-appropriate, so as to not overwhelm Sam and maintain her engagement with the sport and exercise psychology process. Sport psychology intervention with youth athletes is most effective when parents are supported to support their children (Knight & Newport, 2017; Knight et al., 2017) and I was mindful to collaborate with and include Sam's parents throughout the process.

The intervention was perhaps limited by a lack of access to Sam's coach; he was consistently unavailable (coaching other athletes) when I was at the training venue, and never forwarded his contact information. Whilst care was taken to refer to him within the intervention as a figure with the potential to support positive change, at no point was I able to have any direct verbal or written communication with him. Day's (2006) study suggested that coaches provide the greatest support for athletes experiencing LMS, and Sam's re-finding of her moves may have occurred more quickly if through establishing contact, I and her coach had been able to work collaboratively. By working directly with Sam in our sessions in addition to her coach reinforcing shared goals and intervention strategies at training sessions, there may have been even greater improvement in psychological functioning and sport performance.

The intervention ended more abruptly than I had planned, as a result of the COVID-19 pandemic and establishment of UK-wide lockdown restrictions. This may have resulted in feelings of abandonment, that could have been further exacerbated by the uncertainty and anxiety Sam was already experiencing with regards to COVID-19 and its possibility to disrupt her access to training. Ultimately however, Sam and her parents expressed their satisfaction with the results of the intervention, resulting in a client-led termination of all services despite the proposition to continue remote support. This may be perceived as evidence of the intervention's success, in that I had successfully worked myself into redundancy by empowering the client to competently act as their own autonomous source of ongoing psychological support.

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Appendix

Appendix 1: SMART goal setting worksheet

S.M.A.R.T Goal-Setting

Why should we set goals?

Goal setting is a very important part of **progressing** in our sport. They help to keep us **motivated** and give us a **direction** to aim in. Setting **SMART Goals** can help us to identify where our strengths and weaknesses are, and **keep us on track!**

What mistakes do people make when they set goals?

One of the most common reasons people don't achieve their goals is because they are **unrealistic**. Setting a goal like "I want to win a gold medal in the Olympics" is not very realistic for someone who is a beginner in their sport. If you are an expert, this goal is much more **realistic!** It is important that when we set goals we are **honest** with ourselves and other people about what we want to achieve, and how realistic it is that we can achieve it.

Another very common mistake when we set goals, is having goals that aren't specific enough. For example, if we set a goal like "I want to get better at football", it is quite hard to know when we will achieve this goal. We don't know what we mean by 'getting better', it could mean scoring more goals, or even saving more goals depending on who sets the goal! So we need to make sure that our goals are **clear** and **specific** for both ourselves and other people, so that everyone knows exactly what we want to achieve!

So what does S.M.A.R.T stand for?

For a goal to be S.M.A.R.T, it needs to be...

Specific, Measureable, Achievable, Relevant and Time-Limited!

S = SPECIFIC

The **S** in S.M.A.R.T stands for **specific**. When we're setting goals it's important we are clear on **exactly what we want to achieve**. We should know exactly **what** we want to achieve, **when** we want to achieve it by, **who** we might need to help us achieve our goal, **where** it might take place, and **why** we want to achieve it. When we can answer all these questions, we will know **how** to achieve our goal!

M = MEASUREABLE

The M in S.M.A.R.T stands for **measurable**. We need to think about how we will **know** when we have achieved our goal, and what this will **look** and **feel** like. We also need to know how we can keep track of our progress.

- How will I know exactly when I have completed my goal?
- What tools will I use to help me track my progress? (E.g. tests, competition results, diary entries, learning a new skill...)

A = ACHIEVABLE

The A in S.M.A.R.T stands for **achievable**. In order to test whether our goals are achievable, we have to weigh up the amount of **effort** and **time** achieving our goal will take up from the rest of our lives. If we don't have the support we need to help us reach a certain goal, we will feel miserable!

We can break down big goals that seem very hard to achieve into **smaller** goals that are much easier to manage.

- How much time and effort will it take to achieve my goal?
- What small steps can I break my goal down into to make it easier to achieve?
- Do I have everything I need to achieve my goal on my own, or will other people need to help me?

R = RELEVANT

The R in S.M.A.R.T stands for **relevant**, which is another word for how **important** our goal is to us, and **why** it is important.

- Why is do I want to achieve my goal?
- What difference will achieving my goal make?
- What makes my goal important to me?

T = TIME LIMIT

The T in S.M.A.R.T stands for **time limit**. This means setting a deadline for yourself sticking to it! It's important to make your time limit **realistic**. Being too strict will make you feel like you're in a race against time which can be very stressful!

- When do I want to achieve my goal?
- Can I move my time limit if I need to?

My SMART Goals

- S Specific
- M Measurable
- A Achievable
- R Relevant
- T Time Limit

Technical Goal

S	
M	
A	
R	
T	

Tactical Goal

S	
M	
A	
R	
T	

Physical Goal

S

M

A

R

T

Mental Goal

S

M

A

R

T

CONSULTANCY CASE STUDY THREE

COHESION THROUGH ISOLATION: BUILDING A TEAM AMIDST A GLOBAL PANDEMIC

Abstract

The case study reports on a 16 month, online sport psychology intervention, with linked national and international youth men's (under 17's) water polo teams. The project began during the first COVID-19 lockdown in May 2020, running until November 2021. It was delivered by a pair of sport and exercise psychologists; one newly-qualified (my colleague) one in-training (myself) and supervised by Health Care Professions Council (HCPC) registered practitioners. Peer supervision was embedded throughout.

The intervention had four main aims; 1) strengthen communication and relationships within the team, facilitating a sense of belonging, 2) identify team values and establish an identity that felt authentic to players and coaches alike, 3) maintain motivation throughout lockdowns, the COVID-19 pandemic and wider life challenges, and 4) design and deliver an intervention able to meet the team's evolving needs as they prepared for the international team selection event and international competition.

Self Determination Theory (SDT) (Deci & Ryan, 1985; 2008; 2012; Ryan & Deci, 2000) provided effective theoretical underpinning. Skill development was sport-specific and holistic; focusing on facilitating positive behaviour change and supporting psychological functioning within and beyond water polo. The intervention was the subject of two linked presentations at the 2020 and 2021 British Psychological Society's (BPS) Division of Sport and Exercise Psychologists (DSEP) national conferences; utilising dissemination as a tool to impact upon the wider applied sport and exercise psychology field.

Key words: Relationships, motivation, COVID-19, water polo, youth sport

Introduction

Client overview

Players were UK-based, male and aged between 15 and 16 years. From April 2020 to May 2021 the squad trained as the national men's (under 17s) team. An international squad selection event (including players from the devolved nations) in May 2021 determined which players would continue to compete at the European Championship qualifiers. In addition to the sport and exercise psychologists, the staff team comprised of a team manager (TM), head coach (HC), assistant coaches and strength and conditioning (S&C) coach. Two players were children of coaching staff (one of whom left the programme prior to international selection).

Referral and intake procedures

A third party (psychological services company) referred a consultancy opportunity with youth national and international water polo teams to a select group of trainee/newly qualified practitioners. The role involved supporting the needs of the national and international youth water polo team throughout the 2020-2021 competitive season, culminating in the European Championship qualifiers (June 2021) – and upon successful qualification, finals (September 2021). Initial contact with the TM and HC was established through email and telephone.

The consultancy was initially aimed at an individual practitioner working remotely (due to COVID-19 lockdown restrictions), switching to in-person delivery when possible. It was suggested that as the position was voluntary, service delivery be limited to one day per month. Limited supervision from accredited practitioners at the psychological services company was offered in lieu of payment. The application process involved preliminary intake/needs analysis telephone conversations with the TM and HC and the submission of a brief intervention proposal. Alongside facilitating an opportunity for the TM/HC to interview practitioners regarding their education and experience, these early conversations made possible the establishment of relevant background/contextual information regarding the team's history and their sport psychology-related needs. In my initial independent proposal I suggested prioritising the development of an embedded psychological culture within the team; working with players, coaches and parents to achieve 'buy in' at all levels. This cultural change would inform a distinct team identity, underpinned by self-identified values that facilitate authenticity and autonomy.

I requested to job-share with Ruby (pseudonym) an England-based, recently qualified (QSEP) colleague; hoping to mitigate issues surrounding divergent Scottish/English COVID-19 regulations. I was concerned that my ability to deliver in-person sessions would be affected by differences in travel restrictions and create inconsistency, potentially reducing the effectiveness of any intervention. The job-share was subsequently agreed upon by all parties during the contracting process. In May 2020, Ruby and I joined the team, providing sports psychology support and education for players and staff alike.

Needs analysis

The TM's key concern was the disruption the COVID-19 pandemic and related lockdowns placed upon players' ability to access training, stay motivated and develop interpersonal relationships. Players had only met (each other and staff) briefly at a single training weekend prior to the pandemic. Consequently, there was little pre-established friendship or trust; with the exception of players already known to each other through regional club membership; hence many of the squad were only known to each other previously as members of competing teams. The HC additionally sought to transform the established culture within UK youth water polo. He hoped that sport psychology could encourage a more future-focused attitude amongst players, helping them develop skills of benefit beyond their time in the under 17's team. It was noted the vast majority of the team (players and staff) were unfamiliar with sport psychology; therefore it was essential that an early robust working alliance be established.

Lockdown restrictions rendered in-person support impossible. As Ruby and I had not engaged in remote service delivery prior to the pandemic, we sought guidance from relevant literature. Research suggests students typically engage well with remote education modalities, perceiving little difference from in-person learning (Palombi et al., 2021), but that peer-engagement and a 'personalised' feel to learning may suffer (Ewing & Cooper, 2021). Therefore, online sessions utilising a modality as close to in-person delivery as possible was proposed as a next-best alternative. Zoom was selected for its video call capabilities; assisting in the attempt to recreate a 'face-to-face' feel to the consultancy. Of paramount importance was designing regularly scheduled sessions, to help establish a sense of routine and certainty during uncertain times.

Together with the TM and HC, we discussed several collaborative aims to the intervention, which were as follows; firstly, to develop and strengthen interpersonal relationships and communication within the team, facilitating a sense of belonging and deepening trust. Secondly, to work together to identify team values and establish a distinct team identity that felt genuine and authentic to players, coaches and staff alike. Thirdly, coaching staff were keen to explore how sport psychology may aid players in maintaining motivation during periods of coronavirus lockdown restrictions which at times saw all organised sport training suspended. Finally, Ruby and I aimed to design and deliver an iterative psycho-educational curriculum, informed by client-feedback so as to meet the team's evolving needs. These aims were aligned with the three proposed stages of the intervention; building relationships, staying motivated and preparing for competition.

Case formulation

The case formulation process was informed by Johnstone & Dallos' (2006; 2013) best practice guidelines for psychological formulation. For an intervention to be effective, its formulation should be a collaborative process between practitioner and client, accommodating of any assumptions. Furthermore, psychological intervention and its preceding formulation should be underpinned by relevant psychological theory; in this instance Self-Determination Theory (SDT). SDT (see: Deci & Ryan, 1985; 2008; 2012; Ryan & Deci, 2000) is a theory of motivation that proposes humans as growth-orientated beings, requiring satisfaction of three basic psychological needs to develop a unified sense of self and engage in self-motivated behaviour (Ryan & Deci, 2000). To facilitate proper psychological functioning, growth and wellbeing, an individual's needs for competence (Harter, 1978; White, 1963), autonomy (deCharms, 1968) and relatedness (Baumeister & Leary, 1995; White, 1963) must be met. Furthermore, SDT posits that motivations underpinning human behaviour vary from extrinsic (originating from sources external to the self) to intrinsic (originating from the self), with high intrinsic motivation being associated with improved learning (Larson & Rusk, 2011), understanding (Niemi & Ryan, 2009) and performance (Charbonneau et al., 2001). SDT also considers environmental and/or social factors that may hinder an individuals' ability to have these needs met, exploring potential barriers and possibilities to overcome them (Ryan & Deci, 2000). There is significant empirical support for the effectiveness of SDT-informed interventions on lasting positive behavioural changes across varying contexts including sport and physical activity (Ryan & Patrick, 2009; Sweet et al., 2012), exercise (Hagger & Chatzisarantis, 2008), health (Ng et al., 2012), physical education (Vasconcellos et al., 2020) and education (Niemi & Ryan, 2009). At the beginning of the intervention, players' external regulation (Deci & Ryan, 1985; Ryan & Connell, 1989; Ryan & Deci, 2000) was low. COVID-19 restrictions limited outdoor exercise to one hour daily, schools closed and organised sport training/competition was cancelled. Players expressed concerns related to fitness/skill loss, and some were reluctant to engage in an S&C and psychology programme aimed at preparing them for postponed competitions at risk of cancellation.

Ruby and I were mindful that an intervention design that felt too 'educational' may further reduce engagement; particularly with players already spending considerable time on Zoom due to school closures. The pandemic and lockdowns facilitated an increase in the use of video conferencing software significant enough that it saw the development of related psychometric measures such as the 'Zoom exhaustion and fatigue scale' (Fauville et al., 2021). Frequent Zoom meetings of longer durations are associated with higher fatigue levels, with fatigue in turn associated with negative attitudes towards Zoom meetings. Zoom-associated fatigue occurs due to the requirement for meeting attendees to attend to nonverbal cues, and increased vigilance of self and others' behaviour as a result of being on camera. This phenomenon has been referred to as 'Zoom burnout' (Samara & Monzon, 2021).

Reflective practice and supervision are fundamental to ethical and effective sport psychology practice (Knowles et al., 2007; Sharp & Hodge, 2010). Ruby and I received independent supervision throughout the intervention in addition to seven supervision meetings with an accredited practitioner at the psychological services company. Furthermore, we met (on average) weekly to engage in peer supervision and reflection. The deliberate embedding of continuous, multi-level supervision ensured good ethical practice, aligned with the British Psychological Society and HCPC's standards of ethical conduct.

Intervention

A timeline of the intervention can be seen in Fig. 1. Ruby and I worked directly with coaches and athletes (together and as distinct groups) aiming to intervene both directly (e.g. providing one-on-one support for a targeted player) and indirectly (e.g. influencing parents through working with coaches). We delivered the three-stage intervention through 16 online workshops (outlined in detail in Table 1), small-group/one-on-one targeted support for key players, observation (of S&C sessions and competitions, attending and contributing to staff meetings, and collaboration with the HC on tactics sessions. We were mindful of the additional need to consider of players' wellbeing as they negotiated school exams, disparate access to pools and training and prepared for selection events and competitions.

Fig. 1: Intervention timeline (key dates and events)

April 2020	<ul style="list-style-type: none"> • Initial contact (email, telephone, video call) established. • Preliminary independent intake and needs analysis process. • Submission of initial intervention proposal.
May 2020	<ul style="list-style-type: none"> • Collaborative (client/practitioners) needs analysis and case formulation process • Submission of joint intervention proposal. • Staff and supervision meetings
June 2020	<ul style="list-style-type: none"> • S&C observation session • Workshop 1: “Would I lie to you?” • Collaborative tactics session with HC • Staff and supervision meetings
July 2020	<ul style="list-style-type: none"> • Workshop 2: “Introduction to Sport Psychology” • Two follow-up tactics sessions with HC • Staff and supervision meetings • Coach education session: “Ensuring equity after lockdown”
September 2020	<ul style="list-style-type: none"> • Workshop 3: “Packtypes profiles (1)” • Staff and supervision meetings
November 2020	<ul style="list-style-type: none"> • Workshop 4: “Mental visualisation and reflection • Workshop 5: “Managing emotions” • Staff and supervision meetings
December 2020	<ul style="list-style-type: none"> • Collaborative tactics session with HC • Staff and supervision meetings • Coach education session: “Prioritising motivation in continued lockdown” • Conference presentation: <i>“Together whilst apart: Reflections from working with a new team during lockdown.”</i>
January 2021	<ul style="list-style-type: none"> • Workshop 6: “Packtypes profiles (2)” • Workshop 7: “The awards ceremony speech” • Coach education session: “Staff roles, ensuring equity and managing expectations” • Staff and supervision meetings
February 2021	<ul style="list-style-type: none"> • Coach education session: “Re-branding the U17s team” • Workshops 8 and 9: “Water polo does Taskmaster” • Staff and supervision meetings
March 2021	<ul style="list-style-type: none"> • Staff and supervision meetings
April 2021	<ul style="list-style-type: none"> • Workshop 10: “Values and values-guided action (1)” • Staff and supervision meetings
May 2021	<ul style="list-style-type: none"> • Workshop 11: “Values and values-guided action (2)” • Workshop 12: “Positive and problematic performance choices” • International team selection event • Staff and supervision meetings • Coach education session: “Parent expectations”
June 2021	<ul style="list-style-type: none"> • Workshop 13: “Routine planning and reflection” • Workshop 14: “Five branches of coping strategies” • Workshop 15: “Competition preparation (final push)” • Workshop 16: “Competition recap” • Focused support session for targeted technical player group • European Championship qualifying matches • Staff and supervision meetings
July 2021	<ul style="list-style-type: none"> • Staff and supervision meetings • Proposal for future support created
August 2021	<ul style="list-style-type: none"> • One-on-one therapeutic support for individual player
November 2021	<ul style="list-style-type: none"> • Meeting with NGB stakeholders with regards to future support proposal • Conference presentation: <i>“Presence despite absence: Reflections on the journey of providing long-term remote support during the COVID-19 pandemic.”</i>

Table 1: A summary of the content, aims and (self-reported/observed) outcomes of group workshops delivered throughout the duration of the intervention

Title and date	Description of Content	Aim(s)	Outcome(s)
"Would I lie to you?" (June, 2020)	Introductory 'ice-breaker' workshop based on the TV show 'Would I lie to you?'	<ul style="list-style-type: none"> • Facilitate trust and bonding amongst the team through sharing personal information. • Use humour, honesty and game play to build rapport and a sense of authenticity. • Support psychological need for relatedness. 	<ul style="list-style-type: none"> • All team members were introduced to each other and initial contact between estranged members established. • Improved relatedness.
"Introduction to Sport Psychology" (July, 2020)	Whole and small (using Zoom breakout rooms) guided discussion of experiences related to sport psychology. Coaches observed group discussions and completed linked reflection worksheets.	<ul style="list-style-type: none"> • Establish a baseline measure of previous experiences and knowledge of sport psychology. • Encourage coaches to consider roles adopted by athletes in small/large groups (e.g. leaders, observers, avoiders etc). 	<ul style="list-style-type: none"> • Coaches' reflections were discussed in a subsequent staff meeting. • Players' autonomy was supported in their leading of group discussions. • Coaches developed competency in psychology-informed observation.
"Introduction to Packtypes Profiles" (September, 2020)	A psychometric-based game underpinned by psychological theories of personality, intelligence and motivation.	<ul style="list-style-type: none"> • Encourage greater self-awareness through taking part in the game and receiving their profiles. • Providing insight into preferred communication styles to support relatedness needs by building awareness of others. 	<ul style="list-style-type: none"> • Results from the session informed written personality profiles (see Appendix 1) distributed to all team members and discussed in a follow-up workshop.
"Mental visualisation and reflection" (November, 2020)	Mental skills training (MST) in 'mental downloading' as 'in the moment' reflection, PETTLEP-informed (Holmes & Collins, 2001) visualisation and 'Leaves on a Stream' (from Acceptance and Commitment Therapy – ACT; Fletcher & Hayes, 2006).	<ul style="list-style-type: none"> • Increase athlete/coach 'mental skills toolbox' with techniques aimed at mitigating anxiety and real/perceived performance detriments linked to lack of access to training facilities during lockdowns. • Provide education and training on mental skills relevant to performance that can be embedded within other sessions on the programme (e.g. S&C,, tactics etc). 	<ul style="list-style-type: none"> • Team members received skills training in PETTLEP-informed (Holmes & Collins, 2001) mental visualisation. • All team members learned immediate reflective techniques that were subsequently implemented in S&C sessions. • 'Leaves on a stream' task provided a non-judgemental framework for athletes to explore their thoughts, encouraging reframed, neutral emotional responses to mental distress. • Competency and autonomy needs were supported through learning new skills that can be independently practiced to help improve performance, reduce anxiety and smooth

			transition to in-water training post-lockdown.
“Managing emotions” (November, 2020)	Observation of an historic world cup game, whole and small group discussion on the perceived emotional experiences and coping/regulatory strategies of its players.	<ul style="list-style-type: none"> • Explore how emotional regulation impacts upon performance and wellbeing before, during and after a match. • Provide athletes with a non-judgemental space to discuss emotions and their impact. 	<ul style="list-style-type: none"> • Collaboration on workshop topic and delivery with head coach provided a blending of tactical and psychological education; helping to embed sports psychology within the wider team and training culture. • Facilitated a wellbeing-supportive space that saw improved relatedness amongst team, increased competency in emotional regulation through education and supported autonomy via presenting own work back to group.
“Packtypes Profiles Results” (January, 2021)	Follow-up session from previous Packtypes workshop, focusing on profile results.	<ul style="list-style-type: none"> • Encourage/deepen trust amongst team members through shared exploration of Packtype results. • Gain understanding as to how personality preferences shape and inform team dynamics and communication, learning/socialising approaches and sport performance. • Prioritise fun and long-term focus (not linked to competition) to encourage intrinsic motivation towards programme engagement during continued lockdown. 	<ul style="list-style-type: none"> • Athletes and coaches were encouraged to explore the similarities and differences in their personality profile results in a non-judgemental, open setting. • They were able to reflect on their self-awareness before and after completing the profile and receiving their results. • Increased self-awareness supported players’/coaches’ beliefs in their own skills and abilities. • Increased awareness of others supported improved relatedness amongst team.
“The award ceremony speech” (January, 2021)	In small groups, athletes and coaches (separately) completed the ‘award ceremony speech’ task (informed by ACT principles regarding team values and identity).	<ul style="list-style-type: none"> • Use metaphor as a learning tool to illicit team values. • Explore how values underpin an identity that feels authentic to athletes/coaches alike. • Embed values in context beyond U17’s team/upcoming competitions as a means to support intrinsic motivation beyond external factors. • Improve relatedness through praise and support autonomy through collaborative, whole-group values and identity formation. 	<ul style="list-style-type: none"> • Six core team values were identified (respect, teamwork, motivation, dedication, discipline and happiness). • A team mission statement was created, providing a framework for values-guided behaviour that would uphold the team identity; “<i>Respect</i> for each other improves our <i>teamwork</i> and our <i>motivation</i>. <i>Dedication</i> and <i>discipline</i> brings us <i>happiness</i>.” • An infographic featuring the values and mission statement was subsequently included in

			email/app communication to make identity 're-branding' more salient.
"Water Polo does Taskmaster" (February, 2021)	A two-part workshop based on the format of the TV show 'Taskmaster'.	<ul style="list-style-type: none"> • Boost morale and motivation during further coronavirus lockdown restrictions. • Encourage teamwork amongst athletes not typically socialising with one another, supporting relatedness needs. • Encourage healthy competition in advance of selection events. • Facilitate autonomy (individual tasks) and teamwork (group tasks) in game design. 	<ul style="list-style-type: none"> • Athletes modelled supportive praise of one another (rather than shaming/criticising) during the game, supporting improved relatedness. • Mental wellbeing and mood was boosted. • Intrinsic motivation to adhere to training during lockdown was positively influenced. • Reliance on external motivating factors (e.g. competitions, selection) was reduced.
Values and values-guided action (April and May, 2021)	Hypothetical scenario-based task (small groups) related to preparing for a return to in-water training, international team selection event and upcoming competitions.	<ul style="list-style-type: none"> • Explore the relationship between values and action/behaviour. • Identify internal/external factors that help and hinder values-guided action in varying scenarios. • Use metaphor as a learning tool to highlight values congruent/conflicting action. • Develop reflective skills competency by considering the successes of values-guided action at the training camp/in advance of international team selection. 	<ul style="list-style-type: none"> • Athletes and coaches experienced increased self-awareness after engaging in tasks requiring them to 'step outside' of themselves and view their actions with team values in mind. • Collective understanding through collaboration as to how the team's values and values-guided action supports and underpins the identity and culture we're aiming to build. • Autonomy and competency (in reflection, ability to overcome challenges) by identifying pressure-points and solutions.
"Positive and problematic performance choices" (May, 2021)	Athletes and coaches (together and separately) reflected on historical positive and problematic performance choices, exploring the antecedents and consequences and creating action plans for future challenging moments	<ul style="list-style-type: none"> • Reflect on how internal/external factors trigger and influence positive/negative performance choices. • Create pragmatic action plans to support competency and autonomy in future high-pressure situations and decision-making by helping the team prepare in advance and learn from past successes/failures. 	<ul style="list-style-type: none"> • Athletes felt more able to share honestly (without fearing judgement/consequence) about problematic performance choices by tuning in to 'honesty' value (values-guided action); coaches/staff responded respectfully and positively.
"Routine planning and reflective diaries" (June, 2021)	Whole-group Gibbs reflective cycle focused on international team selection event for successful athletes, with	<ul style="list-style-type: none"> • Introduce new players to the team's values, mission statement and identity. • Reflect on the successes and lessons of the international 	<ul style="list-style-type: none"> • Athletes felt encouraged in organising their responsibilities beyond competitive sport (e.g. exam revision, socialising,

	educational session surrounding routine planning and ‘maximising free-time’ (at coaches’ request).	<p>team selection camp.</p> <ul style="list-style-type: none"> • Provide a framework for routine planning/effective use of free-time, supporting athletes’ autonomy and reducing coaches’ concerns surrounding difficulty re-focusing after breaks. 	<p>recreational exercise) into their competition routines, expressing that they felt it increased the connection between water polo and their wider lives.</p> <ul style="list-style-type: none"> • Coaches felt reassured that athletes would ‘maximise’ their time during breaks in a more efficient way, improving re-focusing skills whilst away at competition.
“Five branches of coping strategies” (June, 2021)	Whole and small group discussion surrounding anxiety coping preferences, and educational session on five branches of coping strategies and their perceived influence on sport performance.	<ul style="list-style-type: none"> • Identify strategies athletes/coaches currently use to cope with performance anxiety, and examine their effectiveness. • Examine any links between Packtype profiles and coping strategy preferences. • Support the team in feeling more competent at coping effectively with anxiety autonomously by exploring which coping strategies (included within the five branches) are values-aligned and when/how their use is most effective in reducing performance anxiety. 	<ul style="list-style-type: none"> • Pre-existing coping strategies were identified and explored, non-judgementally. The ‘workability’ of strategies were examined within a sport performance context, but not judged as positive/negative. • It was noted that several athletes expressed they felt more prepared for the upcoming competitions afterwards.
“Preparing for competition: The final push” (June, 2021)	Athlete-led session focused on wellbeing support, using questions from the wellbeing questionnaire as a loose framework for the session.	<ul style="list-style-type: none"> • Encourage autonomy by having athletes lead the session, identifying topics/questions that meet their needs directly. • Discuss wellbeing in a non-judgemental, supportive context. 	<ul style="list-style-type: none"> • Coaches gained understanding of athletes’ wellbeing needs (and vice versa) across the entire competitive journey; from leaving the UK, travelling internationally during a pandemic, training/competing/resting in Slovenia, competitors, winning and losing, qualifying and not qualifying etc. • Plans for athlete-informed social support at European qualifiers were designed and implemented in advance of the competition.
“European Qualifiers: Recapping and finishing on a high” (June, 2021)	Reflections and highlights of competition journey so far, how the team have ‘lived out’ their values and identity whilst at competition, refresher on ‘Leaves on a Stream’ exercise with regards to managing	<ul style="list-style-type: none"> • Provide some space for reflection on the journey; as individuals, athletes/coaches and as a whole team, placing relatedness and relationships at the centre. • To reaffirm key points of the intervention most helpful at competition (emotional 	<ul style="list-style-type: none"> • Everyone came together as a whole team to reflect on the journey, its highlights and challenges. • The team were able to refocus on the essential performance points in advance of final match.

	emotions/reframing rumination.	regulation, values/identity) and re-focus on performance. <ul style="list-style-type: none"> • Remind athletes of their autonomous motivation to engage and compete as a competent, united team. 	
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Stage one: building relationships

The TM’s primary concern was the lack of foundation of trusting relationships and communication amongst players and staff, and that this would be further exacerbated by the isolation and cessation of training related to the COVID-19 pandemic. This concern informed the primary aim of the intervention of improving relationships and communication, and is theoretically linked to the SDT concept of relatedness. It was therefore primarily important to create a friendly, welcoming environment in which estranged players/staff were regularly provided opportunities to bond and engage in teamwork. Early sessions focused on using ‘ice-breakers’ as a means to create introductions and begin supporting team members’ need for relatedness. Relatedness support was not merely front-ended, rather ongoing; research from health (Okello & Gilson, 2015) and education (Goodenow, 1993) finds intrinsic motivation to be associated with supportive relationships. Therefore, we reasoned that the success of the latter stages of the intervention was dependent upon maintaining the relationships and communication established within the first stage. As such, all workshops (regardless of topic) had relatedness/relationship and communication building embedded within their design. Whole and small group (breakout rooms) discussions were consistently featured; groups were assigned mindfully in advance of each session to encourage mixing beyond region-based friendships. The intention was to reduce players’ perception of one another as (former and current) competitive rivals, instead seeing each other as teammates united by shared goals, so as to improve team cohesion.

Interpersonal trust is a key component of effective teamwork, typically formed through activities requiring personal information exchange (e.g. secret sharing) and/or facilitating a sense of risk and dependency (e.g. ‘trust falls’) (Depping et al., 2016). Within teams, low interpersonal trust contributes to poor collaboration and decision-making, miscommunication and increased personal conflict (Dirks, 1999; Dirks & Ferrin, 2001; Hartman, 2002). Ruby and I share a philosophical approach in line with Halliwell’s (1990) belief that the psychologist/client relationship (and the latter’s trust and confidence in the practitioner) is as important in supporting successful intervention as any therapeutic technique. As such, we worked to develop trusting relationships between ourselves (as practitioners), with and amongst staff and players.

Coaches play one of the most pivotal roles in the team building process (Bloom et al., 2003). To improve team functioning, Ruby and I regularly attended weekly staff meetings as a means of informal influence and formal coach education. Together with coaches we identified and evaluated goals/action plans, reflected on past/upcoming psychology sessions and the progress of the programme as a whole, and discussed any concerns specific to individual players (e.g. pastoral issues). Additionally, we met regularly with the TM/HC, and with the latter ran four collaborative tactics sessions for players/staff in which we contributed related psycho-education. Turaga (2013)

notes that developing trust within teams is the responsibility of individual members and leaders, therefore we also used staff meetings to collaborate on the design of some of the team-building sessions. Depping et al.'s (2016) research suggests social games are more effective than other tasks in encouraging reliable interpersonal trust amongst teams. This finding informed the design of the first, eighth and ninth workshops, as mimics of popular TV shows that see participants take part in humorous tasks requiring trust and communication ('Would I lie to you?' and 'Taskmaster'). We supported players autonomy in assisting with the design of self-directed teambuilding activities at training camps, such as team 'movie nights' and 'meal-time chats'.

Ruby led two sessions (with my contribution) that utilised the Packtypes Profiling tool, a psychometric-based game based on a combination of Jung's 'Type Theory' (Jung, (1921) 1971), Maslow's 'Hierarchy of Needs' (Maslow, 1954) and Gardner's concept of 'Multiple Intelligence' (Gardner, 1983). The game requires selection of 'self awareness cards' related to linked personality profiles named after different types of dogs (e.g. coach dog, guard dog, sheep dog). It is designed to enhance self-esteem and confidence and improve self-awareness, understanding and interpersonal relationships. We constructed individualised profiles (see Appendix 1) for all players and staff (including ourselves) describing results within and outside of a sport context. An accompanying action plan, highlighted possible strengths, areas of development and preferred communication, engagement and learning styles of the individual. A follow-up workshop provided space for the group to discuss their profiles, and explore together how they may impact team dynamics and performance at training/competition.

Developing a Team Identity

The second aim of the intervention focused on facilitating an authentic team identity, underpinned by values. Lee et al. (2000) define values as a set of criteria by which individuals select and evaluate behaviour. Values identification is an integral part of Acceptance and Commitment Therapy (ACT) which aims to empower intrinsically-motivated behaviour change in individuals (Bricker & Tollison, 2011; Flaxman et al., 2010). We utilised an experiential role-playing exercise, the 'awards ceremony speech' to provide a guided-discovery framework for players and coaches to autonomously identify potential team values. The use of a group exercise and subsequent exploratory discussion over psychometric measures (e.g. the 'Valued Living Questionnaire'; Wilson & Groom, 2002) as a strategy for values identification simultaneously supported the team's needs related to communication competence (Haselwood et al., 2005) and relatedness.

Athletes were grouped (separately from participating staff) and presented with a hypothetical scenario set one year in the future in which the team were presented with an award (and accompanying speech) by the NGB for the sport. They were asked to consider three elements of the speech they would hope to hear in relation to their team identity and actions and how they were perceived by others. These were presented back to the whole group and placed in the context of team values; identifying how the team wishes to perceive themselves and be perceived by others, what they wish to stand for and the qualities guiding their actions and behaviour. The discussion focused on collaboratively determining which values were of key importance, and would underpin the team's identity. Six core values were identified; respect, teamwork, motivation, dedication, discipline and happiness. These values informed a

team 'mission statement', providing a framework for values-guided behaviour that upholding an ideal team identity; "Respect for each other improves our *teamwork* and our *motivation*. *Dedication* and *discipline* brings us *happiness*". An infographic (see Fig. 2 below) featuring the values and mission statement was subsequently designed and included within all written team communication as a strategy to 're-brand' the team anew, with shared identity and values at the centre. Follow-up sessions explored how well the team felt they were currently and prospectively embodying their values through values-guided behaviour, using metaphors and hypothetical scenarios as tools to identify values-congruent/incongruent behaviours and their potential impact upon performance and wellbeing.

Fig. 2: Team Values and Identity Infographic



Stage Two: Maintaining Motivation

Youth athletes worldwide saw their motivation and wellbeing suffer under COVID-19 restrictions and the abrupt suspension of organised sport training and competition (Pons et al., 2020). The reintroduction of lockdowns in late 2020/early 2021 saw scheduled training and selection events, domestic competitions and European qualifiers postponed or cancelled outright. Consequently, coaches observed reduced motivation amongst players to engage with the programme, particularly during the early 2021 lockdown. The HC and S&C coach were particularly concerned about the risk this posed to players' ability to transition back to in-water training. The adoption of an iterative approach to case formulation allowed for an emergent a third aim of the intervention at this time through collaborative discussion with staff; utilising sport psychology sessions to improve motivation during lockdown.

Players' extrinsic motivation was negatively affected in lockdown, reporting difficulty in maintaining motivation to train at home with indefinite lack of access to pools/gyms, in preparation for events that seemed unlikely to go ahead. Many expressed concern that their chances of being selected for the international team would be negatively affected and bring an end to their participation in the programme. Consequently, we considered it crucial to develop players' intrinsic motivation to maintain training adherence and encourage unselected players to see the benefit in continued water polo participation and reapplying for the programme.

Intrinsically motivated behaviour is performed in the absence of external driving factors, therefore experienced as originating from the self rather than an external source (deCharms, 1968; Deci & Ryan, 1985). SDT proposes that intrinsically motivated behaviour is sustained when autonomy and competence needs are met (Niemiec & Ryan, 2009); thus orientating workshops around this support was of key importance during the intervention's motivation-focused second stage. Our intention was that sport psychology sessions might facilitate a context in which players (and staff) would willingly engage with remote training, despite external uncertainty, because doing so would be considered in line with the team's self-identified values. Stress (observably enhanced in players during lockdown) has a negative impact on adolescent's life satisfaction and motivation, which is moderated by physical activity motivated only by intrinsic origins (Meyer et al., 2021). To combat stress and enhance intrinsic motivation, we designed several sessions during this period (e.g. "The Award Ceremony Speech", "Water polo does Taskmaster") that prioritised fun/humour equally with education or intervention. In doing so, we observed players/staff engagement in subsequent workshops (and non-psychology sessions) improve, alongside our own.

Frequent referral to the team's values and identity was a key aspect of developing intrinsic motivation as it encouraged players and staff to re-prioritise internal driving factors. For example; encouraging athletes to shift from a motivation to train so as to meet their parents' expectations and improve chances at selection, instead seeking to embody values of teamwork and dedication and authentically engage with the programme. Managing players and parents' expectations was made increasingly complex through inequity; several factors had resulted in players experiencing divergent access to training facilities (e.g. living with individuals requiring shielding, having parents as key workers, inability to fund/travel to non-affiliated international training camps between the first and second national lockdowns). Furthermore, Ruby and I were concerned that these factors may affect team cohesion, potentially additionally complicated by risks of accusations of favouritism with regards to players that were also the children of staff. Consequently we discussed this within coach education sessions, attempting to ensure staff were mindful of the risk posed to team cohesion through inequity, and able to mitigate its effect.

By moving away from reliance on external driving factors, players experienced greater autonomy in their choice to remain dedicated to their training. Players' autonomy and intrinsic motivation was further strengthened through process-focused praise (Conroy & Coatsworth, 2007; Coatsworth & Conroy, 2009). Furthermore, players reported increased self-confidence and perceived competency after adopting a more holistic approach to training that was less dependent on a desire to be successful at selection.

Stage Three: Preparing for competition

After the international team selection event in May 2021 and confirmation that the European Championship qualifying matches in Slovenia would go ahead, the intervention shifted focus towards competition preparation. The team had received prior mental skills training relevant to competition performance in earlier workshops. Examples include PETTLEP-informed mental visualisation (Holmes & Collins, 2001) as a tool to enhance motor performance skills (Hinshaw, 1991), and emotion regulation, coping with pressure and formal and informal reflective skills. During this stage, players received 'refresher sessions' and further training in these skills with competition preparation as

the context. For example, the 'five branches of coping strategies' workshop, based upon Crocker et al. (2015), provided a framework with which team members could identify and name their preferred coping strategies, rate their perceived effectiveness and explore alternatives. Furthermore, through exploring 'social support' as a coping strategy (see: Kristiansen & Roberts, 2010; Tamminen & Gaudreau, 2014) the team were better able to understand how coping with high-pressure competitive environments and related anxiety may be undertaken as a group, rather than individual effort. This enabled greater feelings of autonomy (in having individual choice of strategy use), competency (in feeling more able to cope with pressure) and relatedness (in feeling more able to support one another). Athletes also received support in holistic skill development such as routine planning (in and out of competition) and relaxation; learning techniques that may be impactful and applied within and outside of sport.

Mental skills training was not limited to athletes however; coaches (directly) and parents (indirectly – unless also a coach/staff member) received additional intervention with the aim of better supporting the players. For example, research demonstrates a preference for empathic coaches amongst adolescent athletes (Chelladurai, 1984) thus coaches were guided (in staff meetings) in how to model empathic listening and communication whilst away at competition. Sport psychology intervention with youth athletes is most effective when parents are supported to support their children (Knight & Newport, 2017). Our remit provided no access to players' parents (some of whom were also coaches), thus we utilised coach education in an attempt to exert some influence; exploring supportive and unsupportive communication with family back home whilst away at competition, and managing parents' expectations of their child's performance.

The HC requested additional targeted support for a core group of select, technically-skilled players; the 'performance backbone' of the team. Research highlights how athletes who receive competence support from both peers and coaches experience enhanced performance beyond those only praised by their coach (Fransen et al., 2017). Consequently, we organised an athlete-led session with the core player group in which they were supported to autonomously share thoughts and emotions related to the upcoming competition, their coaches, teammates and opposition players. The aim was to encourage them to self-identify as team leaders; praising and encouraging their teammates, modelling values-aligned behaviour and supporting team cohesion to positively impact performance under-pressure (Stura, 2017).

The HC also had specific pastoral concerns regarding the mental health of an athlete who had experienced a significant bereavement and subsequent mental distress. Athletes experience greater mental health risk factors compared to non-athletes, and this is linked to a marked growth in ill mental health amongst athletic populations (Schinke et al., 2017). A separate, one-on-one therapeutic session was arranged with a player needing pastoral support, in advance of the competition (though circumstances aligned so that it was postponed until August, post-competition). The player's mental distress was compounded by the increasing pressure related to the upcoming championships and feeling isolated from his peers. As a result of these experiences (which he had not shared with his teammates) and subsequent emotional difficulty, his teammates had expressed to coaches that they perceived his behaviour as aloof and thus challenging team cohesion. We approached the session holistically; allowing the

athlete to tell his story in his own words. We guided him in 'cognitive defusion' (as outlined in ACT; see Ruiz et al., 2021) techniques that would seek to reduce the influence of his thoughts/emotions on his behaviour, which was well received by players/staff; rebuilding trust and relationships and thus supporting team cohesion.

Competition Support

Whilst there had been an initial suggestion of financial compensation for travel, this was not made available for Ruby and I to support the team in-person in Slovenia. We designed a well-being questionnaire for athletes to complete in advance of international travel amidst a global pandemic, encouraging them to reflect on how they might uphold the team's values and identity through their behaviour at the competition, identifying their sources of social support (abroad and at home), preferred coping strategies and communication styles. As Ruby and I were unable to physically attend the competition, we were asked to be 'on-call' for the duration. On-call working is associated with negative well-being (Bamberg et al., 2012; Heponiemi et al., 2008) though as the demand was time-limited to a week, we accepted. By the competition's mid-point, the team had one victory to two losses; consequently the TM requested a last-minute workshop to help the team reflect on their learning and experience over the last 14 months, re-focus in advance of their final match and "end on a high". Whilst the team self-identified their playing/scoring as significantly improved and achieved one significant victory, their results were insufficient to progress to the finals. Ruby and I had prepared for at least two post-competition workshops with the team as an end to the consultancy. These workshops would have explored staff and players' reflections from the competition and wider programme, summarising their learning and development throughout the intervention. Additionally, we aimed to provide players holistic guidance in planning for their next opportunities in and out of sport. However, as the team did not successfully qualify, stakeholders at the NGB suspended the remainder of the programme prematurely. The intervention ended in its totality in November 2021, after a meeting with stakeholders at the NGB.

Evaluation

We had planned for several end-of-consultancy sessions; to determine the effectiveness of the intervention, gathering team members' reflections on its success and the experience overall, and look ahead to the future. However, due to the abrupt ending of the programme it was not possible to deliver anything or have any further communication with players. A single follow-up phone call with the HC allowed for a limited debrief on the results of the competition and wider intervention. The results of this conversation informed the content of a subsequent written proposal for ongoing/future support that was ultimately unsuccessful. We had stated our belief that applied sport and exercise psychology is most effective when embedded within a culture from the ground up and given equal priority, rather than delivered as a series of one-off workshops. Our intervention had sought to begin this process; introducing a youth team to sport psychology concepts, providing consistency, fostering team values and identity and facilitating relationship development in spite of additional challenges brought about by COVID-19. The implementation of long-term, psychologically-informed cultural change requires sufficient investment and compensation. It was confirmed that there would be no possibility for paid work with the team for at least a further three years, rendering the possibility of future support unviable and ending the consultancy.

Measuring Effectiveness

The use of psychometrics was proposed as one avenue for measuring effectiveness, had the end-of-consultancy sessions continued as planned. For example, bespoke feedback surveys, or modified versions of ACT-informed measures such as the 'Valued Living Questionnaire' (Wilson & Groom, 2002) or the 'Bulls-eye instrument about valued life' (see: Ciarrochi & Bilich, 2006), adapted to a sport/water polo context and incorporating the team values/identity. Using these or similar measures would have given insight into how effectively players and staff believed they were able to 'live out' the team values, a sign of successful intervention. Psychometrics (bespoke or validated) measuring the effectiveness of autonomy (e.g. 'The Learning Climate Questionnaire'; Williams & Deci, 1996) competency and relatedness (similar to those used by Standage et al., 2005) needs support were proposed as a tool to determine both the effectiveness of the intervention itself, and how aligned it had been with SDT principles. A follow-up session would have prioritised obtaining verbal feedback that would inform the development of monitoring tools (such as an end-of-consultancy document) that aim to provide clients the autonomous means to self-determine their ongoing psychological needs, competently using skills and knowledge derived from the intervention to maintain improved performance and wellbeing.

Despite a lack of formal effectiveness measures, there are clear successful elements to the intervention. It met Keegan's (2015) definition of 'successful' service delivery in its adherence to safety and ethical guidelines, use of an evidence-base and coherent process; all identified as being more indicative of effective practice than athletes' successful competitive performances. The needs analysis and case formulation processes were collaborative and iterative, ensuring an authentic and robust intervention design that was autonomy supportive. Both formal and informal (e.g. staff meetings) strategies of formulation-based thinking were utilised throughout, as a means to make relevant suggestions, influence behaviour and encourage reflection (Johnstone & Dallos, 2006; 2013). Supervision

(including peer supervision) was embedded as an ongoing and iterative process (Keegan, 2015), assuring quality and ethical practice. Whilst the team were unsuccessful at the European Championship qualifiers, the HC noted that the team were more successfully able to utilise playing styles that were less conservative and open to risk-taking. Furthermore, he linked our informal intervention work with coaches in staff meetings (related to clarifying roles and modelling values-congruent behaviour) with the greater support from colleagues he experienced whilst at competition, as well as improvement in his ability to embody effective leadership. Both the HC and the TM identified that of all the elements in the remote training programme, sport psychology had the greatest impact upon improving team relationships and motivation. The TM observed in the competition workshop that players had demonstrated superior mental skills and more supportive communication and behaviour compared to previous squads not receiving of any sport psychology intervention. In the intervention's third stage (preparing for competition) players provided positive feedback in workshops stating that as a result of the intervention, they felt better prepared for both competition and wider life challenges (e.g. COVID-19, school exams, mental distress not related to sport). Ongoing feedback from informal conversations with players, staff and amongst Ruby and I as practitioners within post-intervention peer review sessions has been overwhelmingly positive. Whilst there were challenges throughout the consultancy journey, players and staff identified lasting behaviour and culture change amongst the team, with members describing how they perceived their demonstrated performance and resilience shown over the duration of the consultancy had improved as a result of the work we had done together in strengthening team relationships and supporting them to develop a more values-driven approach to team identity.

Impact

As well as the direct impact upon team members, the intervention had wider impact upon the sport and exercise psychology field and fellow practitioners through dissemination. It was the subject of two linked presentations (see Appendix 2/3) at the BPS DSEP national conferences in 2020 (video poster presentation) and 2021 (oral presentation of a consultancy report). The 2020 presentation sought to provide a reflective narration regarding the complexity of remote work when supporting a new team to develop relationships and motivation during the COVID-19 pandemic and lockdowns. In 2021 however, we presented a hierarchical model of three key reflections (firstly how remote work may increase boundary blurring with regards to service delivery, secondly experiences of benevolent sexism and finally an examination of the sustainability of long-term voluntary work), exploring how our experiences may positively inform future applied practice. We were motivated to engage in dissemination of our work so as to contribute to a sport and exercise psychology culture that values the sharing of reflective practice, identified by Anderson et al., (2004) as having a useful impact on applied and academic practice.

Strengths and Limitations of the Case Study

A strength of the intervention was in its iterative, client-led approach throughout; by collaborating with staff and players and continuously engaging in case formulation we were able to work to meet the team's evolving needs throughout the COVID-19 pandemic. As such, we were able to mitigate some of the challenges experienced by athletes as a result of COVID-19 and lockdown (see: Samuel et al., 2020). Players and staff alike clearly identified examples as to how the intervention had improved their intrinsic motivation and supported their psychological needs in relation to developing autonomy, competency and relatedness; confirming SDT as an appropriate theoretical underpinning. Significant and ongoing supervision ensured high quality, ethical service delivery; weekly peer supervision and reflection allowed for significantly greater self-development (Keegan 2015) than is usually afforded when lone-working.

The abrupt ending to the intervention and no further contact with players and most staff may have resulted in feelings of abandonment. Without possibility to adequately summarise and formally end consultancy, players and staff had no opportunity to ask any final questions of us or receive formal end-of-consultancy documents that smooth the transition to self-directed support. Ruby and I also found that remote working as a result of the pandemic made it increasingly difficult to maintain boundaries (see Reflective Diary for further exploration of this). We frequently worked overtime, felt obligated to respond to last-minute adjustments, resulting in us delivering an intervention that was significantly more time-consuming than initially contracted. This contributed to our own lack of motivation at times, which in hindsight may have been improved with being firmer with staff, more consistently.

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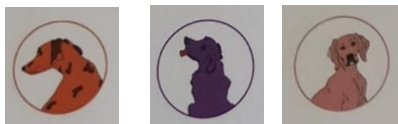
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Appendix

Appendix 1: Packtypes Profile Example



The most important dogs in your profile, are the Coachdog, the Pointer, and the Retriever, with all dogs as important as each other. Therefore, you show characteristics of these three dogs.

You can be a little cautious at times, however you are also conscientious; you prefer to do things ‘properly’ – in a way you feel that they have always been done. You may not be as open to new ideas or ways of doing things. You may be uncomfortable with rapid change and adapt more slowly, avoiding things you perceive as risky. However, you are also flexible and adaptable, meaning that you are able to fit in with different people and situations. You can turn your hand to lots of different tasks and challenges. As a result, you work well in a team and are a good team player. However, you may find it challenging when expressing an opinion in larger groups.

As a Coachdog, you are interested in people and building relationships. Not wanting to see anybody left out, you will bring people into the group if you feel that they aren’t included. You enjoy helping others, whilst looking for the best in people. Listening is a key strength of a Coachdog, and so you may enjoy listening as much as talking. As a Coachdog, you may be less likely than others to put himself forward and take charge of a situation or task, and may find it rather challenging when asked to make difficult decisions or when dealing with conflict.

The Pointer is the most analytical dog of all the dogs meaning that you may prefer to work with facts and evidence over feelings or other abstract concepts. As a Pointer, you may feel much more of a ‘think-er’ than a ‘do-er’. You might on occasion express behaviour that others when they offer alternative viewpoints that could be viewed as sceptical. Although facts and evidence are important, take care to not appear disinterested or dismissive. You like to carefully think things through before taking action and so you may not be as spontaneous as others. You may also hold the belief that that there is a right and wrong way to answer a question and nothing in between (e.g. thinking very much in black and white, with little or no grey areas).

As a Retriever, you try to do the right thing, in a way that you feel to be ‘proper’. You are reliable and trustworthy, and people know that if you say you plan on doing something, then you will see the action through. Retrievers sometimes believe that anyone with different or opposing views or beliefs to their own is wrong. However, when communicating with others it’s helpful to recognise that different opinions aren’t right or wrong, just different, and you can still gain something from these conversations, even if you disagree. Pointers and Retrievers are somewhat cautious dogs, whilst trust is important to Retrievers. As a result, it may take you a while to open up and let your guard down around new people. You may prefer interacting with a small group of close friends rather than a large group of acquaintances, especially when bonding over similar interests. However, there are lots of benefits to socialising with different types of people (and dogs), exchanging ideas and learning different things from one another. You might find yourself sceptical of new experiences and situations; be aware that sometimes worrying about new situations or people can mean missing out on potentially exciting opportunities. Whilst being cautious and sceptical can sometimes be a good thing, it is important when playing in a team that you keep an open mind and try to avoid being judgemental or closed to new ideas and experiences.

Your Action Plan

Strengths:

- Fitting in with different people and situations.
- Working in a team.
- Turning your hand to different tasks/challenges.
- Dedication to completing tasks (even long or complex ones).
- Thinking of others and putting other people first.
- Thorough and hard working.
- Building long term friendships built on trust.

Areas to develop:

- Honest communication, where you are not afraid to share what you really think/feel with others for fear of judgement.
- Being open to leadership opportunities,
- Being open to spontaneity and risk-taking.
- Keeping an open mind to new ideas, people, experiences, and ways of doing things.

How do you communicate with others?

- Your communication style might depend upon which of your dogs is 'showing up' to the situation you find yourself in.
- For example, Coachdogs love to listen to others as much as they love to talk. However, if you're in a conversation with Guard dogs or other Pointers, you might risk not being heard. To combat this, think about getting your point across faster and more assertively than usual.
- You might find a one-to-one conversation or being part of a small group a more effective way to communicate than conversations in large social groups.
- When your Pointer is on show, your communication style might be more fact-driven, direct and to the point.
- As a Retriever, you value honesty and truth. However, be mindful that honest communication can also be tactful – if others feel your communication style is too blunt then it becomes ineffective and your message might be lost.

How do you like to be engaged by others?

- As someone with several dogs in your profile, you might find you prefer to be engaged in different ways depending on which of your dogs is on show, and the specific situation you are in.
- Building relationships and trust are important to the Coachdog and the Retriever. Spending time building trust and strong relationships is important, as you are less likely to take other people's ideas on board if you have not already established a comfortable, trusting relationship.
- You may appreciate other people taking the time to get to know you through asking questions and actively listening to your answers.
- Pointers prefer facts to emotions, so you might respond best in to-the-point, evidence-based conversations. When you're talking about a topic that interests you, you can talk at length!

How you learn best:

- As a Coachdog and a Retriever, you learn best from those you know and trust.
- As a Pointer, you might prefer to learn a new skill step-by-step, rather than all at once.
- As a Coachdog, you appreciate an opportunity to ask questions during the learning process.
- You may need some encouragement and praise from others when trying new things.
- Be open to challenging yourself; such as presenting or opening up in front of a group.
- You might appreciate learning tasks where you can go away and practice/research a problem independently before showing the results to other people.

Appendix 2: Copy of video poster slides from BPS DSEP national conference (2020)

Slide 1:



TOGETHER BUT APART: REFLECTIONS FROM WORKING WITH A NEW TEAM DURING LOCKDOWN

LAURA KIEMLE-GABBAY & [REDACTED]

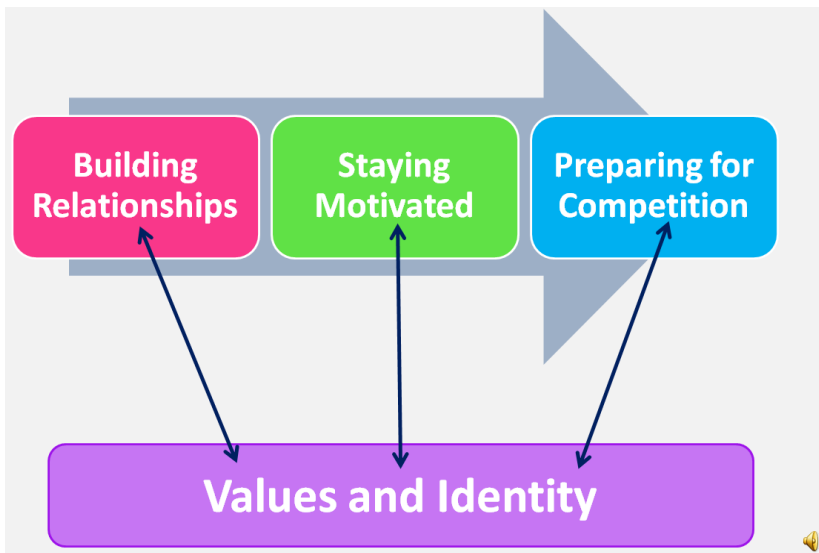


Slide 2:

Building relationships



Slide 3:

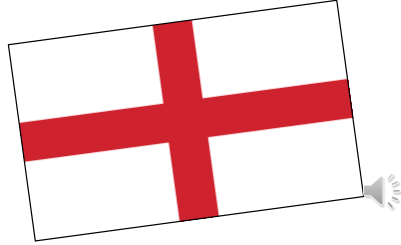
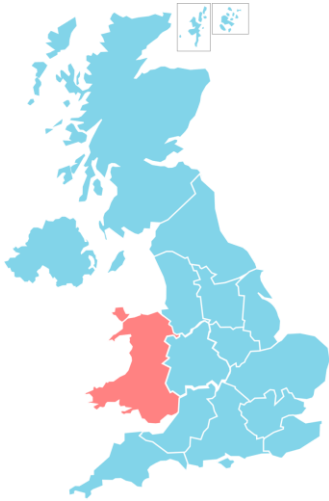


Slide 4:

Final thoughts

“The only thing that has been certain, is the uncertainty and the only thing that has been consistent is the inconsistency”

Final thoughts continued



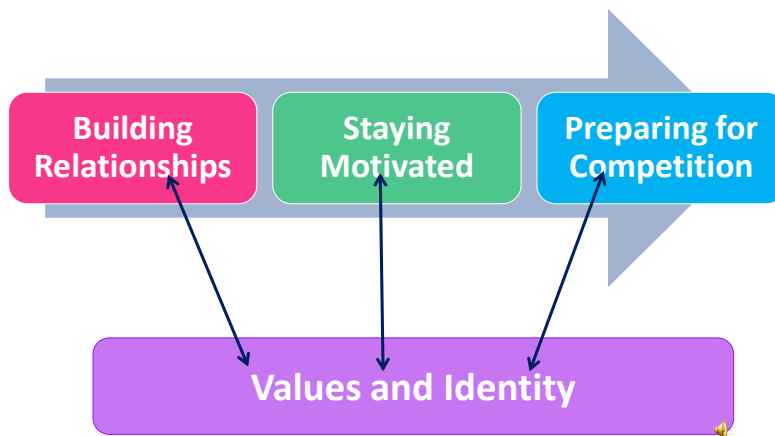
Appendix 3: Copy of oral presentation slides from BPS DSEP national conference (2021)

Slide 1:



Slide 2:

Learning to adjust



Slide 3:



RESPECT for each other improves our **TEAMWORK** and our **MOTIVATION**.
DEDICATION and **DISCIPLINE** brings us **HAPPINESS**.

Profile

The Retriever is the most dominant dog in his profile whilst the Hound dog is also really important, therefore he shows traits of the Retriever and the Hound.

He always tries and wants to do the right thing and wants to do things properly. He is also good at seeing problems that others might miss. Retrievers are cautious and so he may find change or rapid change uncomfortable, and he may try to resist or avoid anything that he sees as risk taking. Trust is important to Retrievers, and it may take him a while to open up and let his guard down to new people that he meets. He prefers to have a small group of close friends rather than a large group of acquaintances. He may also be sceptical of new experiences and situations. As a result of worrying about new situations and new people, this may mean that he misses out on potentially exciting opportunities. Whilst being cautious and sceptical can sometimes be a good thing, it is important that he is not judgemental or closed to new ideas and experiences and therefore that he keeps an open mind.

Hound dogs are highly individual and like to be different. He also questions and challenges everything and everyone. He also likes doing his own thing and likes to go off on his own at times. Whilst he likes to do his own thing, other Hounds like to be included, however, he will not be the one to make the first move, instead he will wait for others to bring him into the group. One of his greatest strengths is his ability to think differently to others. Therefore he may approach a problem in a different way than others, offering them a new way of looking at things or doing things, that they may never have thought of before. However, he can get bored quickly especially if he is not interested in the task.

Strengths:

- Thinking differently and offering alternative suggestions that others might not have thought of thinking outside the box.
- Looking for problems that others might

Areas to develop:

- Concentrating and listening.
- Keeping an open mind and giving new things, new people, new experiences, and new ways of doing things a chance before judging or writing them off.

Wellbeing Questionnaire

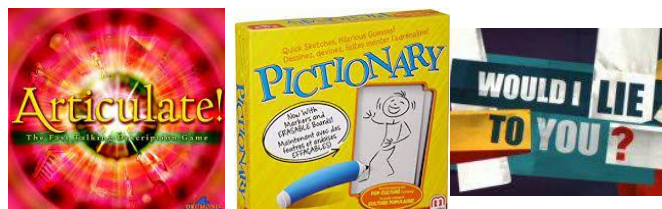
Name:

This questionnaire is to get an understanding of how you are feeling about the competition in Slovenia and to see how we can best support you. Please answer honestly, there are no right or wrong answers, we are just interested in hearing your thoughts.

Use the boxes below to write your answers and feel free to make the boxes bigger if you need more space to write.

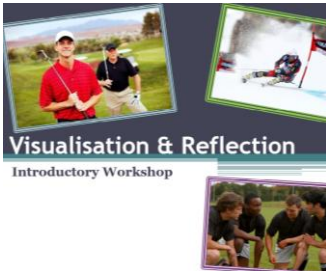
Lucy and Laura will have access to your answers but as neither will be away with you, Terri will also have access to your answers so that she can help you whilst you are away.

How do you feel about being away from home for a few days whilst you are in Slovenia?




Slide 4:


MONDAY 7 TH JUNE		
TIME	ACTIVITY DETAILS	REFLECTION AND ACTION
08:00	Wake up and get ready	Go to sleep earlier tonight because I woke up tired and it's affected my mood.
08:30	Prepare and eat breakfast	
09:00	Morning meditation and visualisation practice	Harder to focus on visualisation today when I'm tired
09:15	Morning exercise (Pilates, Yoga/Stretching, Push-ups/Squats/Core strength)	Workout improved my motivation
10:00	Shower and get ready	
10:30	Revision (History, German and Biology)	I did better on mock Biology exam than expected so can prioritise going over History notes that need more practice tomorrow.
12:00	Relaxation Break	Could have done with structuring what I was going to do - wasted time scrolling on my phone
12:15	Revision (English, Maths and Chemistry)	Need to eat snack at 12pm break - couldn't focus because I'm hungry



Visualisation & Reflection
Introductory Workshop



How can we use Mental Visualisation to COPE WITH ADVERSITY?

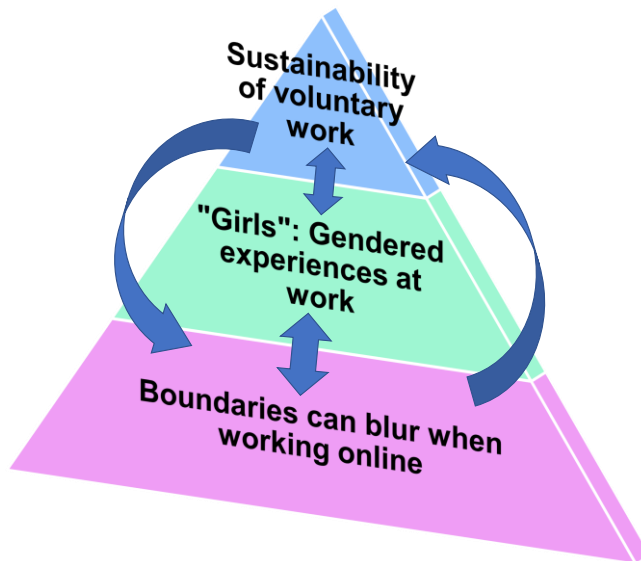


https://www.youtube.com/watch?v=5qM-NBgBTS0&ab_channel=FlowNeuroscience

WEEKLY PLANNER

WEEK 1: 07/06/21 - 13/06/21						
MON	TUES	WEDS	THURS	FRI	SAT	SUN
Don't forget to start weekly meeting routine		No morning exercise (rest day)	Driving lesson at 9AM!		Lie-in and Day off!!	Early AM training
	Dentist Appt			Plan out homework for weekend		
						Driving lesson at 2PM
		Make time to go for a walk with friends				
Meal prep lunches for rest of week						Tidy up room and do other chores
	Ask mum and dad about helping to cook dinners this week			Going out for dinner with family		Help mum with Sunday roast

Slide 5:



Boundaries get blurred when working online

Practitioner burnout and self-care

- Practitioner burnout is common for those working in highly demanding helping fields, such as psychologists/therapists, doctors/nurses/healthcare professionals, teachers, support workers and clergy. Compassion fatigue and secondary stress are also associated with the above employment fields (see: Flores & Arias, 2007; Kirwan & Armstrong, 1995; Skovholt & Trotter-Mathison, 2014).
- Burnout has also been observed within sport and exercise (Goodger et al., 2007; Lavallee et al., 2005), though research in this area typically focuses on the experiences of athletes and coaches (Dale & Weinberg, 1989). However, more recently, research has explored burnout in sport psychologists and has recognised the importance of sport psychologists engaging in self-care (Quartiroli et al., 2019).

Importance of psychological contracting

Impact of “Age and stage”

- Trainees and early career researchers must engage in a myriad of roles simultaneously which has the potential to contribute to role ambiguity and role challenge (Ölk & Friedlander, 1992) e.g. Student/Trainee vs. Practitioner/Colleague etc.
- Our experience of challenges associated with establishing and maintaining boundaries and perceiving our work/role/expertise as undervalued are not unique, but symptomatic of a wider issue regarding how we respond to practitioners at this ‘age and stage’ in their professional journey.

“Girls”: What’s in a name?

“Sexism in sport is commonly overt yet simultaneously unnoticed” (Fink, 2016)

- Benevolent vs. Hostile sexism (Glick, 2013); Benevolent sexism harder to recognise and thus easier to perpetuate (Drury & Kaiser, 2014; Goldman & Gervis, 2021; Glick et al., 2000)

Masculine environments X Perceived power X Perceived experience

- “You cannot easily fit women into a structure that is already coded as Male” (Beard, 2017)
- Conflict between soft/feminine (counselling, psychology) vs. hard/masculine (performance, science) (Goldman & Gervis, 2021; Krane & Waldron, 2020)

Observed phenomena in TV sports commentary (Messner et al., 1993)

- NCAA Basketball and US Open tennis matches (final four)
- 25.7 gender references per game (basketball), only male tennis players received genderless compliments (e.g. “One of the best doubles players in the world” vs. “One of the most animated girls on the circuit”)
- “Young men!”/“Young fella’s” are acceptable but never “boys”, whereas Steffi Graf described as “The wonder girl of women’s tennis”.

Impact on Professional Identity

- “Girls” label impacts upon women’s self confidence and beliefs (Macarthur, 2015)
- Observed within sport (Messner et al., 1993), healthcare (Lerner, 1976) and commented on extensively within print media (see: Miller, 2019; Madsen, 2021, Parkinson, 2015)

Impact on Future Practice: Key Questions

Voluntary work: How sustainable is it?

Who amongst our profession are most vulnerable, and what are we doing to protect them?

How does voluntary work impact role ambiguity and role challenge?

What are we doing to help move our profession forward?

CONSULTANCY CONTRACT REPORT

CLIENT CONSULTATION AGREEMENT: PARENT

PARTIES:

1. Sport and Exercise Psychologist (in training)

Laura Kiemle-Gabbay

2/1, 77 Albert Avenue,

Glasgow,

G42 8RA.

07508949941

2. Client (Athlete)

[REMOVED FOR CONFIDENTIALITY]

3. Parents of Client

[REMOVED FOR CONFIDENTIALITY]

The Sport and Exercise Psychologist (in training) has obtained the following:

Date of Issue:

Basic Disclosure Scotland	09.03.2017
PVG Scheme Record	10.09.2017
Professional Civil Liability Insurance	02.05.18 (renewed on 02.05.19)
NSPCC Child Protection in Sport (Online Course)	17.05.18

1 SERVICES:

- 1.1. The Sport and Exercise Psychologist (in training) will provide psychological support for the client in accordance with the British Psychological Society (BPS) code of conduct and its ethical principles, from September 2019 onwards and continuing on an ad-hoc basis, as required by the client.
- 1.2. The psychological support that the client will receive shall include but not be limited to; a CBT-informed (Cognitive Behavioural Therapy) targeted psychological intervention, psychological skills training,

supportive documents, worksheets and exercises/activities, and performance observation (training and/or competition) when possible and appropriate.

- 1.3 Due to safeguarding measures, arrangements for support will be made between the Sport and Exercise Psychologist (in training) and the parents of the client.
- 1.4 Any provided original materials (including but not limited to, worksheets, documents, learning/study aides) remain the intellectual property of the Sport and Exercise Psychologist (in training).
- 1.5 Should the Sport and Exercise Psychologist (in training) be unable to provide the agreed services for a length of time due to illness, injury or other unforeseen circumstance, they will seek to find a suitable replacement so as to avoid a prolonged absence of psychological support for the client.

2 FEES/EXPENSES

- 2.1 The parents of the client agree to pay the Sport and Exercise Psychologist (in training) a fee of £30 per hour for consultancy work.
- 2.2 The parents of the client agree to pay the Sport and Exercise Psychologist (in training) an additional £30 per session, to contribute towards travel expenses.
- 2.3 In instances where the Sport and Exercise Psychologist is merely observing the client's sport performance (at training and/or at competition), the parents of the client understand that no charge for consultancy will be incurred, but the agreed £30 contribution towards travel expenses remains the same when the observation is not local to Glasgow and its surrounding areas (within 5 miles).

3 CONFIDENTIALITY

- 3.1 The Sport and Exercise Psychologist (in training) will not discuss any details of their position of employment as the client's practitioner or any confidential information related to their work role, or the client's affairs with any person(s) or company at any time, (with the exception of their academic supervisor, Dr. Martin Eubank) at any time during or after such engagement.
- 3.2 The above restriction outlined does not apply to the following:
 - (a) Disclosure of the client as required by law.
 - (b) Information already in (or coming into) the public domain.
 - (c) Where written and/or verbal authorisation from the client's parent(s) has been provided.
- 3.3 Information disclosed by the client during sessions may be shared with the client's parent(s) when considered appropriate and of benefit to the client, pending the client's approval. For such information to be shared with the client's coach(es), it must be agreed upon by all involved parties (the Sport and Exercise Psychologist in training, the client, the client's parents).

4 SUPERVISION

4.1 The client and the client’s parent(s) understand and consent to information sharing and support-seeking regarding the agreed consultation work between the Sport and Exercise Psychologist (in training) and their academic supervisor, Dr. Martin Eubank; registered sport psychologist (HCPC), chartered psychologist (BPS), course coordinator for the Professional Doctorate in Sport and Exercise Psychology (DSport Ex Psy) at Liverpool John Moores University, as a requirement for the DSport Ex Psy programme. Dr. Martin Eubank can be contacted via email (M.R.Eubank@ljmu.ac.uk) should the client and/or the client’s parent(s) require any further information regarding supervision.

5 TERMINATION

5.1 Either party may terminate the consultation at any time with immediate effect, if the other party is in breach of any of the obligations outlined above. Should this occur, the party terminating the contract are only liable to uphold any already accrued fees/expenses/services owed.

Sport and Exercise Psychologist (in Training) Signature:

Date:



11/10/19

Client Signature:

[REMOVED FOR CONFIDENTIALITY]

Date:

11/10/19

Parent(s) of Client Signature:

[REMOVED FOR CONFIDENTIALITY]

Date:

11/10/19

CLIENT CONSULTATION AGREEMENT: ATHLETE

There are some important things that you need to know about, as part of the sport and exercise psychology support you will be receiving from me. They have been written down in a list, and if you feel happy and comfortable to continue working together with me after reading it, then you will need to provide your signature below. Your parent(s) have also been given an agreement to sign, so that they are aware of the type of psychological support that you and I have agreed upon together.

CONSULTATION OUTLINE

1.1 I will work with you to develop and run an intervention, designed to help you overcome the difficulties you have been having in your sport, and help you achieve the best from your performance. The intervention may also focus on improving your mental wellbeing, so that you can be as happy and healthy as possible. It is important that you know that you and your parent(s) are able to disagree or not take part in exercises, activities or homework that I may give you, if you do not feel safe or comfortable, or you feel you have been put at risk of harm.

1.2 As part of our work together, I may give you homework. This is usually activities or exercises for you to practice between sessions, or worksheets and learning aides for you to complete in your own time, so that you can talk about them with me during your sessions. It is important that you complete these homework tasks as often as you can, to the best of your ability, so that you can get the most out of your sport and exercise psychology sessions.

1.3 The conversations you have with me are private, and I will not be able to talk to anyone else about them. However, when both you and I think that it may be helpful to share information with your parent(s) and your coach(es), you can me permission to do so. In very rare and extreme cases, I will have to inform special adults such as clinical psychologists, your teachers or the Police or local mental health services, if you ever share information with me during a session that makes them worry you may be at risk of hurting yourself or other people.

Sport and Exercise Psychologist (in Training) Signature:

Date:

11/10/19

Athlete Signature:

Date:

[REMOVED FOR CONFIDENTIALITY]

11/10/19

CONSULTANCY REPORT

The report included below was provided to the parents of an athlete at the end of the consultancy period. The athlete was provided with an adapted version suitable for their age and development level.

Sport Psychology Consultancy Report: Sam's Parents

Background and Overview of Sam's Consultancy

Sam was experiencing anxiety about going backwards in gymnastics, particularly when having to perform a roundoff flick and similar movements. She said that when she was made to practice these moves, she experienced memories of an accident in which she broke her arm performing a roundoff flick, aged nine. Sam found it very difficult to execute the move when confronted with flashbacks of the accident, as it felt like she was re-living the experience. She described physical (wobbly legs, 'freezing', shaking, increased heart rate etc.) and mental (uncontrollable negative thoughts, unwanted memories, mental 'block', difficulty concentrating etc.) effects on her performance.

In Sam's own words:

"When I think about the accident, my body stops, I can't go backwards, I just can't!"

As a result of the incredibly hard work Sam has done since we began working together, she has not only mastered roundoff flicks, but has since performed them in competition and moved on to significantly more complex skills. I am highly confident that she will continue to master her fears and flourish as she progresses in her sport.

Aims and Objectives of the Consultancy

The overall aim of the consultancy was to help Sam achieve her goal of "re-finding" her roundoff flicks and other backwards gymnastics moves, and becoming a more confident gymnast overall.

The steps we have taken to achieve these aims are:

1. We worked together to developing a plan for one-on-one support for Sam. This support drew upon psychological theories and techniques aimed at helping Sam develop skills that improve her confidence and performance in gymnastics.
2. As a family, you helped Sam to complete homework tasks and practice skills between sessions, helping her to get the most out of the consultancy.
3. Together we have created a positive, reflective and open space for Sam to talk about her feelings, thoughts and actions related to her growth and development in gymnastics.

The Intervention

Sam's intervention combined psychological skills training and CBT-informed (Cognitive Behavioural Therapy) practice. Over six face-to-face sessions, Sam learned how to:

- **Set SMART goals for training and development.**
- **Use positive self-talk strategies,**
- **Practice mental imagery and visualisation skills,**
- **Create strategies to help her approach new skills with confidence.**

Together, we identified what her values were as an athlete, and how she could work towards them at all times. She mapped out and explored how her thoughts, emotions and behaviours can all influence each other, and how she can create new thoughts to help her feel brave when facing challenges.

Sam's Goals and Values

Helping Sam to set goals for herself was an important step in supporting her independence and development in gymnastics. By setting and reviewing her own goals, Sam feels more encouraged with her progress, and motivated to keep going during challenging moments. Learning about values has helped Sam to understand what specific qualities or attributes she feels are important for her when she's performing, so that she feels she is acting as the best version of herself in gymnastics. She can use her values as a guide to help her focus her behaviour and actions so that they help her to achieve her goals. Most importantly, Sam identified her own values, so they feel authentic to her as a unique individual.

Sam has learned to set SMART goals for her training and development; meaning goals that are Specific, Measurable, Achievable, Relevant and Time-limited. Sam can use her goal setting worksheets independently, with you or her coach to set ongoing and future goals related to four areas of her gymnastics performance: technical, tactical, physical and mental.

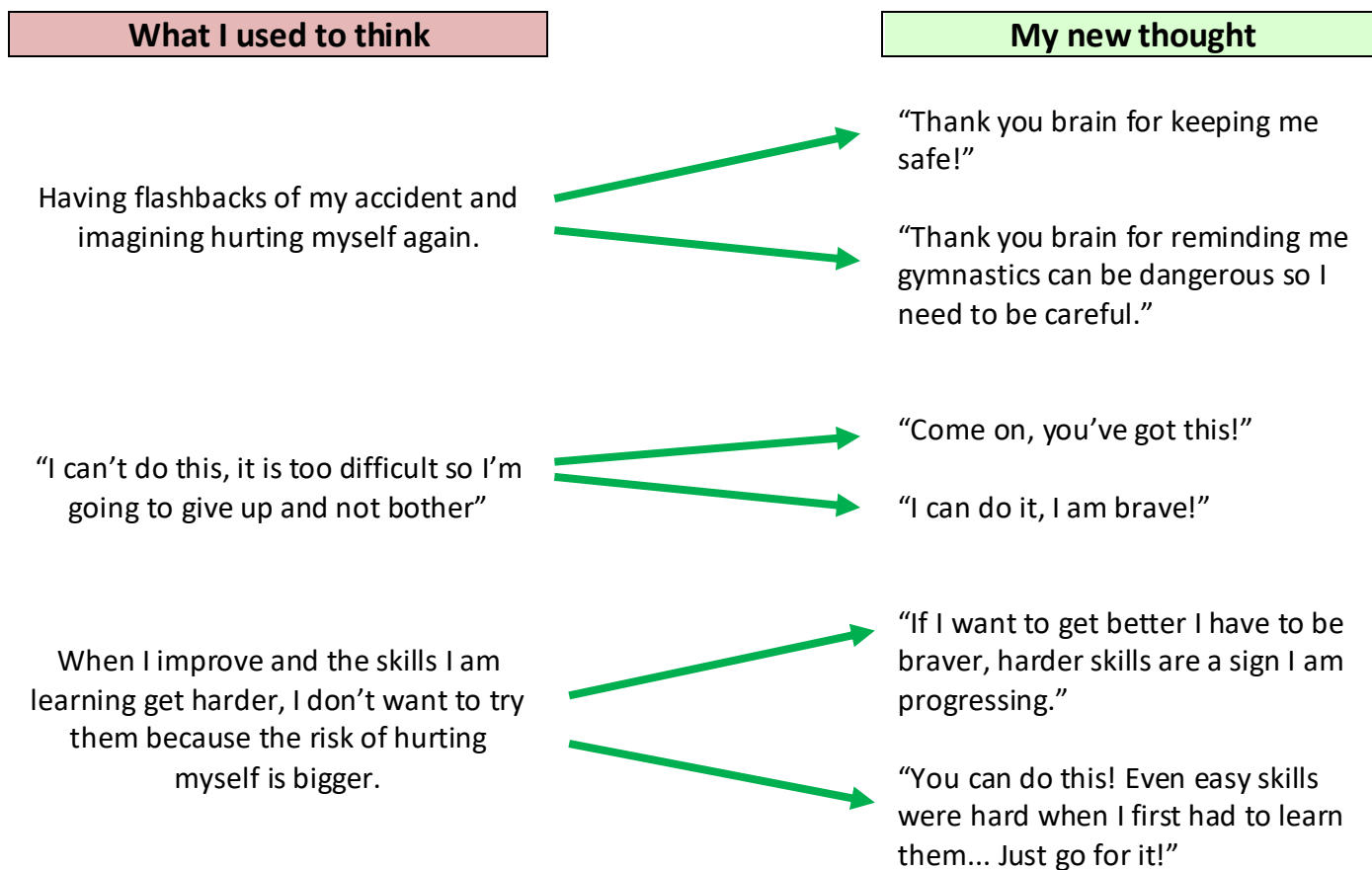
Sam and I worked together to create a list of values that she felt every good gymnast should have. We narrowed the list down until it contained only values that she defined as being important to her, and to gymnasts on the whole. Sam then rated how important she felt each value was, and how well she felt she was able to embody it within her current performance at training. Finally, Sam picked the four values she felt were of the highest importance to her, and we discussed how she can keep these values in mind when at training and competition. Sam has worked hard to think about her four key values when she is performing, to help her stay focused on the type of gymnast she wants to be. She uses her values to guide her thoughts and behaviour, even when facing a challenging, stressful or difficult situation. Whenever she feels lost, they can be used to help guide her back to behaving in a way that she has self-identified as being essential for her performance and mental well-being.

Being a gymnast driven by her values helps Sam to feel competent and confident in her gymnastic performance and mental wellbeing. A visual aid for Sam’s values has been included below, alongside examples of qualities and actions that Sam has identified as her ‘living out her values’ and behaviours that can have an unhelpful influence. As a parent, you can help to support Sam in embodying her values through her behaviour by working with her to identify and practice the helpful actions, and move away from unhelpful behaviours when they arise and re-focus.

My Values	
1. Communication	2. Bravery
Good communication is... <ul style="list-style-type: none"> • Speaking and behaving in ways that are nice and kind to others • Not reacting to others but instead deciding to rise above it • Being honest with my coach and letting him know when something is wrong 	Being brave is... <ul style="list-style-type: none"> • Believing in myself and my skills. • Trusting myself to take risks and try new things, knowing I am safe and supported • Knowing I can stay calm and get the job done, even under pressure.
Unhelpful communication is... <ul style="list-style-type: none"> • Shouting or using insults • Not telling my coach if something is painful or causing anxiety • Not asking for help when needed 	Being scared is... <ul style="list-style-type: none"> • Hesitating, not committing or refusing to try something • Allowing my thoughts to carry me away instead of questioning them with an open mind
3. Confidence	4. Resilience
Feeling confident is... <ul style="list-style-type: none"> • Getting out of my comfort zone • Good posture and walking strong • Smiling and focusing on the positives • Being kind to myself and trusting my coach 	Being resilient is... <ul style="list-style-type: none"> • Continuing after challenges or failures • Allowing myself to make mistakes and knowing it’s part of the learning process • Thanking my brain for keeping me safe • Staying focused on the present
Not having confidence in myself is... <ul style="list-style-type: none"> • Slacking off, trying to escape or taking the easy way out • Backing down from challenges instead of trying something out • Focusing on other people instead of what’s important to me 	Being stuck in a rut is... <ul style="list-style-type: none"> • Making excuses to avoid making mistakes • Spending too much mental time worrying about past mistakes or dreaming about how the future might be better • Not being kind to myself after I make mistakes

“Come on, you’ve got this!”

Sam told me that she wanted to learn skills that would help her overcome the effect that unwanted thoughts, feelings and fear were having on her performance. She felt unable to perform roundoffs and other backwards moves when the thoughts and images in her mind reminded her of her accident. In order to combat this and help Sam feel more in control when performing, we worked together to develop improved thinking strategies. Together, we identified what the most powerful, positive and inspiring words, phrases and images she can use whenever she is feeling scared, anxious, nervous, angry, frustrated, sad, or wobbly, to help her stay on track and keep focused on what she wants to achieve. As a parent, you can support Sam during critical moments by using some of these phrases and sitting with Sam to complete exercises such as ‘new thinking’ worksheets or reflective diary entries.



Sam's Blue Band

Sam feels most confident in gymnastics and able to achieve her goals when she believes she is being supported equally by herself and other people. As her parents, your support throughout this consultancy has encouraged Sam to be brave, try new things and keep going during challenging moments. Sam's coach is another important person with a big impact on her development, so providing Sam with a tool that she can use to remind herself of her support system was a big part of improving her confidence.

Sam has described feeling a new sense of purpose in her training since beginning sessions with her new coach. Their trusting and positive athlete/coach relationship will help to keep her motivated and feel supported during times of difficulty. She has also reported feeling happier and less distracted by others in her group, stating she has been increasingly kinder to others, and finds it easier to not feel annoyed by them acting in a manner unlike her own. As a result of her hard work in our sport psychology sessions, Sam feels she has developed more mature emotional control, even in demanding situations.

To help remind Sam that her coach supports her, we created the "blue band" technique. Sam and her coach's favourite colour is blue, and she wanted to wear something that would remind her every time she looked at it of her positive phrases, so that she could feel more confident. It was important that the band reminded Sam of both herself and of her, so that she knew she was supported by others (her coach) but also remember that she supports herself too. If she was feeling especially nervous, she could even write her most powerful positive phrase ("Come on, you've got this!") On the band in marker pen, so that every time she looks at it she is able to remind herself of how far she has come.

The band can be worn anywhere, on her arm as a wristband, as tape around her ankle, as a bobble in her hair etc. For as long as Sam feels she needs a physical reminder of her positive self-talk techniques that she uses to boost her self-confidence.



Sam’s Performance Strategies

Sam completed a survey called the Test of Performance Strategies (TOPS) questionnaire, which measures which performance strategies athletes use in various sporting situations. Discovering which performance strategies athletes rely on the most at training and competition can help open up conversations about **which** strategies they use the most, **when** they may use a certain strategy and **why** they choose to use it over others. When Sam completed the TOPS questionnaire, she scored highest for the strategies listed below. This means she uses these strategies in particular the most frequently for problem solving and coping with performance pressure. As a parent, an important part of your role in supporting Sam’s performance is in helping her to develop and use these strategies at training and competition. Make time together to work through the performance strategy activities and exercises she has learned, and encourage her to find time to practice them independently. For example: helping Sam count as she practices breathing exercises in the car on the way back from training, reminding her to practice her mental imagery at home and in the training environment.

Performance Strategies Sam uses at <u>Training</u>	Performance Strategies Sam uses at <u>Competition</u>
<p style="text-align: center;">Positive Self Talk</p> <ul style="list-style-type: none"> Sam always uses this strategy at training and it is the most important performance strategies. Sam can use positive phrases and her blue band as a trigger for this performance strategy. 	<p style="text-align: center;">Positive Self Talk</p> <ul style="list-style-type: none"> Sam always uses this strategy at competitions and it is one of the most important performance strategies. Sam can use positive phrases and her blue band as a trigger for this performance strategy.
<p style="text-align: center;">Goal Setting</p> <ul style="list-style-type: none"> Sam often use this strategy at training. When she follows the SMART Goal model, it helps her to understand exactly what to focus on, outline what steps she may need to take to help her measure her progress and achieve her goals. Sam can set goals independently and together with you or her coach. 	<p style="text-align: center;">Imagery</p> <ul style="list-style-type: none"> Sam always use this strategy at competitions and it is one of her most important performance strategies. Sam should find time at home and in the training environment to practice her mental imagery, focusing on making it as close to real life as possible.
<p style="text-align: center;">Attention Control</p> <ul style="list-style-type: none"> Sam often uses this strategy at training. It helps her to avoid distractions so that she is better able to focus on performing at her best. She can use her mental visualisation skills to help encourage her to ‘think’ through her skills as well as physical practice. 	<p style="text-align: center;">Activation</p> <ul style="list-style-type: none"> Sam always uses this strategy at competitions and it is one of her most important performance strategies. She can rely on her pre-performance routine to act as a cue to help her activate herself physically and mentally to achieve the right level for competition performance.
<p style="text-align: center;">Emotional Control</p> <ul style="list-style-type: none"> Sam often uses this strategy at training. It requires her to use different mental techniques such mind thanking and using tools to create new thinking patterns that will have a more positive influence on her behaviour. Sam will benefit from support that encourages her to focus her efforts on avoiding emotional reactions to other people’s behaviour (e.g. anger, annoyance) and making time to reflect after emotionally charged events. 	<p style="text-align: center;">Goal Setting</p> <ul style="list-style-type: none"> Sam uses this strategy at competitions nearly all of the time. She finds that setting goals on her own and with my coach linked to her competition performances helps to provide her with a target to aim for. This helps Sam to stay motivated under pressure, and bounce back after challenges. Sam should make time to reflect on her performance after competitions, and re-set her goals ready for my next competition or other important event.

Reflective Diary

I asked Sam to keep a reflective diary so that she could learn from both positive and negative events that might occur during her training and competition, and she has shared a number of entries with me that I have included below, as I feel they demonstrate her self-reflection skills best. Reflection will be a key skill for Sam's development moving forward, and as her parents you are well placed to encourage her to make time to practice this by completing reflective diary entries after important learning events.

How I feel

I feel: happy and excited

I feel this way because:

- I achieved a roundoff flick tuck
- This is a skill that I used to be really scared of trying
- Because I can do it now, it means I can move onto bigger skills



This is what I did about it:

- I believed in myself and before I tried it I did a breathing exercise
- I breathed in and out, making sure to breath out for longer than I breathed in
- I counted down 3... 2... 1... in my head and then I did it



Something else I could have done is:

- Imagined myself performing the skill before I tried it out for real



How I feel

I feel: really happy!

I feel this way because:

- I achieved a roundoff 5x flicks
- I need this skill for a routine and I have not done it before
- My coach was very happy with me



This is what I did about it:

- I counted down 3...2...1... in my head, and I said to myself "come on, you've got this!" and I focused on what I needed to do
- I practiced doing the skill slowly first



Something else I could have done is:

- Taken deep breaths before to give my muscles more oxygen
- Visualised what it looked like in my mind afterwards to help lock the skill in



How I feel

I feel: excited, glad and relieved

I feel this way because:

- I achieved a Yurchenko
- I need this skill to get to the next level
- I had to face my fear to do it



This is what I did about it:

- I used my positive phrases to build up my confidence before trying it
- I asked my coach to watch me and give me advice if I needed it
- I took deep breaths and counted down from three before going



Something else I could have done is:

- Written down what the skill felt like when I did it to help me learn exactly what doing it feels like, so that I can aim for that again
- Visualised what it looked like in my mind afterwards to help lock the skill in



Feedback on the Consultancy

Although our planned consultancy has been cut short by the COVID-19 pandemic, before our sessions together ended I was able to gather some feedback from you both and Sam herself. This feedback helps us to understand if the aims of the consultancy were met, and explore which areas of Sam's performance and wellbeing that you all feel have most benefitted as a result of the work we have done together.

Since working together, Sam is no longer worried that she has 'lost' her ability to perform roundoff flicks and other similar moves – she now consistently and confidently performs them and has been able to progress to the next level in her club and learn more complex routines. In Sam's own words; *"Today my story is different... I smash it all the time now!"* As her parents, you have also noticed a difference in Sam's performances, even under added pressure at competitions. You have described how you believe that Sam looks to be *"happier with herself"* compared to before the consultancy, and how you feel that her improved confidence has led her to *"go for all her moves"* in a competitive routine. Both you and her coach have noticed how Sam is now more able to keep going and try again, even after slips or falls (for example, at her competition in November when she completed her routine after falling off the beam, and expressed happiness with herself for doing so). This is a huge difference from how Sam would respond at the beginning of our consultancy, when even just having the thought of falling over would result in her refusing to try a move, resulting in angry and hurt emotional outbursts.

In our chats at the end of recent sessions, you have described how happy Sam is with her own progress, describing the impact our work together has had on her; *“I feel loads more confident to do my old and new skills and I use my goals to help me achieve things all the time now”*. You have described the encouraging feedback related to her improved confidence and ability provided by her coach. In our chat together at the end of Sam’s final consultancy session, you noted that she is more dedicated and focused. As her parents, you were especially proud of how she independently and enthusiastically completed homework activities and practiced skills between sessions – something you described as being like *“night and day”* compared to her behaviour before our work together. Importantly, Sam’s growth and development is not limited to her experiencing improvements in her gymnastics performance. Sam herself has described how she uses the skills she’s learned with me in other areas of her life, for example she tells me that she has less arguments with friends and feels she’s doing better in school now she feels more confident.

Sam’s Next Steps...

Ultimately, you both (and Sam herself) were happy enough with her progress that we agreed to end the consultancy earlier than planned, partly in response to the uncertainty brought about by the COVID-19 pandemic and the impact lockdown has been having on Sam’s ability to train. In our last session together, you stated that as parents you would appreciate some guidance in how to ensure Sam continues to progress beyond the consultancy, and not slip back into old habits and behaviours. Moving forward, your role as parents is to support and encourage Sam to be in the driving seat of her own development; reminding her to regularly set goals, live out her values and practice and use the skills and techniques she has learned. Doing so will help Sam to feel supported and in control, and with time and practice you can reflect together on how she may continue to improve in different ways that go beyond what we have done together.

As Sam progresses further in gymnastics, the level of difficulty will increase as her skills become more and more high-risk. She might experience an increase in worries and anxieties about hurting herself, or not being able to perform at the required level, which is completely normal! If these fears, doubt and worries do arise, it is important for Sam to remember her action plan (included on the next page). You could encourage Sam to print out and laminate a copy of her action plan and stick it on her bedroom wall, so that she has a nearby visual reminder. Sam has worked incredibly hard throughout our time together and experienced great improvements in her sport performance through reducing the impact her thoughts were having on her behaviour and ability to perform backwards movements. I am confident that with the support of her parents, siblings and coach she will continue to experience improvements in both her physical and psychological skills and abilities that are important to her training and competition in gymnastics.

My Action Plan

What should I do if I feel nervous, sad or scared in the future?

1. Stop and Think!

- Remember that **you are a gymnast** and that gymnastics is difficult and even scary sometimes!
- It wouldn't feel as fun if you never took any risks... think back to when you were younger and you first learnt to do rolls and handstands. You can do these in your sleep and with your eyes closed now, but when you were very little and gymnastics was new, even these skills felt difficult and scary.
- All improving gymnasts learn to **accept** that with an increase in abilities and skills comes an increase in risk.
- Even if the worst-case scenario happens one day, and you injure yourself again, you have **lots of supportive evidence** that shows that you can overcome it and be **resilient**.
- You have proven your hard work and effort in sport psychology, finding your lost moves again at training and achieving competition results! Use these facts as your evidence to show that you are capable of **getting out of your comfort zone** to improve your gymnastics skills!

What can I do to help me get through a challenge?

2. Use your Strategies!

- **Slow down your breathing:** breathe in for 4 seconds... breathe out for 6 seconds...
- Keep counting your breath until you feel in control of your body and its reactions
- Repeat your **positive phrases** in your head: tell yourself "**come on, you've got this!**"
- If you are having flashbacks of your accident, or worrying about injuring yourself, **thank your brain for keeping you safe!** Remind yourself that **it's ok to feel nervous sometimes**, because nerves can help to keep you safe when practicing difficult skills.
- Use your **mental imagery** skills to practice things in your mind. Try to keep your visualisation as **close to real life as possible**, to make it even more effective.

What can I do next, so that I keep improving?

3. Reflect on your Learning!

- Make time in your routine to write down **reflective diary** entries for good and bad things that happen. This will help you to **learn from mistakes**, and you can **set goals** or **make an action plan** to improve.
- Check your **SMART goals**: look at your progress so far, and double check the steps you still need to take to achieve your goals.
- Remember that performances sometimes go up and down, but it is important to stay **focused on the present**, not worrying about the past or dreaming about the future.
- Use your **thoughts, feelings and actions** worksheets to help you map out how your behaviour might be being affected by what's happening in your mind. Spotting unhelpful thoughts and feelings and understanding how they can affect us, helps to take their power away and **keeps you in control!**

TEACHING CASE STUDY

DELIVERING SPORT AND EXERCISE PSYCHOEDUCATION WITHIN A SECONDARY SCHOOL

Background and Context to the Case Study

The Client

After completion of my Masters degree with Distinction in the Psychology of Sport at the University of Stirling, and prior to beginning my Professional Doctorate studies; I approached (via email) the Head of Sport (HoS) at a private high school local to me in Scotland. He had recently established a High Performance Sport Development Programme (HPSDP) for student athletes aged 13 to 18, and was interested in including sport psychology consultancy and education. Contracting (see Appendix 1) was informed by, and in accordance with, the British Psychological Society's (BPS) and Health Care Professions Council (HCPC) standards of ethical conduct and practice, with regards to disclosure and dissemination; harm avoidance; limits to confidentiality and the above-mentioned confidentiality agreement; areas of competency; trainee status; record keeping and right to termination (BPS, 2018; Keegan, 2015). I was employed by the HoS as a performance psychologist for the HPSDP beginning August 2017 until June 2020; upon which my role within the programme ended as a consequence of the COVID-19 pandemic and related lockdowns.

The High Performance Sport Development Programme

Student athletes (with parental consent) applied and were selected for the HPSDP by school staff (not including myself) associated with the programme. Attending athletes were determined by staff as being 'semi-elite' to 'elite'; though this definition was subjective and differed by sport. For example, whilst some played for the school's first team and/or at club level, others competed internationally or were in Junior Olympic development programmes. Alongside sport psychology, the HPSDP offered athletes access to expert sport and strength and conditioning (S&C) coaching, physiotherapy support and nutritional and other expert advice. Athletes (male: N=12, female: N=5) attending the programme at the time of this case study participated in hockey (field/indoor), football, rugby, athletics, swimming, triathlon, cricket, sailing and motor racing.

Athletes and their parents/guardians received a written agreement (see Appendix 2) outlining the scope of sport psychology delivery, my role within the programme, and the development, storage and rights of access to sport psychology-related materials within their online 'Athlete Folders'. The agreement also outlined an 'opt-in' approach to confidentiality (excluding cases of informed consent or risk of harm) as recommended by Keegan (2015). This policy was in accordance with the school's existing child safeguarding referral procedure; in which I reported concerns directly to my line manager (HoS) who referred on to senior management and the school's learning mentor scheme, who then had the capability to refer further to CAMHS services linked with the school.

This case study relates to six psychoeducational workshops delivered to up to 18 student athletes during the 2019 autumn (August – December) term. All figures/tables featured in-text, and PowerPoint presentation slides, worksheets and other teaching materials are originally designed and created works, that I produced.

The Practitioner

At the time of this case study, I was in my second year of the Professional Doctorate in Sport and Exercise Psychology at Liverpool John Moores University (LJMU), and had been in my role at the school for 24 months. My duties were predominately to support and develop student athletes through designing and delivering psychoeducational workshops and materials, observing and contributing to coaching sessions and providing on-site competition support. In addition, athletes could self-refer (via the HoS) for additional sport psychology sessions; for pastoral support and/or one-on-one or small group interventions (adopting a holistic approach to performance and wellbeing support and underpinned by relevant theory). As part of my role requirements, I attended a yearly safeguarding seminar provided for sport staff by the school. My continued professional development outside of the LJMU doctoral programme had included attending the LJMU 3iii's teacher training course, and training in a number of therapeutic modalities including Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Mindfulness-Based Stress Reduction (MBSR).

Needs Analysis

The programme outlined within this case study occurred over the autumn term, at the start of a new school year (2019 – 2020). As such, some of the attending athletes were new to the programme, with limited or no previous access to sport psychology. The HoS expressed interest in expanding upon a mental skills training programme that had been introduced and successfully received by athletes and coaching during previous years; adapting the session content and delivery to be more age-appropriate for the 2019 intake (the majority were between 13 – 15yrs, younger than in the years prior). He expressed a particular interest in assisting the 2019 cohort with skill development related to goal-setting, self-reflection, performance strategies and emotional regulation; linking these sessions with wider holistic development related to their performance and wellbeing. Consequently, I suggested a mental skills and psychoeducational programme that also facilitated self-efficacy, togetherness and team cohesion (Bandura, 2010) may be appropriate.

At the time of this case study, an HPSDP staff member was able to introduce online 'Athlete Folders'. In previous years, I had had to produce and store physical copies of all produced written communication (distributed to and/or completed by athletes). The ability to access secure online storage (not requiring physical space) therefore allowed for greater creation and use of teaching and learning materials (e.g. PowerPoint presentations, documents/teaching aids, videos, homework tasks) than before. The HoS and I shared an aim that the folders act as an online resource for

athletes and HPSPD staff; where they could log on to access their strength and conditioning programmes, practice their mental skills training and complete homework tasks, for example. We collaboratively decided therefore, to arrange a mental skills training programme for the autumn term, the outcomes and related materials of which could be viewed as contributing to an overall individualised psychology 'performance portfolio' (see Appendix 3) accessible to athletes through their online folders.

Underpinning Pedagogical Theory

Bloom's (1956) taxonomy (see: Conklin, 2005) underpinned the aims, learning activities and outcomes of each workshop. The taxonomy is hierarchical and arranged from simple/concrete to complex/abstract behaviour; its application within the teaching programme is outlined below:

1. Knowledge: Recognising specific information, methods or processes from memory.

This was measured through asking athletes to recall what they had learned at the end of each session.

2. Comprehension: Understanding and constructing meaning from written and verbal communication.

Athletes were required to interpret, exemplify, summarise and explain relevant concepts taught within the sessions.

3. Application: Using new knowledge or skills in an applied way.

Workshops typically involved tasks requiring athletes to practice implementing or using skills taught to them within and outside of sessions.

4. Analysis: Distinguishing and organising relationships between concepts and information.

Athletes were encouraged to refer to previous workshop sessions and explore how new skills/materials supplemented their learning.

5. Evaluation: Justifying the value of a specific stance/idea.

In addition to asking athletes to explain their reasoning in learning tasks, they were supported to engage in self and peer reflection.

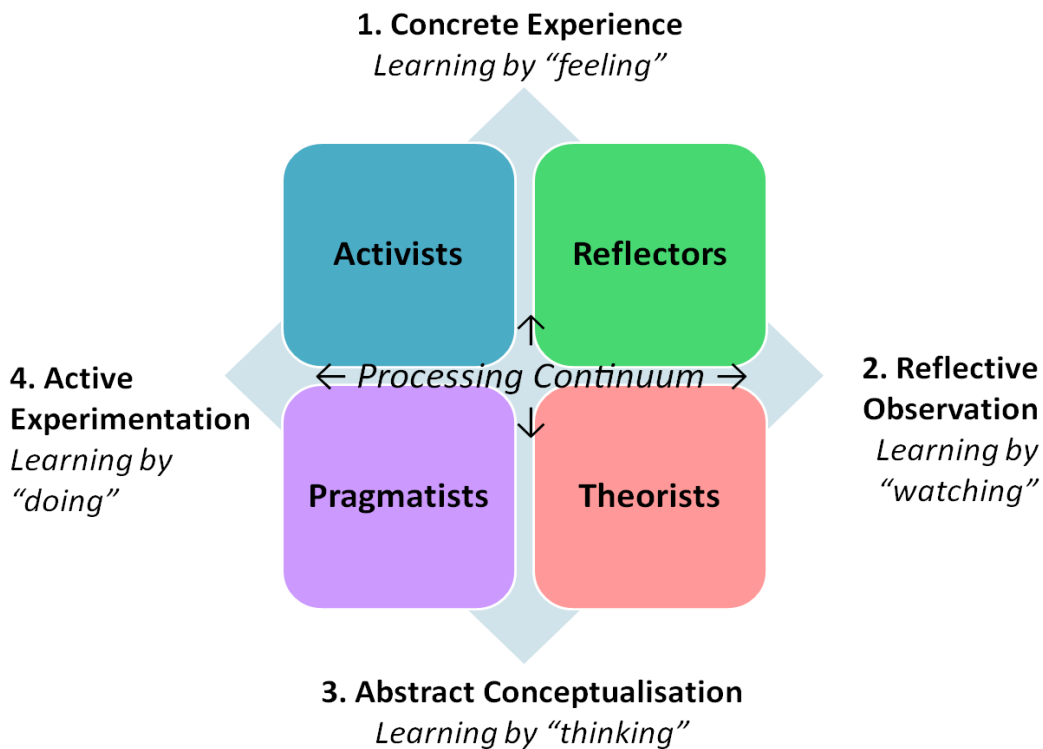
6. Creation: Construction of original work.

Some workshops required athletes to complete additional homework tasks, to be added to their athlete folders to contribute towards their learning enhancement.

Athletes may learn new information in a multitude of ways; taking individualised approaches to skill and knowledge development (Miller et al., 2008; Owens & Stewart, 2004). Thus, considering a teaching approach that incorporates divergent learning style preferences within session delivery can enhance learning efficiency (González-Haro et al., 2010). Honey and Mumford (1986) defined four distinct learning styles; activists, reflectors, theorists and pragmatists, understood as an information processing continuum (Fig. 1). Generally, the majority of people express a preference for a particular one or two styles (though a lack of preference is possible). However, certain activities may be experienced as more suitable to specific styles, resulting in a task-based approach to learning. Attending athletes identified a divergent range of preferred learning styles, having completed the Learning Styles Questionnaire (Honey & Mumford, 1989; see Appendix 4) within a sport psychology session the previous year. To ensure an equitable and

inclusive approach to learning, I was mindful that the delivery of teaching and learning within workshops and related in-session and homework activities should be designed so as to appeal to athletes of all learning style preferences.

Fig. 1: Honey & Mumford Learning Styles



The LJMU 3i's teacher training course highlighted that effective group learning occurs within respectful, trusting and enjoyable learning environments, when sessions are well structured and have clear goals, and teaching activities involve a level of independence and interdependence (Turner, 2019a). These principles alongside the above-mentioned theory underpinned the development and delivery of the teaching programme.

Delivery of Teaching Programme

The psychoeducational sessions took place on school campus, using Microsoft PowerPoint for presentations. Prior to commencing the teaching, a semester teaching plan had been submitted to and approved by the HoS during the summer holiday period. This process also allowed for monitoring and feedback on the initial needs analysis and the suitability of the proposed teaching plan to the agreed upon aims. Athletes attended a twice-monthly 1.25 hour long session, in two school-age groups; younger (13 – 15 years, N=14) and older (16 – 18 years, N=3) due to timetable restrictions. To promote the construction of original work and consolidate learning, the majority of teaching sessions had accompanying homework tasks. I transcribed (in Microsoft Word) any handwritten homework pieces upon their completion, to be uploaded to athletes' online folders (electronic submissions could be uploaded directly). The six core psychoeducational sessions and associated learning tasks are outlined in detail below.

Session 1: SMART Goal Setting (August 2019)

Session aims:

- Introduce sport psychology and increase athletes' knowledge.
- Enhance comprehension through collaborative exploration of how sport psychology may be experienced ("how does it look?" "How does it feel?") Within the HPSDP.
- Understand the SMART goal setting acronym, and its application within and outside of sport.
- Analyse and evaluate potential challenges or barriers to goal attainment.

Homework task:

- Complete individual SMART goal setting worksheet.

The first teaching session introduced the athletes to sport psychology, and provided instructing in SMART goal setting (Doran, 1981) defined as; Specific, Measurable, Achievable, Relevant and Time-Limited. Athletes attended a presentation (Appendix 5) outlining the acronym and its application, and I guided them in collaboratively setting example goals within the session. Goal-setting that promoted tactical, technical, physical and mental skill development was encouraged. A homework task comprised an accompanying worksheet (Appendix 6); athletes were required to set up to four SMART goals in advance of the next session. The goals were subsequently reviewed by staff and student athletes before I uploaded transcriptions (using Microsoft Word) to be stored as part of their performance portfolio. Fig. 2 provides an anonymised example of an HPSDP athletes' technical SMART goal:

Fig. 2: Anonymised technical SMART goal

Overall Aim: To improve my upper body strength to swim faster times in triathlon.
SMART Goal Breakdown: S I am aiming to see consistent improvement in my upper body strength (e.g. bench press weight, number of push ups) and timed swims. M I will work with the S&C coach on an incrementally-increased upper body strength-training programme, and record and compare my timed swims at triathlon training sessions. A I can adjust my weight/rep increases as and when I need to, with support from the S&C coach. R Having greater upper body strength will make me feel more confident in open water swims that require increased stamina T I am aiming for a consistent improvement in strength measurement and timed swims by the end of the autumn term, before Christmas competitions.

Session 2: Test of Performance Strategies (TOPS)

Session aims:

- Increase knowledge and perception of performance strategies through collaborative exploration of athletes' current preferences, and examine their effectiveness.
- Complete the Test of Performance Strategies (TOPS).
- Evaluate how situational factors may influence an athlete's decision to rely on certain strategies over others.

Homework task:

- Score completed TOPS questionnaires.

Psychological performance strategies may incorporate skills such as positive self-talk, emotional control and mental imagery (Harwood et al., 2004). Performance strategy preferences, like learning styles, are individualised and linked with personality (Woodman et al., 2010). Thomas et al.'s (1999) TOPS questionnaire (Appendix 7) is robustly validated and frequently cited within youth sport literature (Abdullah et al., 2016; Katsikas et al., 2009; Lane et al., 2004) as a measure of self-reported preference of performance strategy type and use. It outlines ten common performance strategies reportedly used within training and competitive settings; goal-setting, imagery, self-talk, activation, emotional control, relaxation, automaticity, attention control, negative thinking and distractibility.

A clear aim of this psychoeducational intervention expressed by the HoS was renewed focus on teaching mental skills. My intention therefore, was to use athletes' TOPS scores to indicate which performance strategy-related teaching materials should be of focus within their performance portfolio (typically athletes' top ranked three to four strategies). The athletes completed the questionnaire within the session under my supervision, receiving verbal and written reminders of the importance of answering and scoring honestly. I demonstrated questionnaire scoring in-session, and provided athletes with scoring instructions (I confirmed their self-reported scores and checked for mistakes by re-scoring all returned questionnaires). I designed and distributed accompanying activities/worksheets related to their self-identified most preferred TOPS performance strategies (Table 1), including these within their performance profiles.

Table 1: Outline of accompanying Performance Portfolio tasks linked to athletes' TOPS results

TOPS Performance Strategy	Performance Portfolio Task
Goal Setting	Goal setting worksheet: <ul style="list-style-type: none"> • How often do you set goals at training/competition? • What factors are important for you when setting training/competition goals? • How do you measure your progress, and why?
Imagery	Visualisation script template (training/competition) for PETTLEP (Holmes & Collins, 2001) mental imagery (Appendix 8).
Self-talk	Self-talk worksheet: <ul style="list-style-type: none"> • Which words, phrases or affirmations do you use at training/competition and why? • What things, situations, people or events trigger your use of self talk at training/competition? • How does positive self-talk help you perform at your mental and physical best? • What physical reminders do you use to trigger your self-talk cues?
Activation	Pre-performance routine worksheet: <ul style="list-style-type: none"> • How do you get ready for training/competition? • What do you do to prepare physically and mentally? • What can affect your pre-competition preparation? • What can challenge your ability to prepare? • Pre-performance routine outline: <ul style="list-style-type: none"> ↳ One week from competition ↳ One day from competition ↳ Day of competition
Emotional control	Support strategies worksheet: <ul style="list-style-type: none"> • What things, situations, people or events trigger unhelpful/negative emotions for you at training/competition? • What does being physically and mentally prepared and in control of your emotions feel like for you? • What do you think, feel and what physical reactions happen in your body?
Relaxation	Guided meditation practice: <ul style="list-style-type: none"> • Signposted to progressive muscular relaxation techniques (see: Parnabas et al., 2014). • Signposted to guided body scan meditation, informed by MBSR principles; E.g. https://www.youtube.com/watch?v=T0nuKBVQS7M&ab_channel=LivingBetter
Automaticity	Skill acquisition/Learning styles worksheets: <ul style="list-style-type: none"> • How do you learn a new skill? • How do you consider your learning style *when learning a new skill? • What do you do to make a skill feel automatic? • When do you most need to use your performance skills automatically? • Do you currently have skills that don't yet feel automatic, and why? *Athletes who had not completed a Learning Styles questionnaire (Honey & Mumford, 1986; see Appendix 3) in years previous were provided with a copy and accompanying follow-up information sheets within their portfolio.
Attention control and Distractibility	Focusing techniques worksheet <ul style="list-style-type: none"> • How do you stay focused at training/competition? • What techniques, strategies or tools do you use to focus your attention? • In what situations is it most useful for you to control your attention? • How would you rate the current effectiveness of your attention control?
Negative thinking	Negative thinking worksheet: <ul style="list-style-type: none"> • What is your negative thought? • What are the situations in which you may think it? • How does your negative thought make you feel? • How much do you believe/'buy-in' to your thought? (0-100%) • What is the (or/against) evidence for your thought? • How can you reduce negativity by re-framing your thought? • How much will you be able to believe/'buy-in' to your reframed thought? (0-100%)

Session 3: Map for Success

Session aims:

- Gain knowledge of challenge and threat states, and demonstrate comprehension through group discussion of examples.
- Apply this understanding to maps for success examples.
- Create and present an individual map for success and engage in peer-feedback.

Homework task:

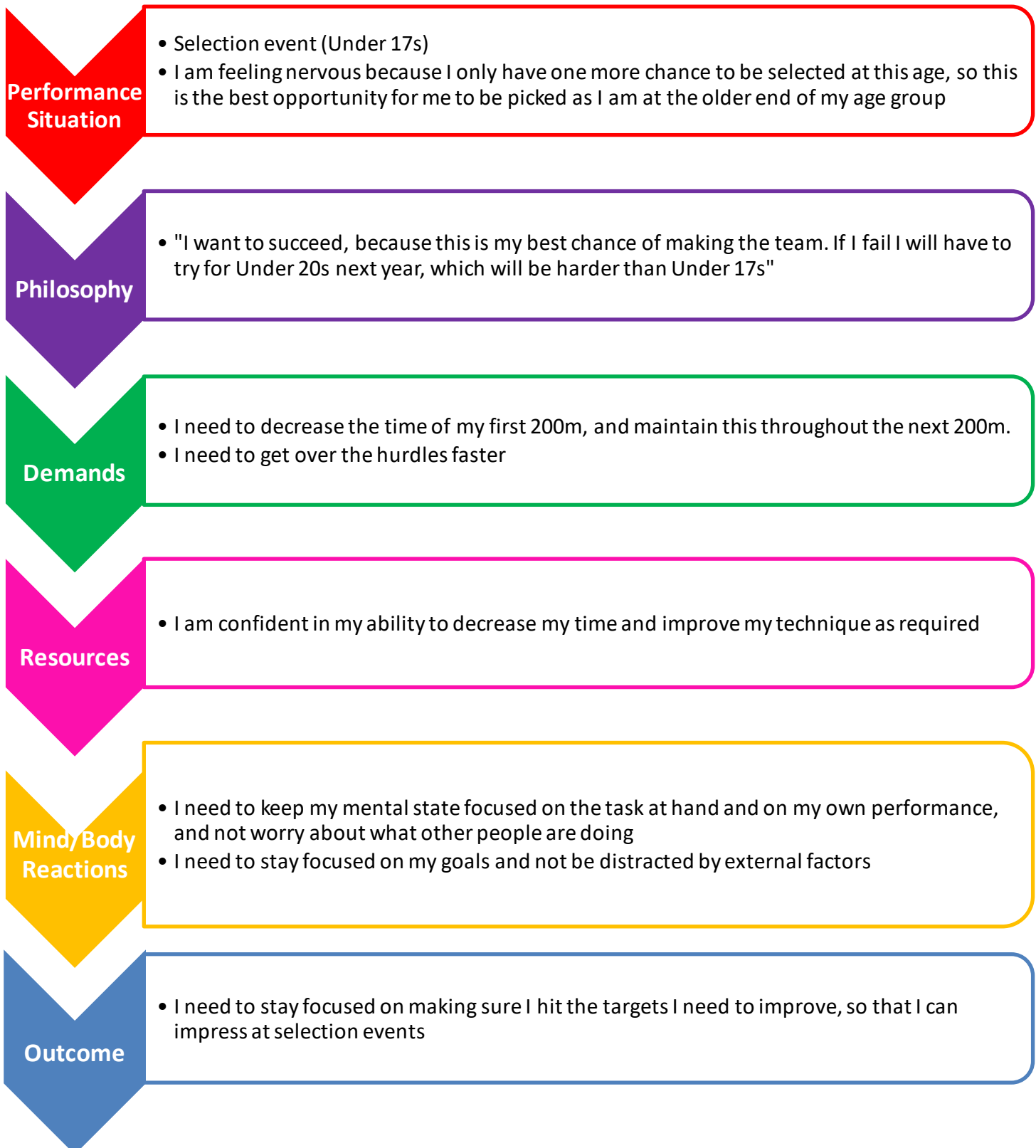
- Complete the worksheets related to TOPS results within athlete folders.

The 'Map for Success' is an exercise I based upon the theory of challenge and threat states in athletes (see: Hase et al., 2019; Jones et al., 2009) which posits that there exists amongst athletes, a dichotomy in their response to competition. Namely, athletes may be categorised into those viewing competition as a *challenge* and responding positively, and those viewing it as a *threat* and responding negatively. These states are linked with distinct patterns of affective, neuroendocrine and cardiovascular responses (Allen et al., 2012; Jones et al., 2009; Meijen et al., 2013), though a potentially positive emotional response is only linked with a challenge state (Jones et al., 2009). Recommendations in the literature suggest encouraging athletes to enter a challenge state (and avoid a threat state) as it is associated with improved performance (Hase et al., 2019; Jones et al., 2009, Moore et al., 2012).

Athletes discussed as a group their lived experiences of challenge and threat states inside and out of sport, before being guided through examples using the worksheet I designed (Appendix 9). They subsequently completed their own maps for success based upon an upcoming challenging event; Fig. 3 depicts an anonymised version. Athletes then presented their maps to each other in small groups, providing peer feedback.

Fig. 3: Anonymised athlete 'Map for Success' worksheet

MAP for Success: Athlete B



Session 4: Reflection

Session aims:

- Recognise athletes' current informal reflective practice, and consider its effectiveness.
- Introduce the Gibbs reflective cycle and summarise examples.
- Complete a reflective diary entry using the template, based upon a recent training or competition experience.

Homework task:

- Complete a reflective diary entry.

The ability to accurately self-reflect has long been considered an essential part of both athletes' and coaches' toolkit of psychological skills (Connolly & Williamon, 2004; Faull & Cropley, 2009; Holland et al., 2010). Reflective skills play an important role in enabling players to review performances to holistically aid athletic performance (Faull & Cropley, 2009) through increasing self-awareness of strengths and weaknesses. Furthermore, regular reflective practice is perceived by athletes supporting challenge states and promoting sporting environments that champion autonomy (Holland et al., 2010). Engaging in personal reflection can often occur through the completion of reflective diaries (Johns, 2000; Knowles et al., 2006; Watson & Wilcox, 2000); sharing reflective experiences with others can facilitate a widening of an individual's knowledge base (Knowles et al., 2001). Gibbs' (1998) reflective model is noted for its application within sport, and is self-identified by coaches as vitally important to their practice (Knowles et al., 2006). Athletes were presented with a reflective diary template, and encouraged to make time to reflect informally (e.g. 'mental downloading') and formally (using the template). The template was based upon Gibbs (1998) six-stage cycle, simplified to three-stages so as to be more age-appropriate and encourage homework completion;

1. Experience: What happened? Who was involved? When did it occur?)
2. Reflection: What went well? What could improve? Why did it happen?)
3. Learning: What have you learned? What will you do differently next time? How do you feel?

Session 5: Constructive vs. Deconstructive Thinking

Session aims:

- Using thought experiments, increase applied knowledge and comprehension of constructive and destructive thoughts and thinking patterns.
- Introduce the philosophies of success and failure, and evaluate how they may impact performance.
- Understand the four most common destructive thinking patterns, and discuss experiences of them within and outside of sport.
- Analyse Clark Carlisle's experience with destructive thinking through the documentary clip, and evaluate how they can be understood as an extremes of more commonly experienced thoughts and emotions.

The session was informed by Rational Emotive Behaviour Therapy (REBT) principles; specifically the influence of irrational thought on behaviour (see: Dryden, 2005; Ellis, 1957; Ellis et al., 2010). Athletes attended a presentation (Appendix 10) and took part in two comparative thought experiments, in which they adopted opposing mental philosophies (success vs. failure) towards a hypothetical competitive performance. The thought experiments were designed to elicit understanding as to how rigid/illogical mental demand can influence unhelpful approaches and

reactions (Turner & Barker, 2013; Turner et al., 2014; Turner, 2016; Wood et al., 2017). This facilitated applied learning; participants were required to engage experientially, not just academically.

Athletes were guided in how to recognise four common types of destructive thinking patterns (rigid demands, awfulizing, low frustration tolerance and self-criticism) to mitigate their potential influence on sport performance and wellbeing (Turner & Barker, 2013; Turner et al., 2014; Turner et al., 2020; Wood et al., 2017; 2020). A short clip from the BBC documentary 'Football's Suicide Secret' was used as an (extreme) example of the harmful influence of destructive thinking on mental wellbeing; athletes were reminded of their access to mental health resources and referral pathways through the school's safeguarding policy.

Session 6: Smart Thinking Strategies (Constructive Thinking)

Session aims:

- Gain understanding in how 'smart thinking' can influence long-term, constructive change to mental philosophies, for the benefit of performance and wellbeing.
- Explore the six stages of smart thinking strategies, applying them to individual lived experiences.
- Analyse how constructive thinking and mental philosophies link to the 'map for success' process.
- Apply learning to complete the 'thinking strategies' worksheet: compare evidence to assess if and when strategies become constructive/destructive.
- Evaluate on the effectiveness of smart vs. destructive thinking strategies in the short and long-term.

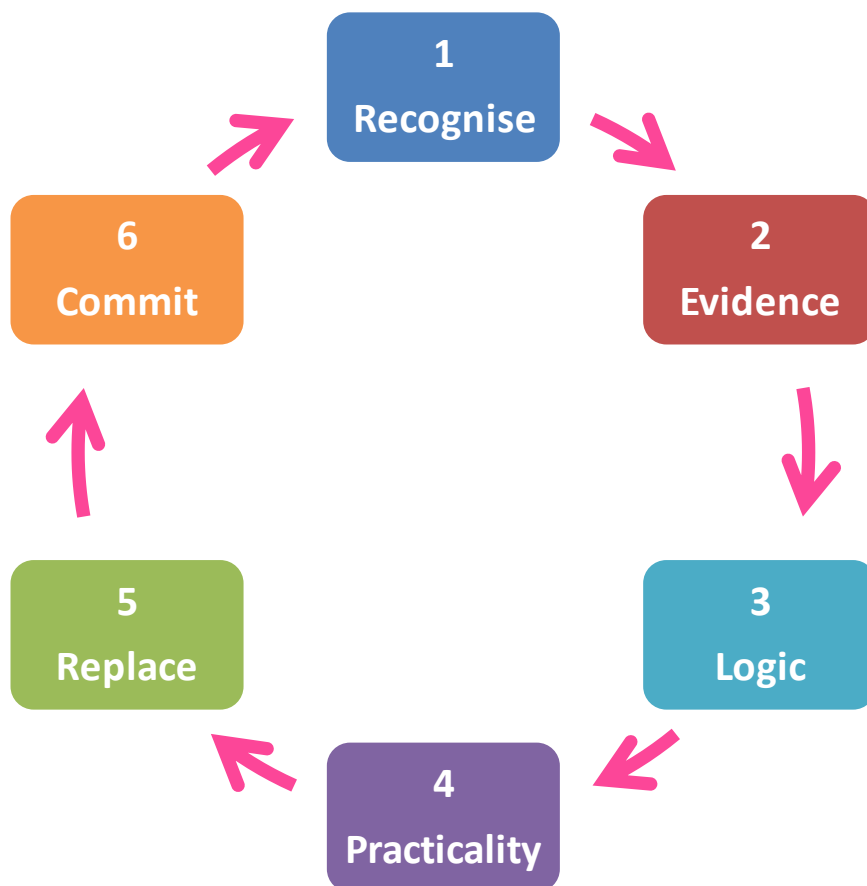
Homework:

- Reflect on the experience of participating in the psychoeducational workshops.
- Complete the athlete feedback form.

The final session developed on the constructive thinking strategies described within the previous workshop. The primary focus was to instruct athletes in Turner's (2014) six-step 'smart thinking' strategy (Fig. 4) and apply it to their own sport training/competition. Smart thinking is informed by REBT principles (Turner, 2014) and was designed to help athletes overcome the challenging influences of irrational beliefs (Cockerill, 2002) and a 'win at all costs' philosophy, oft experienced in elite-sport (Harwood, 2008). The six stages can be understood as encapsulating the 'ABCDE' elements of the REBT process (as in Wood et al., 2017). The first step, *recognise*, aligns to the 'ABC' stages (activation, beliefs, emotional consequences); *evidence, logic* and *practicality* mirror the disputing stage, whilst *replace* and *commit* are similar to the effective rational beliefs stage.

The presentation (Appendix 11) sought to bring together all of the mental skills and psychoeducational elements taught throughout the series; linking back to athletes' goals and performance strategies, exploring the significance of philosophies in maps for success, and encouraging self and peer-reflection. By applying their knowledge and skills, they were able to complete a thinking strategies worksheet (Appendix 12) and take part in large and small group reflective discussion on both the thinking strategies workshops, and their experiences of the teaching semester as a whole.

Fig. 4: Model and stages of 'smart thinking', based on Turner (2014).



Recognise	Recognise irrational beliefs/thoughts and the demands of the situation
Evidence	Challenge irrational beliefs by gathering both supportive and counter evidence.
Logic	Consider the 'essentiality' or 'must-ness' of the irrational beliefs within a wider life context.
Practicality	Evaluate how practical the irrational belief is, and what purpose maintaining it will serve.
Replace	Replace the belief with a new philosophy of flexible preferences anti-awfulizing, high frustration tolerance and acceptance.
Commit	Reinforce the new philosophy through reflection, controlled exposure and mental skills practice(e.g. Self-talk).

Evaluation and Reflections

Programme Monitoring and Evaluation: Feedback forms

The teaching programme was monitored and evaluated for its effectiveness throughout; regular, weekly discussion with the HoS and an end-of-session informal 'quality check' with the athletes that informed iterative changes to content and delivery. At the end of the programme, athletes received a bespoke feedback form (Appendix 13) which could be submitted anonymously. The form required athletes to rate (0: not useful at all, 1: a bit useful, 2: quite useful, 3: very useful) their experience of the content and delivery of the teaching programmes topics, and provided a space for qualitative feedback. Results are outlined in Table 2. Negative feedback was minimal; mainly related to a desire to seek increased time to practice mental skills and explore their application within an applied sport setting. A minority (N=3) expressed that they had perceived the SMART goal setting process as "difficult", however its use with athletes at similar ages and developmental stages is well documented (Gilbert et al., 2007; Johnson et al., 2011; Lafferty et al., 2020; Lee, 2019), suggesting its inclusion was not unsuitable.

Table 2: Results of athlete feedback forms

Teaching topic	Score rating (Mean/SD)	Qualitative feedback (exemplar quote)
SMART goal setting	2.11 / 0.58	<i>"It gave me things to work towards and kept me motivated to measure my progress and achieve it."</i>
Performance strategy portfolios	2.56 / 0.51	<i>"The portfolio helps me to evaluate all my performance strategies and improve my sport more all round, mentally and physically."</i>
Maps for success and performance philosophies	2 / 0.84	<i>"I found the maps for success really useful as it broke down the stages that I needed to follow and helped me reach my goals."</i>
Reflective skills and diaries	2 / 0.59	<i>"My reflective diary has helped me to see what I found hard in the last training. I then worked on that and improved in the next one."</i>
Deconstructive vs. constructive thinking and 'Smart Thinking'	2.28 / 0.46	<i>"It made me feel more positive and as a result we won three games in a row."</i>

Whilst the teaching programme brought some challenges, I believe these were outweighed by its successes. I was already familiar with teaching student athletes from my two previous years' experience, and confident using a holistic, learning-centred approach to teaching (Bada & Olusegun, 2015). Whilst my knowledge and experience placed me as the 'expert' in the room, using experiential learning tasks allowed for a constructivist approach to learning; helping athletes to construct knowledge through direct experience (Richardson, 2003). The learning outcomes and designs of each session were underpinned by Bloom's (1956) taxonomy; this provided a framework with which I could gauge the effectiveness of my teaching content and delivery on athletes' learning (Reeves, 2006).

I took guidance from 3i's training course when considering the structure of session activities, making sure to include individual, small and whole group learning tasks (Turner, 2019b). I also ensured that tasks were diverse, requiring action, theorising, collaboration, discussion and problem-solving. This helped to ensure that the experiential learning within sessions was suitably appropriate for athletes of divergent learning styles (Honey & Mumford, 1986). During sessions, I observed positive group learning behaviours (Bales, 1950) amongst the athletes and myself. They showed solidarity and gave suggestions and opinions through engagement in peer discussion and feedback. We released tension through fostering collegial relationships that allowed for jokes (when appropriate) and I made sure to give orientation when required. This suggests that the athletes were sufficiently engaged with the content and delivery of sessions so as to retain learning.

The teaching programme could have been improved with further opportunities for athletes to practice their mental skills within an applied sport setting. Due to having a limited access to facilities within the sport centre beyond the classroom (as a result of timetabling clashes with physical education classes), athletes may have felt increased boredom and less motivation to learn (Csikszentmihalyi, 1990). This was also noted by some athletes within their feedback forms. I had planned to adopt this feedback and design a series of more interactive mental skills training workshops for the following term, so as to guide athletes in 'putting their skills into practice'. However I was unable to attend the school in person as a consequence of the COVID-19 pandemic and related lockdown travel restrictions and therefore my teaching role was indefinitely suspended.

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Appendix

Appendix 1: Copy of client consultancy agreement

PARTIES:

1. Sport and Exercise Psychologist (in Training)

Laura Kiemle-Gabbay,
G/1, 5 Blackness Avenue,
Dundee, Tayside,
DD2 1ER.
07508949941

2. Client details

[Removed for confidentiality]

The Sport and Exercise Psychologist (in Training) has obtained the following:

	Date of Issue:
Basic Disclosure Scotland	09.03.2017
PVG Scheme Record	10.09.2017
Professional Civil Liability Insurance	02.05.18
NSPCC Child Protection in Sport (Online Course)	17.05.18

1 TERMS:

- 1.1 The Sport and Exercise Psychologist (in training) shall provide the agreed services to the client from the date of this agreement for the duration outlined in this contract.
- 1.2 This contract will be reviewed for renewal during the 2018 summer break.

2 SERVICES:

- 2.1 The Sport and Exercise Psychologist (in training) shall provide psychological support in accordance with the British Psychological Society (BPS) code of conduct and its ethical principles, for athletes enrolled on the programme throughout 2017/2018 and 2018/2019.
- 2.2 The psychological support for athletes shall include but not be limited to: Creating a programme of workshops to run throughout the year covering the main themes of sports and exercise psychology, observing/recording athlete's progress within the programme, developing detailed athlete profiles to be reviewed

with the athlete each term, setting short, medium and long-term goals in collaboration with athletes and others (coaches, physiotherapist etc.) to be reviewed/updated regularly, planning, developing and conducting relevant interventions with athletes to target identified areas for improvement throughout the year. This may be written up as relevant documents/materials and included in their individual folders.

2.3 Sessions may be conducted as a one-on-one or small group. The Sport and Exercise Psychologist (in training) will also be available to view the athletes participating in their sports on-campus (and off-campus when possible) to offer 'on the pitch advice'.

2.4 Due to safeguarding measures, the psychological support provided will be limited to face-to-face meetings and school email (when appropriate).

2.5 Any provided materials (including but not limited to: documents, presentations, worksheets) and software/hardware for the client's use remain the property of the Sport and Exercise Psychologist (in training)

2.5 Should the Sports and Exercise Psychologist (in training) be unable to provide the Services for a length of time due to illness, injury or other unforeseen circumstance, they will seek to find a suitable replacement so as to avoid a prolonged absence of psychological support.

3 FEES/EXPENSES:

3.1 The client will pay the Sports and Exercise Psychologist (in training) a fee of £15 per hour for consultancy work. The trainee will submit invoices to the [removed for confidentiality] on a monthly to six-weekly basis which will be processed and paid by the school's finance department, independent of the athletic programme.

3.2 Additional preparatory work, administrative work and significant travel and related expenses (e.g. off-campus competitions/training) will be documented and invoiced accordingly.

4 CLIENT CONFIDENTIALITY

4.1 The Sports and Exercise Psychologist (in training) will not disclose their position of employment on the programme, or any confidential information related to their work/role, or the client's affairs to any person(s) or company at any time, during or after such engagement.

4.2 The above restriction outlined does not apply to the following:

- (a) Disclosure of the Client as required by law.
- (b) Information already in (or coming into) the public domain.
- (c) Where written and/or verbal authorisation from the client has been provided (this excludes the confidentiality agreement detailed in 4.4 and 4.5 below).

4.3 Session notes recorded/taken by the trainee sports and exercise psychologist will be stored securely in password-protected files as part of the athlete's electronic folders. These will be stored on a secure drive/server at the premises as soon as this becomes available. Information/Data utilised as part of a case study will be anonymised to ensure full client confidentiality.

4.4 As requested on behalf of the school, information disclosed during sessions conducted with athletes may be used to produce regular documents and materials for the purpose of providing support and promoting athletic development for individual athlete's folders (including but not limited to; performance profiles, goal setting, SWOT

analyses, session summaries, mental imagery script development and use of PETTLEP, psychological skills training etc.). These materials may be accessed or seen by the trainee sports and exercise psychologist, the athletes themselves, the athlete's parents/coaches, guidance teachers and relevant members of staff involved with the programme, when considered of benefit to the athlete.

4.5 Thus in accordance with 4.2c above, the trainee sports and exercise psychologist, individual athletes enrolled on the programme and other associated members of staff agree to a preliminary 'open confidentiality' agreement; where information stated as, or of similar nature to, that specified in 4.4 above, may be shared (with the knowledge and agreement of the individual athlete) amongst all those involved with the programme. Relevant supportive documents and materials will be produced regularly and stored in individual athletes' folders, where this is considered for the benefit of the athlete. The practitioner and athlete retain the right not to disclose, and may choose to withhold materials from being stored in the athlete's folder (except in circumstances where there is an active risk of harm to self or others) at given point during the consultancy.

4.6 The [removed for confidentiality] current protocol for safeguarding children and young people will be followed in relation to sensitive issues/topics that may arise during consultancy work.

5 SUPERVISION

5.1 The client consents to verbal/email contact and agreed scheduled visits with an academic supervisor from Liverpool John Moores University (LJMU) as required for the Sports and Exercise Psychologist's (in training) enrolment on the professional doctorate programme. The course coordinator, Dr Martin Eubank; Registered Sport Psychologist (HCPC), Chartered Psychologist (BPS) can be contacted via email (M.R.Eubank@ljmu.ac.uk) should the client require any further information regarding supervisory visits.

6 TERMINATION

6.1 Either party may terminate this contract at any time with immediate effect if the other party is in breach of any of the obligations outlined above. Should this occur, the party terminating the contract are only liable to uphold any accrued fees/expenses/services owed.

Sport and Exercise Psychologist (in Training) Signature:

Date:

Client Signature:

Date:

STUDENT ATHLETE CONTRACT

SPORT PSYCHOLOGY OUTLINE

As a student athlete enrolled on the High Performance Sport Development Programme (HPSDP) at the school, you will have access to support from a trainee Sports and Exercise Psychologist. This will be provided to you in a variety of ways, such as; group workshops, small-group or one-on-one sessions with the trainee psychologist, mental skills training, observation and analysis of training/competition, goal setting and appropriate pastoral (wellbeing) care. Depending on your individual needs and discussion with the trainee psychologist, you may receive this support in the form of weekly/bi-weekly/monthly sessions.

ONLINE ATHLETE FOLDERS

As a part of the support you receive, some of the information discussed in your sports psychology sessions may be used to create teaching aids, documents or other materials. The aim of this is to provide you with a 'psychology profile' that you can use as a toolkit to improve your sport performance and mental wellbeing. Examples of such materials may include; developing 'mental imagery scripts' for you to practice and rehearse, creating performance strategy profiles and action plans, setting SMART goals etc. This information will be stored securely (password protected) in your online 'Athlete Folder' at the school. These folders (and your password) can be accessed by you, the trainee sports and exercise psychologist and other HPSDP members of staff (e.g. your sports coaches or P.E. teachers).

CONFIDENTIALITY AGREEMENT

With your knowledge and permission, the content of what you learn and discuss during sessions with the trainee sports and exercise psychologist can be shared with other people, when you feel that this would benefit your performance or wellbeing. For example, information you disclose to the trainee sport and exercise psychologist could be shared with your coaches, your parents and other HPSDP staff members (e.g. the physiotherapist). At any point, both you and the trainee sports and exercise psychologist have the right to maintain full confidentiality; this means that you and the trainee psychologist can choose not to share information with others or include specific documents/materials into the folder. You can also decide to remove documents/materials from the folder at any time. However, maintaining confidentiality is not possible if at any time you share information with the trainee sport and exercise psychologist that involves a risk of harm to yourself or other people. In these cases, the trainee psychologist must follow the school's Child Safeguarding Policy in place at the school, and refer the information to senior staff members who will be able to help you further,

Sport and Exercise Psychologist (in training) Signature:

Date:

Student Athlete Signature:

Date:

Parent/Guardian Signature:

Date:

Psychology Performance Portfolio: Athlete A

Test of Performance Strategy (TOPS) results:

Training

Strategy	Score
Goal Setting	15
Attention Control	14
Automaticity	14
Imagery	13
Self-Talk	13
Activation	12.5
Relaxation	10
Emotional Control	9

Competition

Strategy	Score
Goal Setting	19
Imagery	18
Self Talk	15
Automaticity	14.5
Negative Thinking	14
Activation	12.5
Resistance to Distractions	10
Relaxation	8
Emotional Control	6

1.

Goal Setting

- How often do you set goals for yourself at **training**?
- What factors are important to you when setting goals for yourself at **training**? What things do you focus on, or make sure to include?
- How often do you set goals for yourself at **competition**?
- What factors are important to you when setting goals for yourself at **competition**? What things do you focus on, or make sure to include?
- What strategies do you use to measure your progress and why? For example, feedback from coaches/teammates, performance statistics, reflective diary entries, video feedback, behaviour observations

⋮

2.

Imagery: Mental Visualisation Script

Write an imagery script for a mental visualisation that you will use at **training**. Make sure you remember to use **PETTLEP** when you are writing your script:

P	Physical	What is the physical state of your body like? Are you tired and out of breath? Can you feel your blood pumping? Is your heart rate fast or slow? Are parts of your body sore? How does your stomach feel?
E	Environment	Where will the event take place? Is it outdoors or indoors? What is the weather/temperature/visibility like? Use your performance senses (sight, hearing, touch) to think about how you experience the environment.
T	Task	What sort of skill level does the event/task require? Will it feel easy or hard? How much experience do you have of it? If the task is beyond your current skill level, can you imagine what a perfect performance of it will feel and look like?
T	Timing	Will you be performing your visualisation faster, slower or at the same time as you perform the event/task in real life? Why?
L	Learning	Can you adapt your visualisation as you progress? What might you need to consider to make sure that your imagery practice stays the same as your physical practice?
E	Emotion	What sorts of emotions might you experience before, during and after the event/task that you are visualising? How can you replicate these emotions when you are doing your mental imagery practice?
P	Perspective	What is the viewpoint you use for your mental imagery? Is it internal (seeing through your own eyes) or external (seeing yourself from outside, as if you are watching a video) or do you use both? Which is the most helpful and why?


My training visualisation...

3.

Imagery: Mental Visualisation Script

Write an imagery script for a mental visualisation that you will use at **competition**. Make sure you remember to use **PETTLEP** when you are writing your script.

My competition visualisation...



4.

Self-Talk

- Which words, phrases or affirmations do you use as self-talk (out loud or in your mind) at **training**, and **why?**
- Which words, phrases or affirmations do you use as self-talk (out loud or in your mind) at **competition**, and **why?**
- What sort of things, situations, people or events trigger your use of self-talk at **training?**
- What sort of things, situations, people or events trigger your use of self-talk at **competition?**
- In your own words, please describe how positive self-talk helps you perform at your mental and physical best?
- Please describe any physical reminders that you use to help trigger your self-talk cues? E.g. Writing it down on post-it notes or in a notebook, physical actions like clapping, wearing specific clothing or accessories as a reminder, listening to a specific song etc.

⋮

5.

Attention Control

- What techniques do you use to stay focused at **training**, and **why?**
- What techniques do you use to stay focused at **competition**, and **why?**
- **When** is it most important or useful for you to be able to focus your attention, and **why?**
- Do you find any particular strategies or tools helpful at focusing your attention? E.g. Counting, breathing, visual focus points, self-talk etc.
- Rate how **effectively** you think you can currently focus your attention:
 - At training (0-100%)
 - At competition (0-100%)
- How would improving your ability to focus your attention help your **performance** and **wellbeing?**

⋮

6.

Learning Styles Questionnaire

Name: _____

This questionnaire is designed to find out your preferred learning style(s). Over the years you have probably developed learning "habits" that help you benefit more from some experiences than from others. Since you are probably unaware of this, this questionnaire will help you pinpoint your learning preferences so that you are in a better position to select learning experiences that suit your style and having a greater understanding of those that suit the style of others. This is an internationally proven tool designed by Peter Honey and Alan Mumford. There is no time limit to this questionnaire. It will probably take you 10-15 minutes. The accuracy of the results depends on how honest you can be. There are no right or wrong answers.

If you agree more than you disagree with a statement put a tick by it.

If you disagree more than you agree put a cross by it.

Be sure to mark each item with either a tick or cross.

- 1. I have strong beliefs about what is right and wrong, good and bad.
- 2. I often act without considering the possible consequences
- 3. I tend to solve problems using a step-by-step approach
- 4. I believe that formal procedures and policies restrict people
- 5. I have a reputation for saying what I think, simply and directly
- 6. I often find that actions based on feelings are as sound as those based on careful thought and analysis
- 7. I like the sort of work where I have time for thorough preparation and implementation
- 8. I regularly question people about their basic assumptions
- 9. What matters most is whether something works in practice
- 10. I actively seek out new experiences
- 11. When I hear about a new idea or approach I immediately start working out how to apply it in practice
- 12. I am keen on self discipline such as watching my diet, taking regular exercise, sticking to a fixed routine, etc.
- 13. I take pride in doing a thorough job
- 14. I get on best with logical, analytical people and less well with spontaneous, "irrational"
- 15. I take care over the interpretation of data available to me and avoid jumping to conclusions
- 16. I like to reach a decision carefully after weighing up many alternatives
- 17. I'm attracted more to novel, unusual ideas than to practical ones
- 18. I don't like disorganised things and prefer to fit things into a coherent pattern
- 19. I accept and stick to laid down procedures and policies so long as I regard them as an efficient way of getting the job done
- 20. I like to relate my actions to a general principle
- 21. In discussions I like to get straight to the point
- 22. I tend to have distant, rather formal relationships with people at work
- 23. I thrive on the challenge of tackling something new and different
- 24. I enjoy fun-loving, spontaneous people
- 25. I pay meticulous attention to detail before coming to a conclusion
- 26. I find it difficult to produce ideas on impulse

- 27. I believe in coming to the point immediately
- 28. I am careful not to jump to conclusions too quickly
- 29. I prefer to have as many resources of information as possible - the more data to think over the better
- 30. Flippant people who don't take things seriously enough usually irritate me
- 31. I listen to other people's points of view before putting my own forward
- 32. I tend to be open about how I'm feeling
- 33. In discussions I enjoy watching the manoeuvrings of the other participants
- 34. I prefer to respond to events on a spontaneous, flexible basis rather than plan things out in advance
- 35. I tend to be attracted to techniques such as network analysis, flow charts, branching programs, contingency planning, etc.
- 36. It worries me if I have to rush out a piece of work to meet a tight deadline
- 37. I tend to judge people's ideas on their practical merits
- 38. Quiet, thoughtful people tend to make me feel uneasy
- 39. I often get irritated by people who want to rush things
- 40. It is more important to enjoy the present moment than to think about the past or future
- 41. I think that decisions based on a thorough analysis of all the information are sounder than those based on intuition
- 42. I tend to be a perfectionist
- 43. In discussions I usually produce lots of spontaneous ideas
- 44. In meetings I put forward practical realistic ideas
- 45. More often than not, rules are there to be broken
- 46. I prefer to stand back from a situation
- 47. I can often see inconsistencies and weaknesses in other people's arguments
- 48. On balance I talk more than I listen
- 49. I can often see better, more practical ways to get things done
- 50. I think written reports should be short and to the point
- 51. I believe that rational, logical thinking should win the day
- 52. I tend to discuss specific things with people rather than engaging in social discussion
- 53. I like people who approach things realistically rather than theoretically
- 54. In discussions I get impatient with irrelevancies and digressions
- 55. If I have a report to write I tend to produce lots of drafts before settling on the final version
- 56. I am keen to try things out to see if they work in practice
- 57. I am keen to reach answers via a logical approach
- 58. I enjoy being the one that talks a lot
- 59. In discussions I often find I am the realist, keeping people to the point and avoiding wild speculations
- 60. I like to ponder many alternatives before making up my mind
- 61. In discussions with people I often find I am the most dispassionate and objective
- 62. In discussions I'm more likely to adopt a "low profile" than to take the lead and do most of the talking
- 63. I like to be able to relate current actions to a longer term bigger picture
- 64. When things go wrong I am happy to shrug it off and "put it down to experience"

- 65. I tend to reject wild, spontaneous ideas as being impractical
- 66. It's best to think carefully before taking action
- 67. On balance I do the listening rather than the talking
- 68. I tend to be tough on people who find it difficult to adopt a logical approach
- 69. Most times I believe the end justifies the means
- 70. I don't mind hurting people's feelings so long as the job gets done
- 71. I find the formality of having specific objectives and plans stifling
- 72. I'm usually one of the people who puts life into a party
- 73. I do whatever is expedient to get the job done
- 74. I quickly get bored with methodical, detailed work
- 75. I am keen on exploring the basic assumptions, principles and theories underpinning things and events
- 76. I'm always interested to find out what people think
- 77. I like meetings to be run on methodical lines, sticking to laid down agenda, etc.
- 78. I steer clear of subjective or ambiguous topics
- 79. I enjoy the drama and excitement of a crisis situation
- 80. People often find me insensitive to their feelings

Scoring and Interpreting the Learning Styles Questionnaire

The Questionnaire is scored by awarding one point for each ticked item. There are no points for crossed items. Simply indicate on the lists below which items were ticked by circling the appropriate question number.

2	7	1	5
4	13	3	9
6	15	8	11
10	16	12	19
17	25	14	21
23	28	18	27
24	29	20	35
32	31	22	37
34	33	26	44
38	36	30	49
40	39	42	50
43	41	47	53
45	46	51	54
48	52	57	56
58	55	61	59
64	60	63	65
71	62	68	69
72	66	75	70
74	67	77	73
79	76	78	80

TOTALS

Activist

Reflector

Theorist

Pragmatist

SMART Goals

Goal Setting and Monitoring Performance

1.

- S** Specific
- M** Measureable
- A** Achievable
- R** Relevant
- T** Time Limit

2.

Specific:

S

- **What** specifically do you want to achieve?
- **Where** specifically will you achieve it?
- **What** steps will you have to take on the way to achieving your goal?
- **What** skills/resources/support will you need to help you achieve it?

3.

Non-Specific	Specific
"I want to be a better striker"	"I want to improve the accuracy of my penalties by 25% by the end of the season."
"I want to get fitter"	"I want to be able to run 5km in less than 30 minutes within 4 weeks."
"I want to be less nervous at competitions"	"I want to work on my mindfulness skills at home and at training, make sure that I fill out my reflective diary after competitions and stick to my pre-performance routine."

4.

M measurable:

M

- **How** will I measure my progress on my way to achieving my goal?
- **What** sort of data will I be collecting? E.g. Competition results, PB's, number of goals scored, fitness test scores etc.
- **How** will I know once I have achieved my goal?

5.

Subjective	Objective
It will feel like I am a better striker.	In shooting drills, I will show improvement in accuracy and consistency by aiming to be on target for 8 out of 10 shots.
People will think I am fitter than before.	I will increase my run length by 1 km every week and keep accurate measurements of how long it takes me, so that I can track my progress.
I will find it easier to believe in myself more.	I will practice self reflection and mindfulness skills, and note down any improvements I observe in myself and my ability to control my nerves.

6.

Achievable:

A

- How much of my **resources** will I need to use to achieve this goal?
- How will I stay **motivated**?
- Can I break my goal down into smaller steps that are easier to achieve?
- Do I have all the support I need or can I do it on my own?

7.



8.

Relevant:

R

- **Why** do I want to achieve this goal?
- What **difference** will achieving this goal make to me?
- Will achieving this goal be in line with my **values**?
- Is this goal going to help me achieve a wider objective?

9.

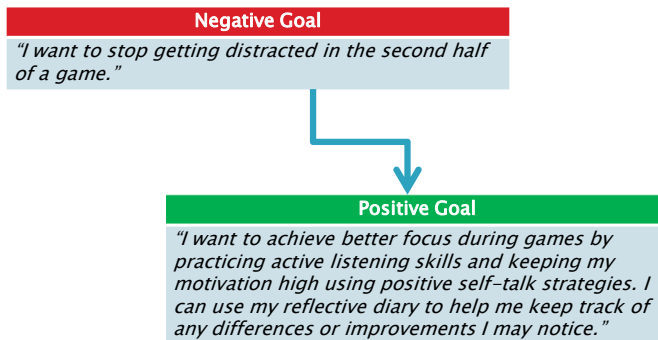
Time Limit:



- **When** do I want to achieve my goal by?
- Is my time frame **fixed** or **flexible**?
- Will I have to hit **milestones** along the way? Have I included them in the time limit I have set for myself?
- Is the time limit I have set **realistic** with the resources I have available to me now and in the future?

10.

Positive vs. Negative Goal Setting



11.

"I want to be a better striker"

S	I will increase the amount of shooting drills I do at training.
M	I will work towards hitting (on average) 8 out of 10 shots on target.
A	I can ask the goalkeeper, my teammates and my coach to give me feedback on my technique.
R	Improving my shot accuracy will make me more likely to get picked at penalty shoot outs.
T	I will achieve this within one month.

12.

"I want to get fitter"

- S** I will increase the amount of exercise I do every week.
- M** In Week 1 I will run 5km.
In Week 2 I will run 7.5km.
In Week 3 I will run 10km.
- A** I will run with a friend to keep my motivation high.
- R** Improving my fitness will help me feel happier in other areas of my life.
- T** I will achieve this within three weeks.

13.

"I want to feel less nervous at competitions"

- S** I will practice mindfulness techniques for emotional control and relaxation and develop and follow a pre-performance routine.
- M** I will do a guided mindfulness practice every morning and evening.
- A** I can ask the sport psychologist for extra support during longer guided practices.
- R** I am more likely to keep and maintain focus at competitions when I am less nervous.
- T** I will achieve this within six months.

14.

SMART GOAL SETTING: HOMEWORK WORKSHEET

S <u>S</u> pecific
M <u>M</u> easurable
A <u>A</u> chievable
R <u>R</u> elevant
T <u>T</u> ime-Limited

1. Technical SMART Goal

Overall Aim:

SMART Goal Breakdown:

S
M
A
R
T

2. Tactical SMART Goal

Overall Aim:

SMART Goal Breakdown:

S
M
A
R
T

3. Physical SMART Goal

Overall Aim:

SMART Goal Breakdown:

S

M

A

R

T

4. Technical SMART Goal

Overall Aim:

SMART Goal Breakdown:

S

M

A

R

T

**T
O
P
S**

TEST OF PERFORMANCE STRATEGIES ©

Name _____ Age _____ Gender M F

Sport _____ Event(s)/

Position _____

Years participating in sport _____ Today's Date _____

Current performance level (circle one):

International National Collegiate Regional
Junior National Club Recreational Other _____

This questionnaire measures performance strategies used by athletes in various sport situations. Because individual athletes are very different in their approach to their sport, we expect the responses to be different. We want to stress, therefore, that there are no right or wrong answers. All that is required is for you to be open and honest in your responses.

Throughout the questionnaire, several terms are used which may have different meanings for different individuals. Because of this, these terms are defined below with specific examples to sport where appropriate. Please keep these definitions in mind when responding to items with these terms.

COMPETITION: a tournament/meet where individuals or teams perform against each other.

SKILL: a specific element of your sport performance. For example, free throw shooting in basketball or a jump in figure skating.

PERFORMANCE: your execution of specific sport skills during training and competition.

ROUTINE: a set of behaviours that is performed regularly in preparation for your performance in sport. An example may be going through specific stretches while listening to a song on your walkman prior to every performance.

WORKOUT: a structured practice session to work on various elements of your sport.

VISUALIZATION/IMAGERY/REHEARSAL: these terms refer to the act of picturing in your mind some aspect of your performance. An example would be seeing and feeling yourself execute a specific skill perfectly.

Each of the following items describes a specific situation that you may encounter in your training and competition. Please rate how frequently these situations apply to you on the following scale:

1 = Never

2 = Rarely

3 = Sometimes

4 = Often

5 = Always

Never	Rarely	Sometimes	Often	Always
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Please put a circle around your answer

1.	I set realistic but challenging goals for practice.	1	2	3	4	5
2.	I say things to myself to help my practice performance.	1	2	3	4	5
3.	During practice I visualize successful past performances.	1	2	3	4	5
4.	My attention wanders while I am training.	1	2	3	4	5
5.	I practise using relaxation techniques at workouts.	1	2	3	4	5
6.	During competition I set specific result goals for myself.	1	2	3	4	5
7.	My self-talk during competition is negative.	1	2	3	4	5
8.	I rehearse my performance in my mind before practice.	1	2	3	4	5
9.	During competition I have thoughts of failure.	1	2	3	4	5
10.	I use practice time to work on my relaxation technique.	1	2	3	4	5
11.	I manage my self-talk effectively during practice.	1	2	3	4	5
12.	I visualize my competition going exactly the way I want it to go.	1	2	3	4	5
13.	I am able to control distracting thoughts when I am training.	1	2	3	4	5
14.	I get frustrated and emotionally upset when practice does not go well.	1	2	3	4	5
15.	I have specific cue words or phrases that I say to myself to help my performance during competition.	1	2	3	4	5
16.	I evaluate whether I achieve my competition goals.	1	2	3	4	5
17.	I set very specific goals for competition.	1	2	3	4	5
18.	At practice, I can allow the whole skill or movement to happen naturally without concentrating on each part.	1	2	3	4	5
19.	I keep my thoughts positive during competitions.	1	2	3	4	5
20.	I say things to myself to help my competitive performance.	1	2	3	4	5

21.	At competitions, I rehearse the feel of my performance in my imagination.	1	2	3	4	5
22.	I manage my self-talk effectively during competition.	1	2	3	4	5
23.	I set goals to help me use practice time effectively.	1	2	3	4	5
24.	At practice, when I visualize my performance, I imagine what it will feel like.	1	2	3	4	5
25.	During practice I focus my attention effectively.	1	2	3	4	5
26.	I set personal performance goals for a competition.	1	2	3	4	5
27.	I motivate myself to train through positive self-talk.	1	2	3	4	5
28.	I have trouble maintaining my concentration during long practices.	1	2	3	4	5
29.	I talk positively to myself to get the most out of practice.	1	2	3	4	5
30.	I have very specific goals for practice.	1	2	3	4	5
31.	I imagine my competitive routine before I do it at a competition.	1	2	3	4	5
32.	I imagine screwing up during a competition.	1	2	3	4	5
33.	I talk positively to myself to get the most out of competitions.	1	2	3	4	5
34.	I don't set goals for practices, I just go out and do it.	1	2	3	4	5
35.	I rehearse my performance in my mind at competitions.	1	2	3	4	5
36.	I have trouble controlling my emotions when things are not going well at practice.	1	2	3	4	5
37.	My emotions keep me from performing my best at competitions.	1	2	3	4	5
38.	My emotions get out of control under the pressure of competition.	1	2	3	4	5
39.	At practice, when I visualize my performance, I imagine watching myself as if on a video replay.	1	2	3	4	5
40.	I can allow the whole skill or movement to happen naturally in competition without concentrating on each part.	1	2	3	4	5
41.	I use relaxation techniques as a coping strategy at competitions.	1	2	3	4	5
42.	I can psych myself to perform well in practice.	1	2	3	4	5
43.	I am able to perform skills at practice without having to consciously think about them.	1	2	3	4	5
44.	I can get myself ready to perform when I am at competitions.	1	2	3	4	5
45.	I have difficulty with my emotions at competitions.	1	2	3	4	5
46.	During training sessions I use relaxation techniques to improve my performance.	1	2	3	4	5

47.	I need to monitor all the details of each move in order to successfully execute skills in practice.	1	2	3	4	5
48.	I have difficulty controlling my emotions if I make a mistake at competitions.	1	2	3	4	5
49.	Visual distractions during competition would affect my performance.	1	2	3	4	5
50.	My emotions keep me from performing my best during practice.	1	2	3	4	5
51.	My competition performance would be impaired by sleep loss.	1	2	3	4	5
52.	I have difficulty getting into an ideal performance state during training.	1	2	3	4	5
53.	I can psych myself to perform well in competitions.	1	2	3	4	5
54.	I use relaxation techniques during competitions to improve my performance.	1	2	3	4	5
55.	I can get myself “up” if I feel flat at practice.	1	2	3	4	5
56.	I am unable to perform skills at competition without consciously thinking about them.	1	2	3	4	5
57.	If I’m starting to “lose it” at a competition, I use a relaxation technique.	1	2	3	4	5
58.	I can get my intensity levels just right for competition.	1	2	3	4	5
59.	During practice, I can perform automatically without having to consciously control each movement.	1	2	3	4	5
60.	I am able to trust my body to perform skills in competition.	1	2	3	4	5
61.	I relax myself before competition to get ready to perform.	1	2	3	4	5
62.	In competition, I am sufficiently prepared to be able to perform on automatic pilot.	1	2	3	4	5
63.	I can get myself “up” if I feel flat at a competition.	1	2	3	4	5
64.	Loud noises during competition would not affect my performance.	1	2	3	4	5
65.	My practice performance suffers when something upsets me at training	1	2	3	4	5
66.	I use workouts to practise relaxing.	1	2	3	4	5
67.	Environmental conditions like weather and temperature affect my performance in competitions.	1	2	3	4	5
68.	I can get my intensity levels just right for practice.	1	2	3	4	5

Appendix 8: Performance portfolio visualisation script template for PETTLEP mental imagery.

Imagery: Mental Visualisation Scripts

Write an imagery script for a mental visualisation that you will use at **training**. Make sure you remember to use **PETTLEP** when you are writing your script:

P	<u>P</u>hysical	What is the physical state of your body like? Are you tired and out of breath? Can you feel your blood pumping? Is your heart rate fast or slow? Are parts of your body sore? How does your stomach feel?
E	<u>E</u>nvironment	Where will the event take place? Is it outdoors or indoors? What is the weather/temperature/visibility like? Use your performance senses (sight, hearing, touch) to think about how you experience the environment.
T	<u>T</u>ask	What sort of skill level does the event/task require? Will it feel easy or hard? How much experience do you have of it? If the task is beyond your current skill level, can you imagine what a perfect performance of it will feel and look like?
T	<u>T</u>iming	Will you be performing your visualisation faster, slower or at the same time as you perform the event/task in real life? Why?
L	<u>L</u>earning	Can you adapt your visualisation as you progress? What might you need to consider to make sure that your imagery practice stays the same as your physical practice?
E	<u>E</u>motion	What sorts of emotions might you experience before, during and after the event/task that you are visualising? How can you replicate these emotions when you are doing your mental imagery practice?
P	<u>P</u>erspective	What is the viewpoint you use for your mental imagery? Is it internal (seeing through your own eyes) or external (seeing yourself from outside, as if you are watching a video) or do you use both? Which is the most helpful and why?

<p>My Training Visualisation</p>

Write an imagery script for a mental visualisation that you will use at **competition**. Make sure you remember to use **PETTLEP** when you are writing your script:

P	<u>P</u>hysical	What is the physical state of your body like? Are you tired and out of breath? Can you feel your blood pumping? Is your heart rate fast or slow? Are parts of your body sore? How does your stomach feel?
E	<u>E</u>nvironment	Where will the event take place? Is it outdoors or indoors? What is the weather/temperature/visibility like? Use your performance senses (sight, hearing, touch) to think about how you experience the environment.
T	<u>T</u>ask	What sort of skill level does the event/task require? Will it feel easy or hard? How much experience do you have of it? If the task is beyond your current skill level, can you imagine what a perfect performance of it will feel and look like?
T	<u>T</u>iming	Will you be performing your visualisation faster, slower or at the same time as you perform the event/task in real life? Why?
L	<u>L</u>earning	Can you adapt your visualisation as you progress? What might you need to consider to make sure that your imagery practice stays the same as your physical practice?
E	<u>E</u>motion	What sorts of emotions might you experience before, during and after the event/task that you are visualising? How can you replicate these emotions when you are doing your mental imagery practice?
P	<u>P</u>erspective	What is the viewpoint you use for your mental imagery? Is it internal (seeing through your own eyes) or external (seeing yourself from outside, as if you are watching a video) or do you use both? Which is the most helpful and why?

My Competition Visualisation

Understanding The Map for Success

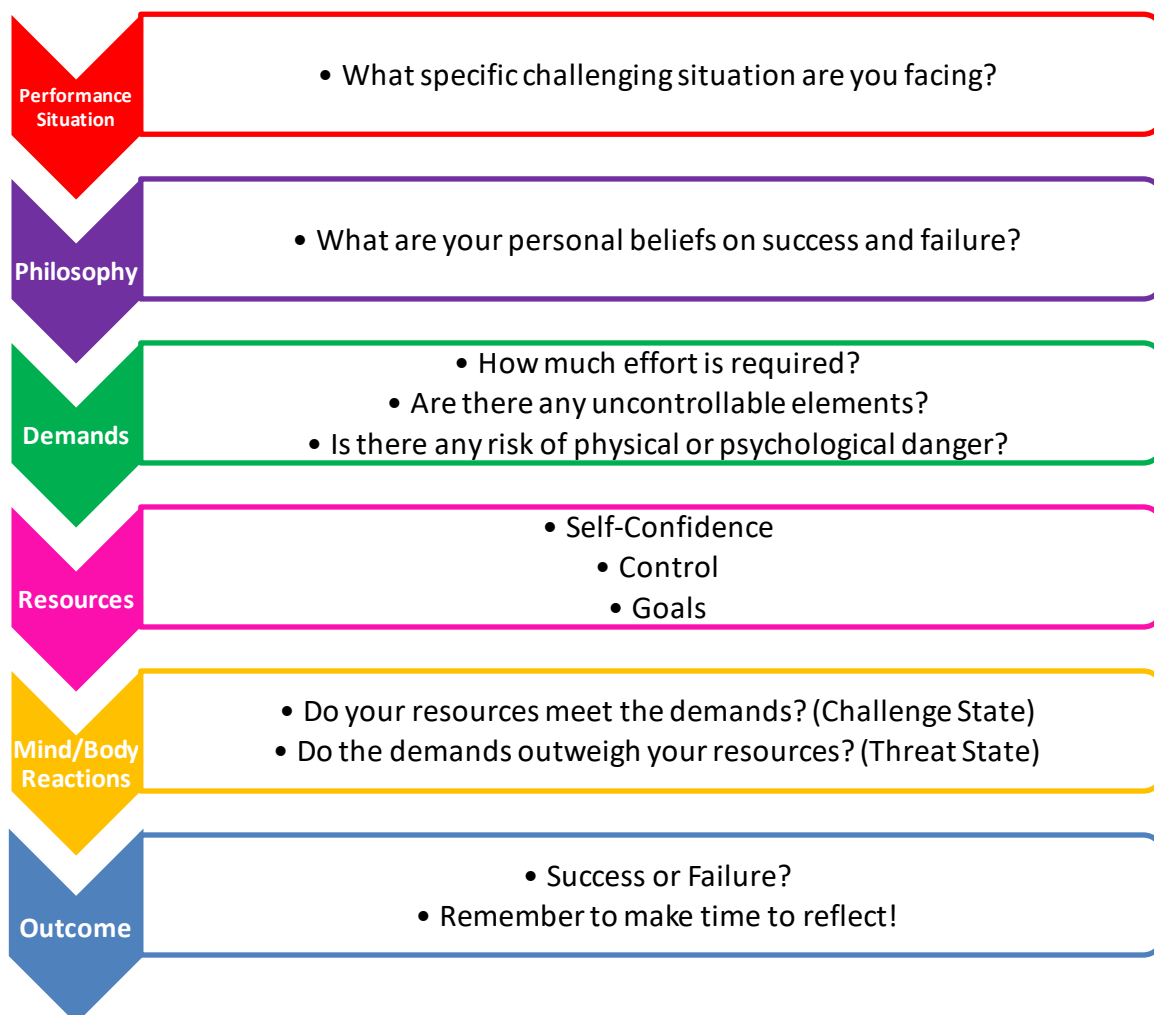
The Map for Success is based on the Theory of Challenge and Threat States. It is a step by step process that starts with a specific performance situation you are facing as an athlete. This could be anything you come up against in your sporting performance that is challenging, difficult or stressful. For example, a squad selection event, a penalty shoot-out, a cup final game or even an Olympic medal event!

The second step of the map is about your own personal beliefs you hold about success and failure. Some beliefs are more helpful than others, but ultimately they are unique to you.

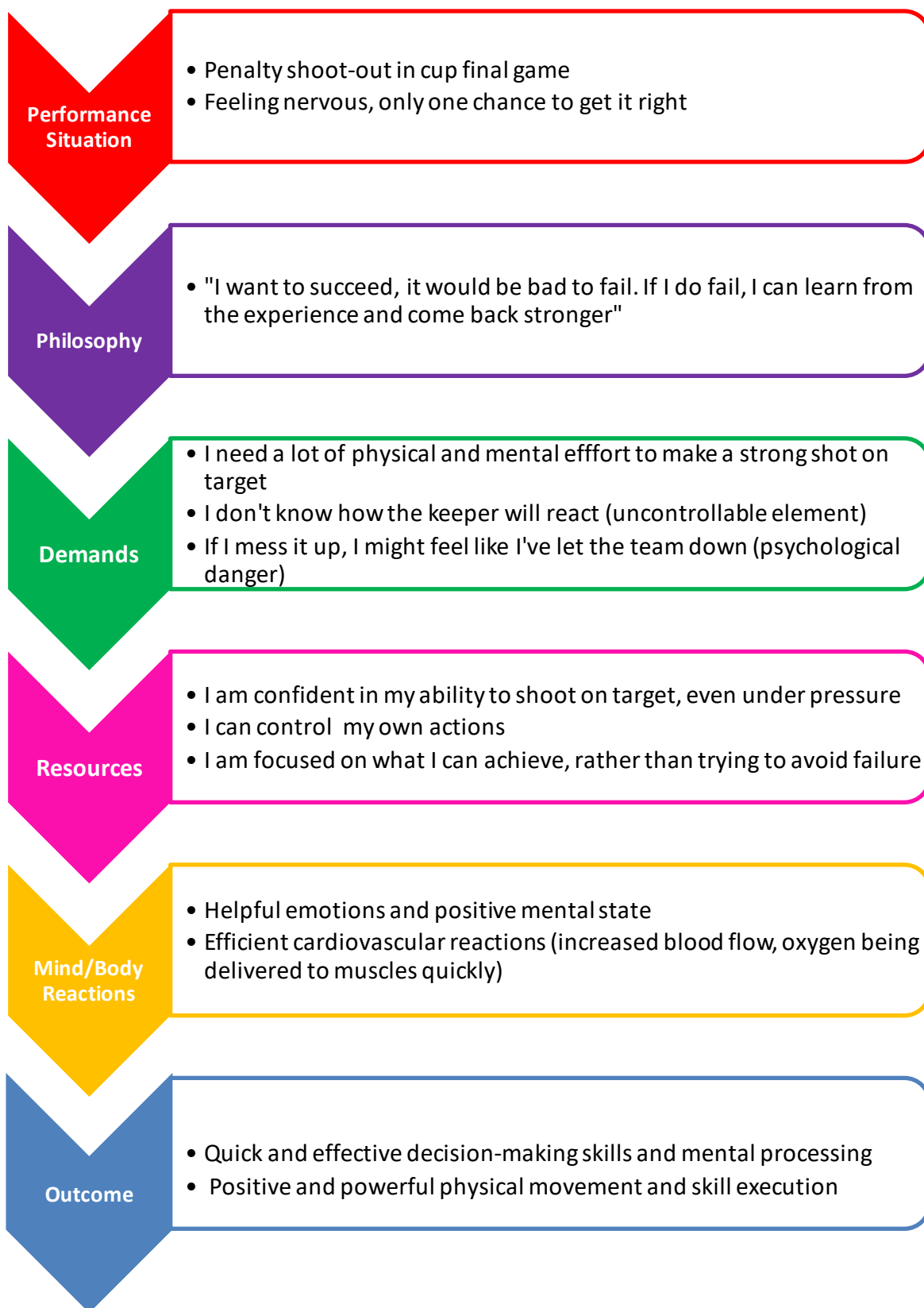
The third step of the map is where you process what demands your performance situation is placing on you. You have to evaluate how much effort will be required, and if the situation has any uncertainty or danger (physical danger and danger to your confidence/self-esteem).

The fourth step of the map is where you evaluate the resources that you have available to you, to help you meet the demands that the performance situation is placing on you. This stage is made up of three important parts; self-confidence, control and goals.

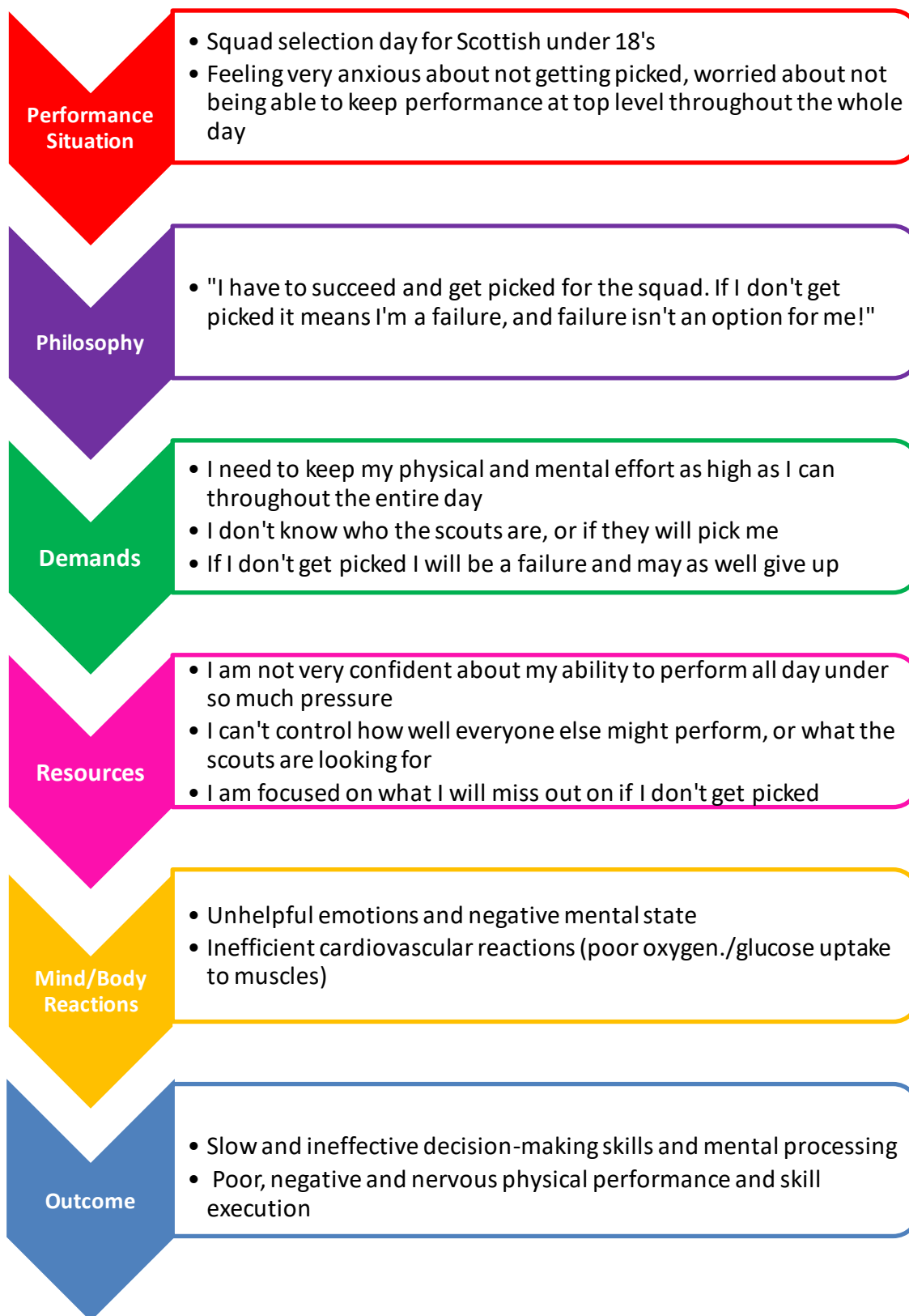
The fifth (Mind/Body Reactions) and sixth (Outcome) stages of the map are dependent upon the first four stages. In other words, the performance situation you are in and the demands it places on you, your philosophy and the resources you have available to you determine how your mind and body will react. These reactions result in you either viewing the situation as a challenge, or a threat, which can have a huge effect on the outcome!



Here is an example of a completed Map for Success for an athlete in a **Challenge State**. In a Challenge State, our resources have met the demands the situation places on us, resulting in a positive mindset, quick and efficient decision making and mental functioning, which also increases our heart rate and blood flow, meaning oxygen gets to our muscles quicker and we are able to have a stronger physical performance.



Here is an example of a completed Map for Success for an athlete in a **Threat State**. A threat state happens when we have a negative approach to pressure, and our resources are unable to meet the demands a situation places on us. This increases our heart rate, but decreases or stabilises the amount of blood pumped from the heart per minute, so oxygen and glucose are less able to be delivered to our muscles quickly. This makes both our brain and muscles perform less efficiently than they should, so it's harder for us to perform at our best!



Destructive Vs. Constructive Thinking

Understanding Thinking Strategies

1.

Thought Experiment 1

- ▶ Imagine that you have an important selection event for a national team coming up, and you would really *like* to be picked. You are already playing for your current team, but you would really *like* to be selected for the national team as it would mean competing at a higher level.
- ▶ If it helps, repeat the phrase; *"I am playing for my time but I would really like to be picked for the national team"* in your mind.
- ▶ Make a mental note of how you think having this belief would make you feel in the run up to the event.

2.

Thought Experiment 2

- ▶ Now just like before, imagine that you have an important selection event for a national team coming up, but this time imagine yourself having the belief that you **must** get picked, and it would be **terrible** if you weren't.
- ▶ This time, repeat the phrase; *"I know I have my current team but I **must** get picked for the national team, not getting picked would be **awful**."* in your mind.
- ▶ Make a mental note of how you think having this belief would make you feel in the run up to the event.

3.

The Philosophy of Success and Failure

- ▶ The situation you imagined (selection event for national team) didn't change between the two thought experiments, what did change was the belief, or **philosophy** you held about how you viewed success and failure.
- ▶ In Thought Experiment 1 you held the philosophy; *"I would really **like** to be picked for the national team."* This is an example of a **rational belief**. How do you think having this philosophy would make you feel if:
 1. You were **successful** and got picked for the national team?
 2. You experienced **failure** and were not picked for the national team?

4.

The Philosophy of Success and Failure

- ▶ In Thought Experiment 2, you held the philosophy; *"I **must** get picked for the national team, not getting picked would be **awful**."* This is an example of a **rigid and illogical demand**. How do you think having this thought would make you feel if:
 1. You were **successful** and got picked for the national team?
 2. You experienced **failure** and were not picked for the national team?
- These thought experiments show how **rigid and illogical** demands can lead to **unhelpful** approaches or reactions to important situations!

5.

The Philosophy of Success and Failure

- ▶ There are different kinds of **irrational** beliefs that we can have about success and failure, that can lead to **unhelpful** approaches and reactions to demanding events.

You may have experienced them yourself in the past when facing something very challenging or stressful.

"I want to do well so I **must** succeed."

"If I don't succeed it will be **awful**."

When I lose, it means I am a **complete failure**."

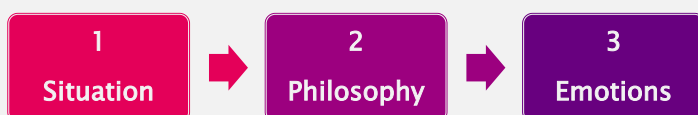
It is **unbearable** when I fail."

6.

The Philosophy of Success and Failure

- ▶ These irrational beliefs can produce unhelpful feelings like **anxiety, anger, frustration** and **sadness**, which can result in an **unhelpful** approach or reaction to the situation.
- ▶ The key thing to remember is that it is not the situation itself causing the unhelpful feelings, but instead it is your own personal **philosophy** that you have *about* the situation and what it would mean to succeed or fail.
- ▶ This is important because it means that you are not controlled by your emotions in difficult, challenging or stressful situations. **You have control over your emotions because you can control what your own personal philosophy is!**

7.



You can control your emotional reactions to events by changing your philosophy you have about the situation we are in.

To do this, you need to be able to identify **problem philosophies** and **destructive** thinking strategies, so that you can swap them for **helpful philosophies** and **constructive** thinking strategies!

When we are thinking **destructively**, our philosophy or beliefs are:

- **irrational**
- **illogical**
- **unpragmatic**

8.

Destructive Thinking

The four main types of destructive thinking are:

1. Rigid Demands

"I must succeed and be the best"

"I must be treated fairly by other people"

2. Awfulizing

"If I fail, it will be awful"

"Being treated unfairly by other people is awful"

3. Low Frustration Tolerance

"I can't stand it when I lose"

"I hate being treated unfairly"

4. Self-Critical

"If I fail it means I am a failure"

"If I lose it just goes to show how rubbish I am"

9.

Destructive Thinking

We might all have these thoughts pass through our minds from time to time, when we buy into them and genuinely believe them, we begin thinking destructively and experience unhelpful emotions.

In extreme cases, when we experience destructive thinking and unhelpful emotions for a long period of time, it can cause severe problems such as depression, anxiety, phobias and even self harm or suicidal thoughts.

Video: Football's Suicide Secret

<https://www.bbc.co.uk/programmes/p01cj5r7>

Clarke Carlisle - Former professional footballer and England Under 21 player.

First 25s ONLY

10.

Destructive Thinking

- ▶ Remember that this is a very **extreme example**, and hopefully something you will never have to experience.
- ▶ However, some of what Clarke described are worries or problems that can be quite common for athletes involved in elite sport.
- ▶ Have you ever felt like your self-confidence, or self-esteem was linked to your ability to perform well in your sport?
- ▶ Have you ever experienced a failure in your sport, and it has made you feel so angry, sad or frustrated that it has affected your mood for the rest of the day, or even longer?
- ▶ When you succeed or fail in your sport, has it ever made you feel like this reflects on your wider life outside of sport? E.g. "I lost the game today and now I feel like I'm a failure at everything!"

11.

Destructive Vs. Constructive

Destructive	Constructive
Rigid Demands <i>"I must succeed and be the best"</i>	Flexible Preferences <i>"I want to be successful, but it doesn't mean that I have to be"</i>
Awfulizing <i>"If I fail it will be awful"</i>	Anti-Awfulizing <i>"If I fail it will be bad, but not awful"</i>
Low Frustration Tolerance <i>"I can't stand it when I lose"</i>	High Frustration Tolerance <i>"Failure is difficult, but I can cope with it when it happens"</i>
Self-Critical <i>"When I lose, it just goes to show I am a total failure in life"</i>	Acceptance <i>"Losing is bad and I don't like it, but it doesn't mean I am a total failure"</i>

12.

Constructive Thinking

Smart Thinking Strategies

1.

Destructive vs. Constructive Thinking

Destructive	Constructive
Rigid Demands <i>"I must succeed and be the best"</i>	Flexible Preferences <i>"I want to be successful, but it doesn't mean that I have to be"</i>
Awfulizing <i>"If I fail it will be awful"</i>	Anti-Awfulizing <i>"If I fail it will be bad, but not awful"</i>
Low Frustration Tolerance <i>"I can't stand it when I lose"</i>	High Frustration Tolerance <i>"Failure is difficult, but I can cope with it when it happens"</i>
Self-Critical <i>"When I lose, it just goes to show I am a total failure in life"</i>	Acceptance <i>"Losing is bad and I don't like it, but it doesn't mean I am a total failure"</i>

2.



3.

Philosophy

What are your personal beliefs on success and failure?

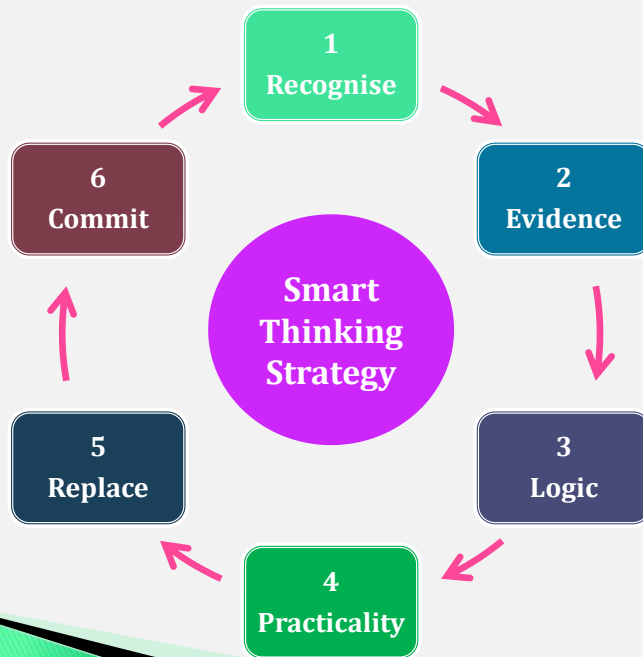
- Irrational, illogical and unpragmatic philosophies cause us to miscalculate how great the demand is that's placed on us in a challenging situation.
- Having a rigid philosophy such as "I must succeed and it would be awful if I failed" magnifies the potential **danger** in the situation.
 - *The danger to our esteem increases, because if we believe failure to be terrible, then it puts us more in danger of feeling embarrassed, or like we have let other people down if we do fail.*
- By demanding success from ourselves in such a rigid way, we create a situation where failure feels like we have broken a fundamental rule... So it is no surprise that destructive thinking can lead to difficult and unwanted emotions!

4.

Smart Thinking Strategy

- ▶ Remember that your emotional reactions to a challenging and stressful event is linked to your philosophy and beliefs.
- ▶ All you need to do to change how you react to challenges, is adjust what your beliefs are about the situation!
- ▶ There are 6 simple steps to Thinking Smart, that when used in the long term will help you to adjust your philosophy **permanently**, not just in the short-term. This will help to make sure than when you are faced with a challenge, you are able to think **constructively!**

5.



6.

Recognise!

- ▶ When you are facing a difficult performance situation and it is making you feel scared, sad, nervous or angry, ask yourself this question:

“What am I telling myself about this situation that is causing my unhelpful reaction?”

- ▶ This will help you to recognise what you think the situations **demands** are, and whether you are **awfulizing** them.
- ▶ It will also help you determine how high or low your **frustration tolerance** is, or if you are being **self-critical** or **critical towards others**



7.

Recognise!

- ▶ A rugby player has been unfairly penalised by the referee for swearing at the opposition after they were kicked in a dodgy tackle.
- ▶ The player's philosophy is: ***“everyone must play fairly, I can't stand it when people are unfair.”***
- ▶ This means that when the bad call is made against them by the referee, it goes against their fundamental rule of fairness.
- ▶ This makes the player feel angry and frustrated, which could even lead to further poor decision making and being sent off, **increasing the risk of failure!**



8.

Evidence?

- ▶ Once you have **recognised** the specific problems or unhelpful responses your philosophy may be causing, you can move on to **challenging** it by looking for **evidence**.
- ▶ Ask yourself questions that challenge your philosophy, e.g. **“Where is the evidence that it would be terrible if I failed?”**
- ▶ A useful way to search for evidence is to think about a time where you have experienced failure, or been treated unfairly. If you have a philosophy such as “I must succeed” or “I must not fail”, then being able to reflect on past failures is already evidence that you have experienced failure before and been able to survive/thrive/cope.
- ▶ Therefore, it is very easy to find evidence that proves your philosophy wrong, and much harder to find evidence that proves it right.

9.

Logic?

- ▶ What are the things that you absolutely **must have** in the world that are absolutely essential?
 - Food, water, air, sleep.....?

Compared to our **essentials** list, things like success, achieving goals and even being treated with respect seem more like luxuries rather than a need.

So **logically**, using the word ‘must’ can’t apply to things like success, otherwise when things are difficult or unfair or stressful we just would not be able to cope with it and would never get on with our lives again... Which doesn’t reflect reality!

10.

Practicality?

- ▶ Once we have **recognised** our philosophy, searched critically for **evidence** and applied **logic**, we need ask ourselves how **practical** sticking to our rigid philosophy will be in the long-term. A good way to do this is to ask yourself:

“Where is this philosophy that I have actually getting me?”

- ▶ Think back to the angry rugby player, who believed that everyone should be treated fairly, and they couldn't stand it when they were treated unfairly. Their frustration at the situation caused an aggressive response, which increased the risk of further poor decision making or negative referee action.
- ▶ In reality, the referee may have made a mistake, but it is ultimately their judgement call. The player's response was **unhelpful**, so they were more likely to accidentally cause a negative effect on their own performance!
- ▶ It is important to recognise that when we are experiencing negative emotions, that we **recognise** it's because of our philosophy and not the situation itself. Once we understand that, we are able to evaluate what sticking to our rigid philosophy means in the long-term much more clearly.

11.

Practicality?

- ▶ Emotions like anger, fear and depression are **unhelpful** and **unhealthy** because they can lead to us making **unhelpful actions** that cause more damage in the long-term.
- ▶ However, when we are facing challenging, stressful, unfair or frustrating situations, it is completely normal to feel nervous, frustrated or sad!
- ▶ Smarter Thinking isn't about trying to replace our negative emotional responses with only positive ones (e.g. trying to turn depression into happiness)
- ▶ Instead it's about being able to react to these situations in a way that will be **constructive** in the long-term.

12.

Situation	Philosophy	Emotion	Behaviour
Cup final football game	Unhealthy and Rigid	Anxiety	Withdraws mentally and physically, doesn't communicate with teammates, difficulty concentrating on what they need to do
	Healthy and Realistic	Nerves	Focuses on viewing the situation as a challenge not a threat, reflects on what they need to focus on and commits to taking constructive action
Unfair punishment made by referee	Unhealthy and Rigid	Uncontrolled Anger	Aggressively attacks other players (physically or verbally), loses control over skills and emotions, loss of focus
	Healthy and Realistic	Controlled Anger	Asserts self confidently without being aggressive, asks that other people play respectfully
Feeling let down after a loss	Unhealthy and Rigid	Depression	Isolates away from other people, tries to get rid of their feelings in self-destructive ways, battles internally with their emotions
	Healthy and Realistic	Sadness	Expresses their emotions with other people they trust, looks to other people for support, reflects on mistakes and plans ahead for the future

13.

Replace!

- ▶ Smart Thinking needs to be challenged, in the same way that we challenge destructive thinking. We have to be able to find evidence for our new philosophy and make sure it is logical and practical in the long term.

Flexible Preferences

Anti-Awfulizing

High Frustration Tolerance

Acceptance

14.

Commit!

- ▶ The more often you practice Smart Thinking, the more likely you are to think **constructively** the next time you face a challenging situation.
- ▶ This means that you are **more likely** to behave in a constructive way, giving you a greater chance at **success!**
- ▶ Make sure that you get into the habit of **reflecting** on difficult, challenging, stressful or emotional experiences in your sport. When we have several reflections to look back on, it becomes easier to spot patterns in our triggers, behaviour and responses.

15.

Commit!

We can reinforce our Smart Thinking over time using a few different strategies:

1. Self-Talk

After we have gone through the Smart Thinking process and changed our destructive philosophy to a **constructive** one, we can take our new philosophy and use it as positive self-talk in situations that we find triggering.

For example, if we had a philosophy of “I must be treated fairly by others or else I cannot cope”, through Smart Thinking we can change this to “I would like to be treated with respect by others, but I know this won’t always happen and I can cope with unfairness.”

When we come up against a situation in which we are being treated unfairly, we can use it as a cue to remind ourselves that we can cope, rather than letting the situation cause us to spiral out of control.

16.

Commit!

2. Facing our Fears

We can put ourselves in situations where we are able to (safely) confront our fears in order to prove that even when things go wrong, we are able to manage and move on.

For example, if a player feels anxious about failing in front of their coach, they are probably able to recognise that logically and practically, their anxiety is irrational. Even if they do fail, their coach isn't going to punish or hurt them physically or mentally. However, in order to test out what might happen, the player could choose to really push themselves (to a point where they are risking failure) in a training session, and see what happens!

This will allow the player to be able to see that even though they don't want to fail in front of their coach and it might make them feel a bit nervous, when they do fail they have evidence that shows it isn't the end of the world and their coach responds supportively.

17.

Reflection Time

Write a reflection on a past experience you had where you experienced **destructive thinking**. Make sure you note down exactly what the situation was, what events had led up to it and who was involved.

Identify what your philosophy or beliefs were during the situation

Were they rigid or flexible? What influenced you to think like that?

What actions did you take?

How did you physically and mentally respond to the situation? Did you perform as well as you could have? Were you able to cope with the demands of the situation? What were the consequences of your actions?

Were your emotions logical and practical?

Did they help you in the short and long-term? Have you used the same philosophy and response since or have you changed it?

What can you learn for next time?

Is there a new or upcoming challenge that you are working towards? How are you going to change your philosophy and test it to make sure that it's smart? What kinds of actions do you want to see from yourself as a result?

18.

Appendix 12: Thinking Strategy group worksheet

Thinking Strategy	C/D?	Evidence?	Short-term (0 – 10)	Long-term (0 – 10)
1. Worrying about your problems				
2. Blaming other people				
3. Saying positive statements in your head or out loud				
4. Picturing how much better the future will be				
5. Analysing your situation and trying to work out why your problem has happened				
6. Reminding yourself that the bad times will pass				
7. Blaming yourself and giving yourself a hard time				
8. Trying to ignore any bad thoughts and replace them with positive ones				
9. Constructive problem solving				
10. Dwelling on the past and thinking about what went wrong				
11. Making to-do lists				
12. Analysing yourself and thinking about why you are the way you are				
13. Trying to challenge your negative thoughts so that you can prove them wrong				
14. Judging or criticising yourself				
15. Repeating inspirational sayings or quotes to yourself				
16. Telling yourself to get over it or move on				
17. Replaying things in your mind to try and work out what went wrong				
18. Trying to distract yourself				
19. Smart Thinking Strategy				

Appendix 13: Athlete Feedback Forms

(Please leave name/age blank if you wish to remain anonymous)

Name _____ Age _____

Autumn Term Teaching Programme Feedback

Please write about your experience of this term’s topics covered in the spaces below.

All feedback is welcome, positive and negative!

One-on-One/Small Group Intervention Sessions

If you saw me during one-on-one or small individual group sessions, please use this space to write about what you found the most helpful, and what you might like to talk about together in future sessions.

SMART Goal Setting

0

Not useful at all

1

A bit useful

2

Quite useful

3

Very useful

What did you like best?

Maps for Success and Performance Philosophies

0

Not useful at all

1

A bit useful

2

Quite useful

3

Very useful

What did you like best?

Destructive vs. Constructive Thinking

0	1	2	3
Not useful at all	A bit useful	Quite useful	Very useful

What did you like best?

Reflective Diaries

0	1	2	3
Not useful at all	A bit useful	Quite useful	Very useful

What did you like best?

Performance Strategy Portfolios

0	1	2	3
Not useful at all	A bit useful	Quite useful	Very useful

What did you like best?

Use the back of this sheet to write any other questions, comments or bits of feedback you have about what you have learned in your sports psychology sessions (classroom and one-on-one) this year.

TEACHING DIARY

I am quite fortunate that since the age of 16 and throughout my working life, I have gained 'teaching' experience in a variety of roles. In 2010 aged 18, I completed two internationally accredited British Association of Ski and Snowboard Instructors (BASI) qualifications, and emigrated (alone) to teach snow-sports in Austria; going on to earn over a decade of experience in snow-sports instruction and race coaching. In fact, it was my own experiences both as a former semi-elite alpine ski racer and ski instructor/coach that first piqued my interest in sport and exercise psychology and seeking further training. I was therefore more familiar with teaching and dissemination upon beginning the Liverpool John Moores University (LJMU) Professional Doctorate, than some of my less-experienced peers. However, I was mindful to not allow a sense of over-confidence to develop; regardless of similarities, there are big and obvious differences between lecturing undergraduate students in complex psychological concepts, and teaching German five year olds how to snowplough.

This teaching diary contains some of my most pertinent reflections on teaching/dissemination experiences throughout my doctoral training; exploring their relevance to my professional and personal development as a trainee practitioner. They recount experiences in my employment at a Scottish high school, including and outwith the teaching semester that is the subject of my Teaching Case Study (see: pages 287–349), as a guest lecturer at Stirling University, as a free-lance academic tutor and as a ski instructor.

January 2018: A new 'New Beginning'

What?

This is my first week back teaching on the High Performance Sport Development Programme (HPSDP) at the high school after the Christmas holidays. It's my second teaching semester, but I've also just started the Professional Doctorate at LJMU. So although it's not a true 'new beginning' (because I've already been at the school since August) it still feels like the start of something new – a new 'new beginning', where instead of being entirely independent and unsure what to do, I'll now have access to a supervisor, peer group and library. I'm feeling particularly hopeful about how accessing peer support through my cohort might alleviate some of the uncertainty and imposter syndrome (Clance & Imes, 1978) I've experienced since beginning in my role at the school; peer supervision is noted in the literature as a positive strategy to confront imposter-syndrome related tensions (Cope-Watson & Betts, 2010). I feel like I'm now at a stage where I have to 'work backwards' somewhat – evaluating what I did last semester, unsupervised, compared to what I can deliver now, as a Professional Doctorate student and trainee Sport and Exercise Psychologist.

So What?

I've had a few teaching sessions at LJMU now, and whilst I thought I was quite knowledgeable at first, it definitely seems like I have things to catch up on compared to a few of my peers. Some in my cohort have been LJMU students since their undergraduate or masters degrees, and are already familiar with concepts such as 'professional philosophies' (Keegan, 2015) that underpin their consultancy and teaching work. It struck me during one of these sessions, how much I'd been relying on gut instinct in my role at the school so far. In my first teaching term, outside of the initial introductory sessions I'd relied entirely on my manager, the head of sport (HoS) to lead the needs analysis. I followed his advice with regards to planning for and delivering psychoeducational sessions, and deciding on teaching topics. At times, it's felt like I'm just 'winging it' and hoping that the students and my manager like what I'm doing, even if I'm not entirely sure exactly why I'm doing it.

Now What?

Based upon Keegan's (2010; 2015) guide, my practitioner philosophy appears to fit best within construalism, with elements of certainism where appropriate. I typically see each client as a new opportunity, letting them take the lead in telling their own story and then building a unique theory and intervention based on their individual needs. I therefore typically adopt a client-led, counselling-based approach to consultancy (Keegan, 2010). However, if I look back on the work I did at the school last teaching semester, it now seems clear to me that my delivery style was extremely practitioner-led, relying a lot on lecturing and placing myself as the 'expert in the room', delegating tasks and information to others (Grasha, 1994). My underpinning philosophy of practice during this time was more aligned with pragmatism, in so far as sticking to 'just doing what works'. Furthermore, there were elements of fallibilism behind both my content planning and service-delivery decisions; I was (possibly overly) anxious and self-critical of my early attempts at psychoeducation and consultancy.

Moving forward, I will seek to embed more of my construalist philosophy within my work at the school. I've established a good base level of rapport with both my manager and student athletes, and I think that they would get more out of the psychoeducational sessions if they felt they were driving the process. I hope, that through encouraging them to individually apply and evaluating the effect of their learning on their sport performance and wellbeing, that they will experience my teaching sessions as meaningful in applied sport settings, and not just another classroom-based lesson that they don't think they'll ever have use for.

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May 2018: Fears about Feedback

What?

I've been asked by my manager at the high school to provide some written feedback related to the Sports Psychology module on the HPSDP. This feedback will be given to the parents/guardians of HPSDP student athletes at an upcoming parents' evening. I'm feeling quite nervous; I think the experience of combining getting to grips with teaching in my first professional role as a trainee, and starting the Professional Doctorate has created a 'Dunning-Kruger' effect (Kruger & Dunning, 1999). The more I've learned about sport and exercise psychology, the more I realise I don't know and the less confident I feel in my ability to disseminate its meanings and techniques effectively to others. (Schlösser et al., 2013). I'm worried that neither my students, nor their parents, will care for what I have to say, instead viewing me as not sufficiently educated or experienced enough to make such judgements.

So What?

Returning to the literature has highlighted that both imposter syndrome (Clance & Imes, 1978) and the Dunning-Kruger effect are common amongst practitioners within sport (Sullivan et al., 2018) and psychology (Jones & Thompson, 2017). Furthermore, experiencing such phenomena is not a guarantee of ineffective or harmful practice; rather, over-estimation of professional abilities can result in less effective practice (Sullivan et al., 2018). I recognise how important feedback is as a learning tool (Ahea et al., 2016) and therefore I am highly motivated to produce well-received reports that outline what sport psychology-related teaching and consultancy student athletes have received to date, where I believe they have been successful, and where improvements may need to be made. Parents' evening should not be a nightmare (Cooper, 1999), and I am keen to overcome my feelings of professional inadequacy and produce effective, honest written feedback for all my students.

Now What?

Supervisors play an important role in reducing imposter syndrome, and trainee psychologists' perceived need to overcompensate through misplaced striving for perfectionism (Jones & Thompson, 2017). Therefore I think it's important to discuss my anxieties with my supervisor. Furthermore, after engaging in some related personal-reflection, I've decided that I will also include an action plan (see: Gibbs, 1988) for athletes within their written feedback. This will help to ensure that they view what I've written as constructive and future-focused, which I hope will reduce the risk of athletes or parents becoming overly focused on any feedback they perceive as critical.

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May 2018: 'From MSc to Trainee' – Reflecting on a recently started journey

What?

A peer from my Masters cohort invited me to return to Stirling University and give a guest lecture to current MSc students; on my journey so far post-MSc. He and I are the only two from our cohort to have sought further applied training and qualifications – he is currently completing his PhD/QSEP Stage Two, and I started the LJMU Professional Doctorate a few months ago. Because of this, he's keen for me (over our other masters colleagues) to 'come back' to Stirling and share my experiences regarding searching for and securing further applied and academic opportunities.

So What?

When my peer first invited me to give the guest lecture, I was at first very flattered. I experienced pride, thinking that my ability to successfully apply for and enrol on a Professional Doctorate was sufficiently noteworthy to warrant a guest lectureship spot over others. Over time however, I began to over-analyse my feelings, transforming them into self-doubt and self-competence anxieties (Braslow et al., 2012). The same fears repeated themselves in my mind, namely why should students, only a year or two younger than I, be interested in my opinions or experiences? Furthermore, what authority do I have (as a trainee less than six months into my doctoral training journey) that would encourage students to engage with my lecture? I felt like I was still in the midst of 'figuring things out' myself, and therefore not in a position to dictate to others my suggestions as to what their professional focus could, or should be, post-MSc.

Now What?

I contacted my peer (via text message) and briefly outlined my anxiety. He immediately put me at ease, stressing that he too experiences imposter syndrome returning to work in the same university we ourselves recently graduated from. I had planned to share some of my early successes and challenges throughout my training journey to date in a 'question and answer' style session entitled '*From MSc to trainee*', as this was a delivery style in which I feel most comfortable. Furthermore, I believed that providing current MSc students with a space to ask questions of a more experienced peer, without judgement, and receive honest answers, is something I would have appreciated when I myself was at that development stage a year previously. Nevertheless, I was concerned that openly discussing challenges (i.e. difficulties in finding and securing placements independently, independent/lone working, experiencing imposter syndrome) might 'put off' any MSc students considering further training. However, the first few years of training see many trainees' motivations for becoming sport psychology practitioners evolve and change (Tod et al., 2009), and my peer assured me that both he and the students would prefer an honest 'warts and all' telling of my experiences, than a 'sugar-coated' version. Honesty is a core ethical competence for teachers and instructors (Borhani et al., 2010) and is one of my professional values, therefore I will endeavour to keep it at the heart of the lecture's planning and delivery.

References

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September 2018: New term, new approach

What?

I've just finished the first week of the new HPSDP teaching term, in my second year at the school. I took some time today to think back to how I'd felt in August 2017, compared to today.

So What?

I started teaching in 2017 only a few weeks after I got the job, so I didn't have time to do much of a formal intake/needs analysis/formulation process before teaching began – nor did I have the knowledge or vocabulary to describe these processes at the time either. This summer, I collaborated with the HoS (who discussed with other coaches) on this teaching semester's lesson plan; allowing for a much more client-led approach to practice, and more in-line with my (generally) construalist philosophical leanings (Keegan, 2015). Together, we considered what had been perceived by students as un/successful and un/helpful the year prior, factoring this into our discussions informing what psychological needs and mental skills training should be of current focus.

Some of the students will be returning for this year's programme. Having spent the last 12 months getting to know them, I'm already significantly more knowledgeable as to how they like to relate, learn and develop as athletes and students. I feel my delivery of applied sport psychology interventions and psychoeducation has improved with time, and through supervisory support and reflective practice (Cropley et al., 2007). Furthermore, I felt more self-aware of my core professional values and beliefs, and more confident in my ability to 'live them out' in my work (Chandler et al., 2016).

Now What?

I can already tell there may be some challenges this year, particularly with regards to the observed lack of discipline/increased misbehaviour in athletes from the current HPSDP cohort compared to last year's (possibly exacerbated by the reduced average age). Despite this however, I feel more confident in my planned teaching and consultancy work at the school as a result of it now being more aligned with my practice philosophy and approach. Formalising psychoeducation through practitioner-led workshops, combined with establishing client/student-led pastoral support and intervention through self-referred one-on-one sessions embodies both my certainist and construalist philosophical principles. My renewed sense of professional-self and identified values will help me solve pedagogical-dilemmas more effectively (Toompalu et al., 2016) and be of benefit to my professional development and achievement (Powell, 2009). Improving my sense of congruence has deepened my belief in the potential effectiveness of my work, and I feel a greater sense of professional satisfaction in my role.

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February 2019: A Successful Assessment – The 3i's (Information, Ideas & Insights) Teaching Course

What?

I have just passed the assessed component to the LJMU 3i's teacher training course; we were required to deliver a ten-minute microteaching session on a chosen subject, with clear learning outcomes, taught components and experiential learning activities. I was assessed by my peers and the course organiser, receiving very positive feedback, such as: *"She is a born teacher, she radiates such a positive energy."* *"I think her teaching session went really well, as it was interactive and thought provoking. Laura was really engaged, it was fun and we also learned something."* and *"She was highly passionate and involved in her subject. She was really 'active', always in movement and having eye contact with her audience."*

So What?

This was my first experience of formal assessment of my teaching, within a higher education/university setting. It was therefore, very reassuring and affirming to receive such positive comments within my feedback that spoke to both my teaching style and ability to effectively deliver content. As a person who engages frequently in work and research related to equality and diversity and inclusion, I was particularly happy to see that it had been noted in my feedback that my session had been perceived by varied learners as highly accessible. I communicated clearly, provided clear demonstrations of learning activities and modified my communication style and experiential learning tasks to suit learners with varied needs. Through embodying inclusive principles within my microteaching session, I was able to 'bring everyone on the same journey' (Collins et al., 2018) by creating 'reasonable adjustments' to suit all learners. I feel my feedback suggests I embodied the 3i's recommendations of what makes a good teacher; demonstrating ability in taking control and examining my fears, preparing myself, knowing my reasons for talking and speaking with confidence (Turner, 2019).

Now What?

I plan on taking the skills and knowledge I have gained on the 3i's course, including relevant pedagogical theory such as Bloom's taxonomy (1956), Kolb's learning cycle (1984) and Honey and Mumford's (1986) learning styles into my current and future teaching roles and opportunities. I am motivated to include academic teaching and research within my future career post-doctorate, either full or part-time. Therefore, I will continue to seek opportunities that will allow me to gain further experience of teaching and lecturing in higher education.

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April 2019: Life as a ski instructor – Using Sport Psychology in a non-academic teaching role

What?

I've been spending the majority of the past month working in Italy as a ski instructor. I have worked (on and off) in different ski schools across Austria, Switzerland and Italy, for varying lengths of time (whole season, month(s), 'peak weeks' etc.) since 2011, but these are my first weeks teaching since starting my Professional Doctorate studies in January 2018. Broadly speaking, teaching involves the acquiring of novel skills and knowledge; in this sense teaching sport psychology and snow-sports are no different (Anderson et al., 2020). This past month has been a great opportunity to put the skills I have acquired during my training into practice; using my knowledge of pedagogy, teaching and training, applied sport and exercise psychology practice and mental health/wellbeing support, in a non-academic teaching role.

So What?

LeMaster (2009) states the importance of underpinning pedagogy in ski instruction, noting the requirement of a working knowledge of physics and biomechanics, the ability to apply such knowledge to ski technique and motor skills training, and effectively communicate these concepts to others, in order to coach skiing successfully. There are two typical methods of ski instruction: "command style"; practitioner-led, using uni-directional direct instruction and motor skill repetition, and "guided discovery"; student-led, in which engaging in exercise leads to discovery and adjustments based upon previous experiences, resulting in learning (Bogdan, 2012).

Whilst I typically use both approaches, I noticed this month that I initially tend to lean more heavily on "command style" with novice learners, particularly those entirely new to skiing. Though my main motivation for use of command style is to promote safety and accelerate early motor skill learning (through repeated demonstration and practice), it lies in opposition to my significantly more client-led, holistic approach to my sport and exercise psychology practice. Furthermore, guided discovery ski instruction can produce comparable learning in novice learners (Bogdan, 2012). The pedagogical knowledge I now have as a result of my doctoral training gives me a new appreciation for the benefits and limitations of both strategies. Furthermore, I have a clearer understanding as to *when, how* and *why* I should use them so as to coach most effectively.

Now What?

Anderson (2020) notes that snowboard instructors (I teach both skiing and snowboarding) are proven innovators, encouraged to disrupt pedagogical boundaries, an observation that mirrors my own experiences. I am hoping to incorporate more frequent use of a guided-discovery teaching style for the remainder of my time at the ski school, seeking to teach my clients 'senses' over intellect, and aim to change situations, rather than my students (CSIA, 2000). I will continue to engage in active reflection during my time here, so that I may in turn apply the lessons I have learned as a ski instructor, to my continued practice as a trainee psychologist upon my return.

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August 2019: Cliques in the Class

What?

This is my first week back at the high school, delivering psychoeducational sessions to HPSDP athletes as well as one-to-one and small group intervention work. It's my biggest student athlete teaching cohort to date; I could see up to 18 (or more) student athletes a week. I have around 14 of them just in my Tuesday morning teaching session. Teaching large groups doesn't particularly faze me; however this average age (approx 14 years) of athletes in this year's cohort is again younger than in previous years, and there are nearly twice as many boys as girls. I've had to raise my voice, ask for quiet and use disciplinary measures more this week alone, than I did for the majority of last year. My main issue is in the pre-established, clearly evident cliques that appear to exist amongst the athletes, and how this is interacting with my ability to maintain control of the class and deliver my teaching effectively.

So What?

The student athletes in this year's cohort are all already known to each other; they're close in age, many play on the same school sports teams and some had pre-established close personal friendships with one another before joining the HPSDP. There are three clear cliques evident in the classroom on Tuesday mornings; the girls (N=5), the younger boys (N=4) and the older boys (N=5) – with the older boys being only one school year ahead. The girls are generally the best behaved; completing work quickly and quietly, and authentically engaging in group tasks/discussions. The younger boys are particularly 'rowdy'; often laughing/whispering amongst themselves, playing with their phones etc. Some of the older boys who have been in the HPSDP for a few years will on occasion adopt an authoritative, 'disciplinarian' role and shout at the younger boys; however this is somewhat hypocritical as they are also prone to disruptive outbursts, and more importantly discipline is my responsibility as the 'teacher' in the room. Whilst cliques can facilitate positivity (e.g. through shared interests) I am concerned about their potential negative effect (e.g. division, poor team cohesion, isolation) on the HPSDP cohort as a whole, and the environment within the classroom (Linde, 2017).

At first, I tried splitting up the groups, encouraging athletes to sit with different people each session and 'get to know' someone new. I had hoped that by separating the friendship groups, the more disruptive students may be less distracted, and that some of the girls' improved attentional focus might 'rub off' on them. However, I noticed that the girls' productivity went down (several later expressed to me in private that they found the sessions less enjoyable when 'forced' to work with the boys) as they were distracted by the boys' behaviour. Furthermore, the individuals who had been separated from one another continued to disrupt – at a greater volume than before, so as to be heard by their friends in different groups on the other side of the room.

Now What?

If I were a PAYE staff member, fully employed by the school, I would have additional disciplinary powers (e.g. detention). However, I'm a self-employed, contracted worker, and as such I have no power to use such measures. The HoS of course has these powers, but my own secondary school experiences (in an extremely rough comprehensive in an economically deprived area) have given me the perception that when students perceive teachers as not being able to independently control their class (and instead rely on support from more senior colleagues), they continue to lose respect for them, and the disruptive behaviour may consequently worsen. Respect is earned in student-teacher relationships (Goodman, 2009), and I am keen that my actions be seen as respectful and respect-worthy by my students. Furthermore, if I am not respected in my 'teaching' role when delivering psychoeducational workshops, this could damage my therapeutic alliance with students in pastoral sessions, potentially resulting in them withdrawing from engagement (Everall & Paulson, 2002). I am mindful that I do not wish to resort to a more practitioner-led approach to practice, in an effort to compensate for a minority of students' disruptive behaviour, as this would be incongruent with my philosophy and planned future sessions.

Moving forward, I will raise this privately with the HoS next week, and seek his guidance on how he might handle the situation, as well as re-establish what the limits of my disciplinary powers are. It is my belief that whilst I might prefer students to 'break out' of their pre-established cliques, the fundamental aim of these Tuesday sessions is in the delivery and learning of psychoeducation, not improving student athlete relatedness (though this is of course something I also strive for). Therefore, if deliberate mixing of pre-established cliques continues to negatively affect some students' ability to work as normal and/or the classroom environment, I will no longer use this strategy. As an alternative, I could attempt to facilitate increased autonomy in student athletes, encouraging them to be responsible for their own behaviour, whilst considering the needs of the group.

Follow-Up:

Since writing the above reflection and after discussion with the HoS, I determined that my priority within these sessions was in the teaching of psychological materials, not engaging in relationship-focused interventions. Thus, I did not interfere with students' chosen seating/group learning preferences in the classroom, affirming their choice of social clique. As a consequence, I observed a reduction in disruptions and the volume of work produced in-session increased. This suggests that in this instance, using a 'hands off' strategy worked to my advantage.

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October 2019: A dip in enthusiasm

What?

I moved house earlier this year (late summer), only a few weeks before starting back at the school for the new autumn term. I'm currently still living in a pile of boxes, having not really had time to fully unpack yet. I now live in Glasgow, which is over 80 miles away from the school. My boss arranged it so that I work longer hours on fewer days, which I am grateful for, but I now have a significantly longer (and more complicated) commute. Whereas previously (when I lived in the same town as the school) my commute was never usually longer than 15 minutes, even in rush-hour traffic, Glasgow is cross-coastal. In order to make my 9AM Tuesday morning teaching session, I typically have to leave the house by 06:30AM. Many of my students are also awake and at school early on Tuesday mornings (before our 9AM session) for an HPSDP strength and conditioning session. As such, I have noticed that many of them are visibly tired in the psychoeducational workshops and not engaging with the teaching material as much as I'd like.

So What?

Sleep plays a critical role in learning during adolescence, as the biological need for sleep increases during maturation (Mitru et al., 2002). When a person is sleep-deprived, their ability to communicate, process and retain novel information may be diminished (Mitru et al., 2002). Tiredness is associated with burnout and emotional exhaustion in teachers (Koruklu et al., 2012), lack of sleep also negatively impacts memory and abstract/complex task performance (Kopasz et al., 2010). Tiredness is cited as a motivating factor behind undergraduate student non-attendance of teaching sessions (Sloan et al., 2019) and chronic lack of sleep during adolescence is associated with poor sports performance and greater risk of injury (Gao et al., 2019). I have some more complex teaching content planned for later in the semester, and I am concerned that both my own and my students' tiredness could impact effective learning.

Now What?

Sleep hygiene practices are a predictor of sleep quality amongst adolescents (LeBourgeois et al., 2005); I can only make suggestions on students' sleep hygiene practices, such as reducing screen-time (Hale et al., 2019) as I have no direct parental contact. I will however, ask my manager (HoS) to raise the importance of good sleep hygiene practices and related sleep quality with HPSDP parents at the earliest opportunity. I will also evaluate and improve my own sleep hygiene; with particular focus on achieving good sleep quality the days before early morning commutes.

It has come to my attention that some students don't have time to eat breakfast before their early morning fitness session, so I will (somewhat unconventionally compared to other teachers at the school) allow them to eat a healthy snack within the first five minutes of our workshops as we make introductions and 'settle in'. When adolescents eat healthy food, they report improvements to their wellbeing, experience positive physical sensations and greater energy production (O'Dea, 2003). Finally, a common challenge mindfulness practitioners face is falling asleep during guided meditation (Birtwell et al., 2019). Therefore I will avoid engaging the students in guided mindfulness practice during these early morning sessions, instead focusing on including fun 'warm up' exercises at times of fatigue and reduced concentration, to better ensure engagement.

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November 2019: Imposter Syndrome strikes

What?

I recently took on a new tutee; I've been providing private (free-lance) academic tutoring since 2017 in English, Psychology, German, Physical Education, Research Skills and French, as a means to supplement my income. To date, the majority of my tutoring work has been for students in primary and secondary (including college/sixth-form) education, with the occasional undergraduate student. However my new tutee is also studying for a Professional Doctorate (in Health Psychology). She speaks English as a second language (ESL) and has therefore requested help with academic writing skills, rather than taught content; regardless I am still experiencing the greatest amount of imposter syndrome (Clance & Imes, 1978) in my tutoring/teaching career to date.

So What?

Imposter syndrome, or feeling like a 'fraud' is not uncommon amongst tutors in their interactions with tutees (Dixon et al., 2021). However, I suspect my feelings are heightened as I feel somewhat wrongly placed to offer to tutor an individual who would otherwise be my academic peer. I considered at length if it was appropriate for me to provide tutoring given our shared status of Professional Doctorate students, but decided to accept the offer after seeking peer supervision. My peers helped me to identify that I was in fact appropriately placed to act as her tutor, because the support my tutee was requesting related to directly to her ESL and academic writing skills (typically experienced as more challenging by ESL students – see: Paltridge et al., 2009) and not providing tutoring related to the content of her health psychology teaching/research. In this regard, as a native-English speaker with over two years' experience as an academic tutor, a growing publication and conference presentation portfolio, I was comparatively more experienced and thus sufficiently skilful/knowledgeable as to offer tutoring.

Now What?

After reviewing some of the imposter syndrome literature, I found suggestions it may be more prevalently experienced amongst young women (Ivie & Ephraim, 2009; Freeman & Peisah, 2021), often co-existing with anxiety, depression and low self-esteem (Bravata et al., 2020). I am self-aware of my susceptibility to self-criticism as a result of my perfectionist tendencies, and their association with increased experiences of imposter syndrome (Holden et al., 2021). Furthermore, I am mindful of my vulnerability to experience mental health distress as a result of my lived experiences of trauma. Because of this, I want to ensure that I clarify what supportive resources and networks I have available to me, so that I can tutor more effectively.

The literature suggests coping strategies for combating imposter syndrome, including avoiding defining one's work through successes/failures and seeking social support (Abdelaal, 2020; Gardner, 2019). Moving forward, I will endeavour to continue to seek out emotional support (through family and friends) and academic support (through supervision with LJMU staff and peers), and redefine my imposter syndrome story from one of success/failure to instead a narrative of reflection and resilience (Morris et al., 2021). I will also make sure to 'practice what I preach', placing myself as my own client and making sure to 'cognitively defuse' (Harris, 2011) from my feelings of imposter syndrome when they arise, so as to reduce their influence on my work, self-confidence and psychological wellbeing.

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May 2020: An abrupt ending

What?

In March, the COVID-19 pandemic and related UK-wide lockdown restrictions brought a sudden end to my ability to teach in-person at the school. There had already been significant disruption during January and February, as a result of the snow, storms and other poor weather making commuting impossible, as such I have only been able to teach a handful of psychoeducational sessions this year so far. I am able to continue one-on-one pastoral sessions with a minority of individual athletes using Zoom, but it is looking increasingly unlikely that my workshop/teaching sessions will be able to continue next year, even using online platforms to deliver them remotely.

So What?

Since March, students have already spending considerable hours on Zoom/Microsoft Teams each day, as a result of the school closures during lockdown. Fatigue associated with time spent on video conferencing software has been coined 'Zoom burnout' in response to its spike in use as a result of the pandemic (Samara & Monzon, 2021). I am loath to have to include measuring for Zoom exhaustion (Fauville et al., 2021) as part of my ongoing teaching, if only because I myself am quite exhausted by Zoom. Transitioning to Zoom has been a challenge for physical educators throughout the pandemic (Johnson et al., 2021), with 'YouTube PE lessons' being one recommendation as to how they might adapt (Phillips, 2020). A core component of the majority of my psychoeducational sessions was in engaging the students in experiential learning tasks, often requiring physical movement; this would be very difficult for students to replicate on camera, in their bedrooms.

Now What?

I think, with regret, that my role at the school might be coming to an abrupt end, without sufficient mechanisms to engage in proper end-of-consultancy processes. I hadn't planned to leave so suddenly, though on reflection it had been feeling increasingly difficult to consider continuing to work there indefinitely since moving cross-country last year. Consequently, whilst in this moment I feel a bit sad and defeated that after nearly three years' of employment it's all over this quickly, I also feel able to accept my current circumstances and be open to new experiences. Both psychological and physical wellbeing may be negatively impacted during periods of unemployment (McKee-Ryan et al., 2005), and I (like many others) am already feeling a bit 'out of sorts' as a result of the pandemic! Adopting a problem-solving approach to coping with job loss is associated with greater motivation and higher quality reemployment (Caplan et al., 1989), so I will endeavour to use a similar strategy.

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May 2021: Stirling University Guest Lecturer – the Sequel

What?

I was re-invited by my contact at Stirling University to contribute two guest lectures (online, pre-recorded) as part of their MSc Psychology of Sport dissertation research module; *'Planning and writing a psychology dissertation – Turning research into academic writing'* and *'Writing a dissertation introduction – Evaluating literature and introducing your study'* (see Appendices 1 & 2). This presents me with an opportunity to reflect on my lecturing journey, three years on from my first guest lecture at Stirling University in 2018.

So What?

My contact at Stirling University gave me excellent feedback on my submitted lectures, stating he was extremely grateful for the evident hard work and time I had dedicated to the task. Although I often still experience bouts of imposter syndrome to this day, when I reflect on my teaching and dissemination journey throughout my doctorate training, it is evident how far I have come. Compared to my first lecture (an informal question and answer session, with no PowerPoint presentation slides), I now regularly produce competent and comprehensive lecture slides that are underpinned by theory, with clear learning outcomes and relevant accompanying teaching seminar tasks. Over the last four years of training, I have gained varied experience in dissemination and teaching. I have facilitated workshops and engaged in dissemination through research and applied practice presentations at national academic conferences and other professional events. I have presented my work to groups of peers on several occasions, including cohorts on the professional doctorate and at Scottish Network meetings. I also worked for some months in 2019 – 2020 as a post-graduate teaching assistant at LJMU: gaining experience in academic marking and designing a bespoke one hour lecture on Gender Inequality within sport (though unfortunately due to a short stay in hospital after a personal illness I was unable to deliver this). These experiences, as well as the training I had received on the 3i's, have greatly improved my self-confidence and my observable teaching ability.

Now What?

Self-confidence is a key influence of teaching strategies in lecturers, with experience playing a key role in teachers' perception of their skills and knowledge (Sadler, 2013). Engaging in collaborative mentorship as a junior lecturer is associated with positive pedagogical shifts and innovative tutor development (Underhill et al., 2014). Therefore, in order to promote ongoing increased confidence in my teaching and dissemination skills, amidst a time of significantly reduced paid employment (as a consequence of the COVID-19 pandemic), I will seek out contacts I know currently working in academia and explore mentorship possibilities. This could also open up future opportunities for further guest lectures, with the most hopeful outcome being the possibility of one day finding secure, paid work in academia.

References

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These collected teaching and training reflections paint a picture of my most pertinent teaching and dissemination experiences across my doctoral training journey. They encompass a variety of teaching and training environments, both formal and informal. Through them, I have evidenced how my skills as an educator and disseminator developed over the course of my training. My reflections speak to my awareness as to how my experiences and linked reflective practice has informed my professional and personal development as a trainee practitioner, within a diverse range of teaching and educational roles.

Appendix

Appendix 1: PowerPoint Lecture Slides; 'Planning and writing a psychology dissertation – Turning research into academic writing'

Planning and Writing a Dissertation

TURNING RESEARCH INTO
ACADEMIC WRITING



UNIVERSITY OF
STIRLING



1.

What is a dissertation?

- Dissertations ≠ Essays
- Empirical research project
- Data collection (your own data, existing data set, systematic review/meta-analysis)
- Demonstrate understanding of:
 - Subject matter
 - Scholarly method
- Provides a **novel** contribution to field – the “So what?” factor

2.

Types of research project

QUALITATIVE	QUANTITATIVE
In-depth capture of experiences, emotions, opinions	Seeks to investigate relationships (cause/effect, correlations) between variables and behaviour
Description > Explanation	Results compared against experimental hypothesis
Linguistic Data: Interviews, focus groups, observations etc.	Numerical Data: Lab studies, questionnaires etc.

3.

Formatting a Dissertation

- Quality > Quantity
- Journal Guidelines for Authors & Module Handbook
- Referencing Styles and Guidelines:

LIBRARY E-RESOURCES

<https://libguides.stir.ac.uk/Referencing>

APA 7

<https://libguides.wintec.ac.nz/APA/current>

https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html

HARVARD

<https://www.mendeley.com/guides/harvard-citation-guide>

4.

Working with your Supervisor

- Formulate a **novel** research question
- Submit research proposal/ethics form
- Use a **supervision log** to track feedback, progress and agreed actions and deadlines:

Supervision log: To be completed after each meeting

Meeting date:		
Issues discussed	Advice from supervisor	Action(s) to be taken
Signature of student:		Signature of supervisor:
Next meeting date:		Issues to discuss at next meeting:

5.

Academic Writing Skills

PLANNING FOR LENGTH

- Word limit estimates (total & per section)
- Introduction ≈ Discussion
- What is the best way to display your data?
 - In-text
 - Quotes
 - Tables
 - Figures/Diagrams



6.

Academic Writing Skills

PLANNING FOR CONTENT

- **Scientific Dissertation Subdivisions:**
Title, Authors, Acknowledgements, Contents Page, Abstract, Introduction, Methods, Results, Discussion, References List, Appendix and Supplementary Materials
- **Telling a coherent 'Research Story':**
Theories and arguments drawn upon in Introduction should relate to critical analysis within discussion – storytelling 'flow'

7.

PLANNING FOR CONTENT

ABSTRACT	(Elevator pitch) "What did I do and discover?"
INTRODUCTION	"What is the research question, and why is it interesting/relevant?"
MATERIALS & METHODOLOGY	"What did I do to discover the answer?" "How will I understand the data I collect?"
RESULTS	"What did I find out?"
DISCUSSION	"Why is this discovery meaningful? In relation to hypotheses and literature?"
REFERENCES LIST	"Whose work have I referred to?"
APPENDICES	"What evidence/documents are needed to support my writing?"

8.

Academic Writing Skills

<https://www.stir.ac.uk/about/professional-services/information-services-and-library/current-students-and-staff/researchers/writing-and-research/>

The screenshot shows two panels from the University of Stirling website. The left panel, titled 'Researching', lists various resources for researchers, including generic research skills, getting started guides, search techniques, subject-specific guides, keeping up-to-date, research ethics, cited reference searching, specialist resources, online surveys, and tools for scholarly communication. The right panel, titled 'Managing your references', lists resources for writing references, EndNote software, Refworks guides, and other reference management software.

9.

Planning your Dissertation

SWOT Analysis

- Strengths, Weaknesses, Opportunities and Threats
- Identify areas in which you will need most/least support and supervision
- Reduce likelihood of experiencing difficulties/failure
- Work to predict (and eliminate) obstacles before they become issues

10.

SWOT Analysis

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1) I already have a research area I am interested in, and have done some background reading. 2) I have a good, trusting relationship with my supervisor. 	<ol style="list-style-type: none"> 1) My time-keeping and organisational skills could be improved. 2) I don't know how to use referencing software such as EndNote
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1) I can email the librarian to book an appointment to get help using EndNote 2) My supervisor can help me with participant recruitment at the football club 	<ol style="list-style-type: none"> 1) If I can't collect my data in a timely manner, I won't have enough time to meet my write-up deadlines, so I will need a back-up plan for analysis 2) If I don't schedule in writing days to my calendar, I might get too busy to meet my deadlines. I have to be strict with my study time!

11.

Planning your Dissertation

- Include a **Timeline**: Checklist, Calendar, Gantt Chart etc.

Date	Activity	Tick
Term 1: Week 1	Book appointment with supervisor Deadline: Jan 20th	✓
Weeks 2 – 3	Mind-map key words for literature searching Deadline: Feb 15th	✓
Weeks 3 – 4	Complete literature search and fill in literature searching table with information on each paper Deadline: March 3rd	✓
Week 4	Decide on research question Deadline: March 7th	
Week 5	Discuss plans and methodology with supervisor Deadline: March 12th	
Week 6 – 7	Draft ethics form and submit for feedback Deadline:	
Week 8 – 10 (Includes term-break)	Submit final draft ethics form and complete first draft of Literature Review Deadline:	
Week 11 – 12	Submit Literature review for feedback and complete final draft Deadline:	
Week 13....	Start Data collection....	

*Make sure to set yourself deadlines and add these to the table in **bold** – then add the other tasks that you need to complete before, and in between, each deadline. This might include completing a draft ethics application, completing draft chapters (literature review, methodology, etc) or practical tasks such as collecting data. We've added a few suggestions to start you off.

12.

Planning your Dissertation

Work schedule – Gantt chart

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Identify research area	█							
Formulate research questions		█						
Formulate research strategy, research design and select methods			█					
Write research proposal			█					
Negotiate access				█				
Literature review				█	█			
Data collection					█	█		
Data analysis						█	█	
Write first draft							█	
Write second draft								█
Write final draft								█
Dissertation due								█

26

13.

Tasks to Complete


1. Complete a SWOT Analysis of your upcoming dissertation-writing journey using the template provided. Consider all the key academic writing and research skills you will need when designing and conducting your study, and to plan, write and submit your research project.
2. Create a dissertation plan that includes a **timeline**. This doesn't need to be 'set in stone' but should include some predicted deadlines for completing tasks, as suggested in the lecture.

Your timeline can be a dated checklist, chart/graph (e.g. Gantt chart), mapped onto a calendar/diary, or an equivalent of your choosing. Consider your own unique learning needs to choose the most appropriate plan (or plans) for your project!

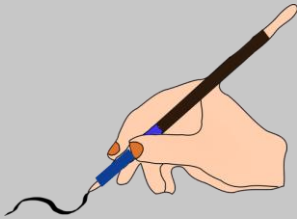
14.

Writing a Dissertation Introduction

EVALUATING LITERATURE AND INTRODUCING YOUR STUDY



UNIVERSITY OF STIRLING



1.

Writing an Introduction

WHAT IS THE PURPOSE OF AN INTRODUCTION?

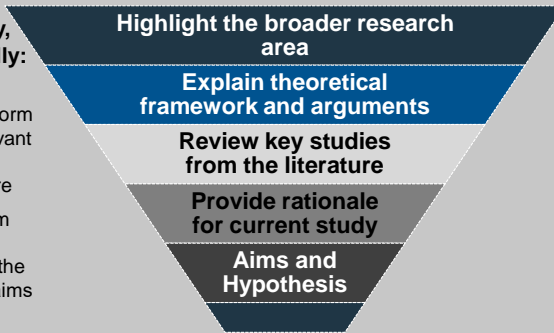
- **“Setting the Scene”**
What story are you trying to tell?
- **Evaluating the Literature**
What do we already know?
- **Justifying your Interest**
Why is the research area important?
- **Providing a Rationale**
What’s novel about your study that is worth exploring?
- **So What?**
Why should your paper matter to your reader?

2.

The Funnel Structure

Begin broadly, end specifically:

- Theoretical framework(s) inform inclusion of relevant previous studies from the literature
- Key findings from the Literature Review informs the current study's aims and hypothesis



3.

Getting Started....

- **Opening Paragraph:** Provides a very general overview of the research topic, and defines any relevant terms or participant groups
- **First Sentence:** Introduce your reader to what your paper is about

"I'm a hurler... Basically just a hurler": a mixed methods study of the athletic identity of elite Irish Gaelic Athletic Association dual career athletes

Geary, Campbell, Kitching & Houghton (2021)

The GAA is the national governing body for the indigenous sports of hurling and Gaelic football in Ireland and represents the largest voluntary sporting organisation in the world. Elite GAA inter-county athletes represent their clubs at county level (32 in Ireland) in provincial (4 provinces) and national competitions which culminate in All-Ireland finals in both sports each year in the national stadium Croke Park.

What?	Defines key terms and abbreviations (GAA)
Who?	Outlines sports (hurling, GF) and participant group
Where?	Relevant geographical/location info

<https://www.tandfonline.com/doi/full/10.1080/1612197X.2021.1919742?src>

4.

Getting Started....

Development and preliminary validation of the Sport Situation Attentional Questionnaire

Mastagli, Hainaut, Van Hoye & Bolmont (2021)

The ability to be attentive has been widely regarded as a major prerequisite in motor learning, whether in a sport or an educational context where physical activities are taught. However, sport participants can experience difficulties in turning their attention on a sport situation. Less is known on how to optimise attention during a sport situation.

What?	Places attention within key area of motor learning
Who?	Introduces sport participants as relevant group
So What?	Outlines gap in research area

<https://www.tandfonline.com/doi/full/10.1080/1612197X.2021.1919741?src>

5.

Theoretical Frameworks

"Theories are formulated to explain, predict, and understand phenomena and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions. The theoretical framework is the structure that can hold or support a theory of a research study. The theoretical framework introduces and describes the theory that explains why the research problem under study exists."

"The Meaning of Theory" (Abend, 2008).

- **Theoretical Framework:** The 'lens' you look through to explore your research question
- Made up of concepts (and their definitions), arguments and ideas pulled from the research area
- Concepts are supported by previous findings from psychological literature
- Most relevant results inform the rationale and research question for your current study
- Must demonstrate an understanding of theories and concepts that are specifically relevant to your own research topic, but also relate to the wider areas of knowledge in the research area being considered

Abend, G. (2013). The meaning of theory: sociological theory.

6.

Theoretical Frameworks

- Theoretical Frameworks limit the scope of relevant data by defining the specific perspective (lens) that the researcher will take during analysis and their interpretation of results.
- When trying to develop your Theoretical Framework, consider the two following questions:
 - What exactly is the research question aiming to discover?
 - What exactly is my approach to answering the question, and for what reasons can I justify this?
- Reviewing the previous literature and identifying the gaps in the knowledge base will help inform your theoretical assumptions.

7.

Reviewing the Literature

- Aim to provide a well-rounded, balanced summary of the previous research that is related to your topic.
- Organise the Literature Review by **relevance of topic**: Begin with studies more broadly connected to your study, following a logical progression to those more specifically and closely related to your own.
- The review has two main purposes:
 - To **describe** and **compare** studies within a specific research area (SUMMARY)
 - To **evaluate** these studies, and **reflect** on how they have informed your own research question and study aims (SYNTHESIS)



8.

Academic Reading Skills

- UoS Library Catalogues: <https://portal.stir.ac.uk/library/search.jsp>
- Searching Databases (EBSCO): https://www.youtube.com/watch?v=D8Z21viFPDQ&ab_c hannel=UniversityofStirlingLibraryandIT
- Evaluating Sources: The CRAAP Test (Blakeslee, 2004) <https://youtu.be/M1-aMCJHFg>
- Search techniques: 'AND', 'OR'
- Google Chrome: LibKey Nomad Extension



Blakeslee, S. (2004). The CRAAP test. *Loex Quarterly*, 31(3), 4.

9.

Academic Reading Skills

The CRAAP Test
(Blakeslee, 2004)



- Currency
- Relevance
- Authority
- Accuracy
- Purpose

Currency: How timely is the research?

1. When was the study/resource published?
2. Are there any recent revisions, or has any new information within the research area come to light?
3. How important is the age of the material you're referencing? Are there more recent papers that support key historical studies?

10.

Academic Reading Skills

Relevance: How important is the information to your study?

1. How does the information relate to your own research question and study aims?
2. Have you considered alternative or contradictory theories and papers?
3. Are you comfortable citing the source as reputable, and including it within your references?

Authority: How reliable is the information's source?

1. Who is the author/source/publisher?
2. How trustworthy is the source? Is it peer-reviewed?
3. What are the risks related to researcher/author bias?
4. Has the study been funded, supported or lobbied by anyone (individuals and organisations)?

11.

Academic Reading Skills

Accuracy: How reliable is the information itself?

- 1 Are the results and arguments supported by appropriate evidence and theory?
- 2 Does the paper cite other valid and relevant references throughout?
- 3 Is the study's method reliable? Would it be easily replicated?
- 4 Does the language and tone used appear balanced, non-biased and not containing errors (spelling, grammatical etc.)

Purpose: Why does the information exist?

- 1 What is the aim of the resource? E.g. To inform, argue, teach, persuade, narrate, sell, advise, entertain etc.
- 2 Is the resource's purpose made clear within the introduction, and remain consistent throughout?
- 3 Are the key findings and conclusions of the research testable?
- 4 Has the study made note of its own strengths and limitations, and provided any guidance for future research?

12.

Academic Reading Skills

- **Comparison Table:** Effective summary of relevant papers

Full Reference	Research question(s) and Aims	Research Design, Methodology and Variables	Participant Information	Key Findings from Results and Discussion	Criticisms and Limitations
Zhang, Y., Zhang, H., Ma, X., & Di, Q. (2020). Mental health problems during the COVID-19 pandemics and the mitigation effects of exercise: a longitudinal study of college students in China. <i>International journal of environmental research and public health</i> , 17(10), 3722.	Research question: What impact has COVID-19 had on mental health? Aim: To assess the adverse impact of the COVID-19 outbreak on Chinese college students' mental health, understand the underlying mechanisms, and explore feasible mitigation strategies.	Longitudinal surveys measuring demographic data and Mental Health Indicators: 1) physical activity, 2) quality of sleep and 3) aggressiveness IV: Effects of COVID-19 pandemic DV: Mental Health Indicators	66 Chinese college students	COVID-19 death count had a direct negative impact on sleep quality and reduced aggressiveness. It had an indirect negative impact on stress and anxiety, which was mediated by sleep quality.	Sample size was not large enough to generalise to wider population. Participants were exclusively Chinese college students so might not reflect people of different ages, nationalities or educational levels.

13.

Providing a Rationale

- How does your current study address a gap in the literature, based upon what you already know from the studies you've reviewed?
- Does it answer a research question that remains as of yet unknown?
- Does it overcome a limitation of previous research?
- Does it explore a phenomenon within a new population?
- Does it provide an up-to-date replication of a previous study, to examine if its results are still relevant to today?

14.

Stating your Aims and Hypothesis

- Your Introduction's final paragraph should be a clear and concise outline of exactly what you plan to investigate and a prediction of results:

Quantitative Research: Focused aims/research question and testable experimental hypothesis that examines the relationship between variables

Qualitative Research: More general aims/research question that prioritise increasing the depth of understanding about participants' experiences

- Include a broad overview of the proposed means of testing your hypothesis (methods and analysis)

15.

Tasks to Complete

Task 1

- Watch the UoS Library video guide on how to search effectively using EBSCO databases:
https://www.youtube.com/watch?v=D8Z21viFPDQ&ab_channel=UniversityofStirlingLibraryandIT
- Carry out some practice searches using the 'AND' and 'OR' functions in a research area of your choosing. Keep a record of your findings, and write a brief (<500 words) reflection on the searching process:
 - What information were you searching for?
 - Which databases and journals did you access and why?
 - How easy/hard did you find the process?
 - How did watching the video make your academic reading and evaluation skills more effective?

16.

Tasks to Complete

Task 2

- Using the CRAAP Test, identify at least three papers relevant to a research topic of your choosing.
- Summarise and critically evaluate the papers, using the Comparison Table template provided.
- Make sure to state if they would be considered relevant enough to include within an introduction, and justify your reason(s) for their inclusion/disqualification.

17.

SYSTEMATIC REVIEW

Challenges Accessing Physical Activity from a Transgender Perspective: A Systematic Review

Abstract

The gender diverse community face numerous barriers that make physical activity difficult to access meaning they are less physically active than their cisgender counterparts, compounding existing health and wellbeing inequalities experience by this group. The current study conducted a systematic review of sporadic literature relating to trans, non-binary and intersex people experience of physical activity with the aim of understanding how individuals negotiate and experience physical activity environments. Systematic searching of 8 databases and screening highlighted 30 academic papers for review. Narrative synthesis of the experiences of trans, non-binary and intersex individuals formed a three-layer model of influence. The first layer encapsulated the systemic and systemic influences such as transphobia and trans moral panic. The second layer included external influences such as others behaviour, gendered spaces and exclusionary policies. The third layer was made up of internal influences such as internalised transphobia and gender concealment. The focus on fitting gender non-conforming individuals into a binary system through gendered spaces, pressures to switch teams and provide 'proof' of gender conformity sets a dangerous precedent of the physical activity space as an unwelcoming and unsafe place for those who do not conform to the gender binary. If there is every a hope to address the health inequalities faced by the trans, non-binary and intersex community, the focus must move away from conformity and the debate of 'fairness' towards true inclusion and creating an environment where gender minorities can feel safe to engage with physical activity.

Key words: Transgender, Non-binary, physical activity, inclusion, barriers

Introduction

It is well established in the current body of literature that physical activity is good for health, reducing premature mortality as well as providing primary and secondary prevention of numerous chronic medical conditions (Warburton & Bredin, 2017). Even small amounts of physical activity have been shown to lower the risk of mental health issues in adults (Teychenne et al., 2020) and a scoping review demonstrated that physical activity interventions of varying intensities reduced anxiety and depressive symptoms in young people (Pascoe et al., 2020). A burgeoning body of literature supports the use of physical activity as a treatment for common mental health issues (Kvam, Kleppe, Nordhus, & Hovland, 2016; McNally, 2020; Stathopoulou, Powers, Berry, Smits, & Otto, 2006). Guidelines produced by the World Health Organisation (World Health Organisation, 2020) and the National Institute for Health and Care Excellence (National Institute for Health and Care Excellence, 2009, 2013) recommend the implementation of physical activity as a standard treatment for common mental health issues in adults and children. Yet, certain minority groups face a variety of challenges and barriers when accessing healthcare and leisure facilities in the UK (Hossain & Khan, 2020; Ige-Elegbede, Pilkington, Gray, & Powell, 2019). The disparity and inequality of experience faced by minority groups can be explained by the 'Minority Stress' model (Meyer, 2015); the additional stresses imposed upon minority groups due to marginalisation, oppression and discrimination. One specific group facing barriers to access to physical activity is the lesbian, gay, bisexual, transgender queer and intersex (LGBTQI+) ⁴ population (Gorczynski & Brittain, 2016). This paper utilises '+' to refer to the encompassing of all sexuality and gender identities existing beyond the named LGBTQI, when using this abbreviation. Additionally, this paper is focused on self-identified gender identity, and whilst mentioning biological sex in relation to the ambiguity relating to intersex individuals, biological sex is not the focus.

The 2017 report *'LGBT in Britain - Hate Crime and Discrimination'* produced by Stonewall highlighted through YouGov polling of over 5000 LGBT individuals that the discrimination and abuse experienced by the community extends significantly beyond violent attacks and hate speech (Bachmann, 2017). Many LGBTQI+ people experience personal and systemic discrimination within health, education and public service settings, thus engaging in tasks essential for daily life may be experienced as disproportionately challenging. The LGBTQI+ community experience clear health disparities, such as higher rates of victimisation, mental health issues and substance abuse issues, as well as lower rates of routine check-ups and social support (Mollon, 2012). LGBTQI+ people are more likely to experience mental distress than the general population (Haas et al., 2010), with LGBTQI+ young people being recognised as a high risk group for mental health distress and suicidality (McDermott & Roen, 2016). Literature suggests that despite the increased risk, LGBTQI+ young people are less likely to seek help until reaching crisis point due to a cycle of normalising distress (Hughes, Rawlings, & McDermott, 2018). The potential protective and anti-depressive effects of physical activity on mental health could be of great benefit to the LGBTQI+ community.

⁴ LGBTQI+ and its synonyms (e.g. LGBT, LGBTQ, LGBTQIA+ etc.) is an ever-evolving acronym that seeks to act as an inclusive term representing all sexualities and genders. The letters 'LGB' refer to specific sexual identities of 'Lesbian', 'Gay' and 'Bisexual', the T for diverse gender identities existing within the 'Trans umbrella'. 'Q' stands for 'queer', a word that some within the LGBTQI+ community have reclaimed as a celebratory symbol of subverting social norms, and the 'I' represents intersex people. The '+' refers to both sexuality and gender identities existing within the community, but not named within the acronym.

However, recent research suggests the LGBTQI+ population is less active than the heterosexual population (Brittain & Dinger, 2017). The results of a health survey conducted by the National LGB&T Partnership (2015) found that 58% of LGBTQI+ people did not meet the minimum physical activity levels to maintain good health, compared to 41% in the general population.

There are a variety of different attitudes, barriers, and facilitators the LGBTQI+ population face when trying to access physical activity and sport, that could in turn have a negative effect on the individual's mental health. A study exploring the experiences of lesbian women highlighted barriers that contributed to lower activity levels, such as fearing ostracisation in changing facilities and the lack of recognition of same-sex families in family discounts (Brittain, Gyurcsik, & McElroy, 2008). A different study reported half of LGB (lesbian, gay and bisexual) participants felt discomfort about being in a gym environment and experienced pressure to look a certain way to justify their sexuality, creating both practical and social barriers around physical activity (VanKim, Porta, Eisenberg, Neumark-Sztainer, & Laska, 2016). A review of LGBTQI+ exercise literature highlighted LGBTQI+ friendly environments and peer-based facilitation as facilitators of physical activity in lesbian and bisexual women (Rizer, 2015). Despite the current literature being fragmented, it appears consistent that the LGBTQI+ community as a whole experience specific challenges that contribute to inactivity, that are not faced by heterosexual cisgender people⁵.

The body of literature relating to LGBTQ+ physical activity and health is limited, yet there is even less known about the specific needs of the trans population. 'Trans' is an umbrella term used to describe people whose gender identity does not align with the sex they were assigned at birth; this could be in the form of binary trans identities, such as trans man or trans woman, or non-binary trans identities, such as gender-neutral or gender-fluid. Trans, non-binary and gender non-conforming individuals experience actual and perceived resistance as a result of their increased visibility; referred to as 'trans moral panic'. The existence of trans people is often deemed incompatible with 'patriarchy', defined as structures, systems or societies in which male dominance is upheld. Patriarchy values masculinity at the expense of women and femininity, thus creating an oppressor/oppressed power structure. Patriarchal societies rely upon inhabitants performing expected gender roles, identifying non-conformity as deviant or immoral, and punishing those existing outside the binary (Becker, 1999; Hoskin, 2020). Gender diverse people as a collective, like women, are subjugated within patriarchal structures that uphold male-dominance and centre around masculinity (Hoskin, 2020). Despite their shared oppressed status, trans people may experience further ostracisation from some within the women's rights movement. Feminism as a political and philosophical movement demands criticism of gender (with regards to gender roles, stereotypes, and norms) as a means to subvert patriarchal demands. However, there exists a divide between 'trans-inclusive' and 'gender-critical' feminism, with some but not all factions of the latter increasingly associated with the term 'TERFs', Trans-exclusionary Radical Feminists. TERFs espouse a biological sex-essentialist form of feminism, believing the inclusion of trans individuals to be incompatible with the movement (Pearce, Erikainen, & Vincent, 2020). Notably however, the 'TERF' label may be experienced by

⁵Cisgender refers to individuals whose gender identity aligns with the biological sex they were assigned at birth

some as merely descriptive of a particular philosophical position, and by others as an offensive slur (Bettcher, 2017). Consequently, one recommendation is to apply caution using such terms when seeking to have productive conversations across deep differences, especially when otherwise showing commitment to policies of self-identification (Bettcher, 2017).

There is a small body of research that highlights the specific issues faced by trans people when trying to access healthcare. The lack of trans awareness and appropriate training for healthcare professionals, inaccessible gendered services, inappropriately gendered paperwork and fear of not being taken seriously were the most commonly reported issues for trans people when seeking healthcare (Guadalupe-Diaz, 2017; Pryor, 2019; Zwickl, 2019). Little is known about the specific issues faced by the trans community when accessing physical activity, nor the impacts of these experiences on their mental health. In the National LGB&T Partnership (2015) report, 64% of people who identified as gender diverse (gender identities other than cisgender male or cisgender female) were not physically active enough to maintain good health.

When considering the obstacles trans people must negotiate to access basic healthcare, and the difficulties the wider LGBTQI+ community faces when accessing physical activity, it can be suggested that using physical activity as a treatment for common mental health issues experienced by trans people may be much more complex than for heterosexual cisgender people. The current study aimed to bring together the disparate body of research on gender diverse people's (defined in this paper as people with binary trans, non-binary trans and intersex identities) experiences of physical activity and sport. By doing so, it aimed to contribute to the development of a better understanding of the reasons for high levels of inactivity, and what issues needed to be addressed to make physical activity a suitable intervention for common mental health conditions in gender diverse people.

Methods

This systematic review was conducted following the PRISMA guidelines (Page, 2020) with the study protocol published through PROSPERO (Reference: CRD42020219480).

Database searches

In November 2020 systematic searches were undertaken using the following literature databases: OvidMedline, PsycArticles, PsycINFO, Embase, AMED, Global Health, SportsDiscus, Scopus. Additional citation searching was conducted on all research papers selected for review. Seventeen search terms were used to define trans participants (Trans/trans*, Gender/gender*, transgender, transgendered person, transsexual, gender identity, sexual and gender minorities, gender dysphoria, non-binary (nonbinary, non binary), gender diverse, gender nonconforming, female to male transgender, male to female transgender, genderqueer, genderfluid, agender, intersex). Five search terms were used to identify physical activity literature (Physical activity/activit*, exercise, sport, athlete(s)/athlete*, fitness). Additionally, five transgender specific academic journals were hand searched using the same search terms (International Journal of Transgender Health, International Journal of Transgenderism, Transgender Studies Quarterly, Transgender Health, LGBT Health). Search terms, database and specific journals were selected through consultation with experienced researchers in the field of sport and gender, and in consultation with lay members of the trans community.

Inclusion and Exclusion Criteria

Articles identified during the search process were initially screened by reading the title and abstract to establish if the articles satisfied the inclusion criteria. Further full text screening was conducted for any articles that satisfied the inclusion criteria or where it was unclear from the title and abstract.

Table 1: Inclusion/Exclusion criteria

	Inclusion Criteria	Exclusion Criteria
Study Type	Any date Presenting original findings	Not available in English language Non-original findings e.g. reviews, editorials
Participants	Self-identified trans, non-binary, intersex or other gender identity outside the binary male/female Clear separated gender diverse sample (e.g. transgender/non-Binary/genderqueer)	Generic LGBTQI+ sample No clear gender outside cisgender
Physical Activity	Results reporting experiences of physical activity (past or present) Any type of physical activity or sport	No physical activity

Quality Assessment

The critical appraisal skills programme check-list was utilised to assess suitable quality of the studies considered for review (Armstrong-Moore, Haighton, Davinson, & Ling, 2018). As the number of studies identified within the relevant research area was small, low research quality was not used as a reason for exclusion.

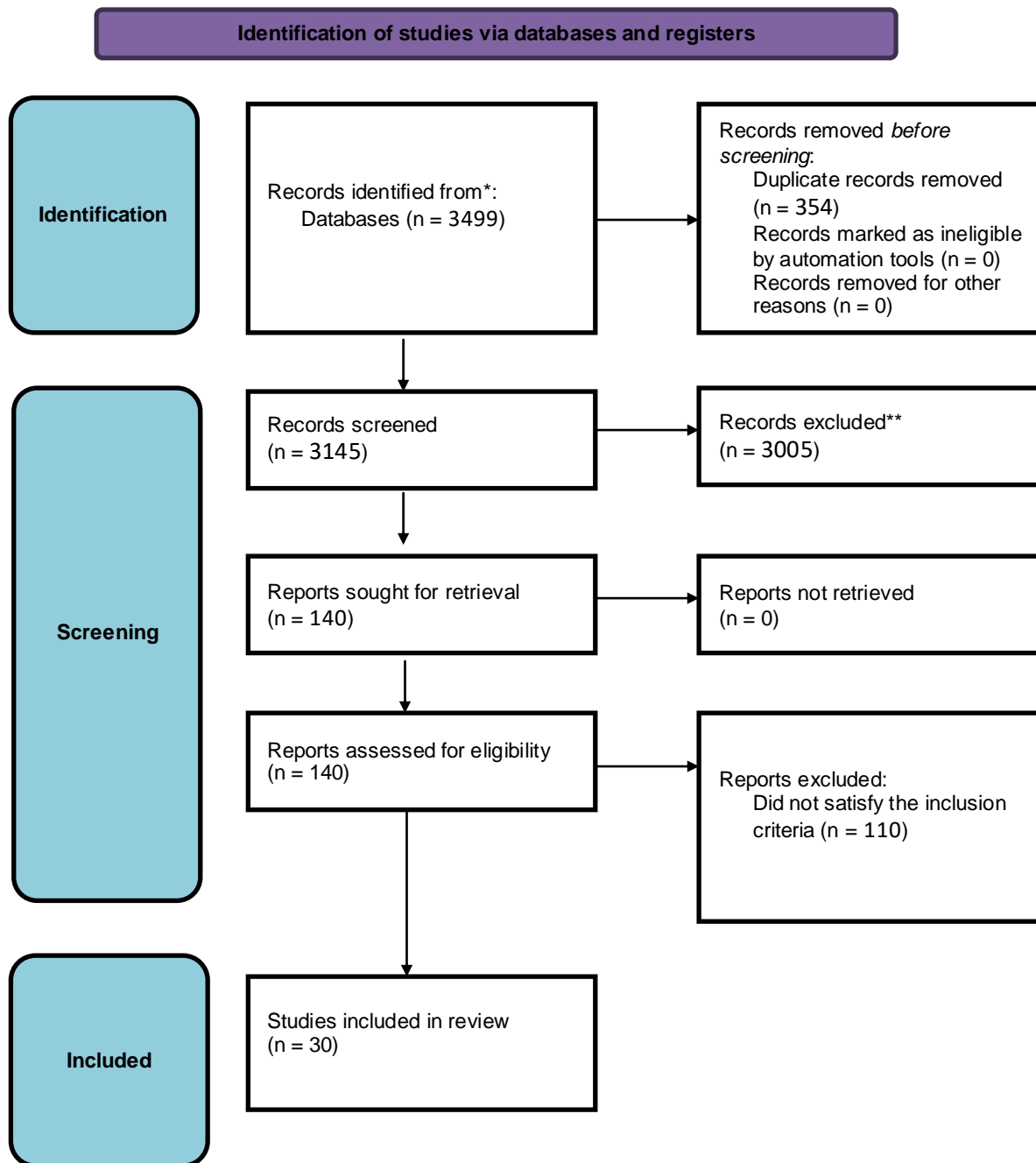
Data Extraction and Synthesis

Data from the articles was extracted and entered into an evidence table. The following information was extracted from each article: author/s, publication date, country, number of participants, participant/s gender identity, participant/s age, exercise type, methodological approach, and key findings. A variety of different methodological approaches and outcome measures were used, which made the extraction and analysis of quantitative numerical data impossible. Narrative synthesis was used to conduct this review, allowing for the analysis and coding of a variety of findings into common themes.

Results

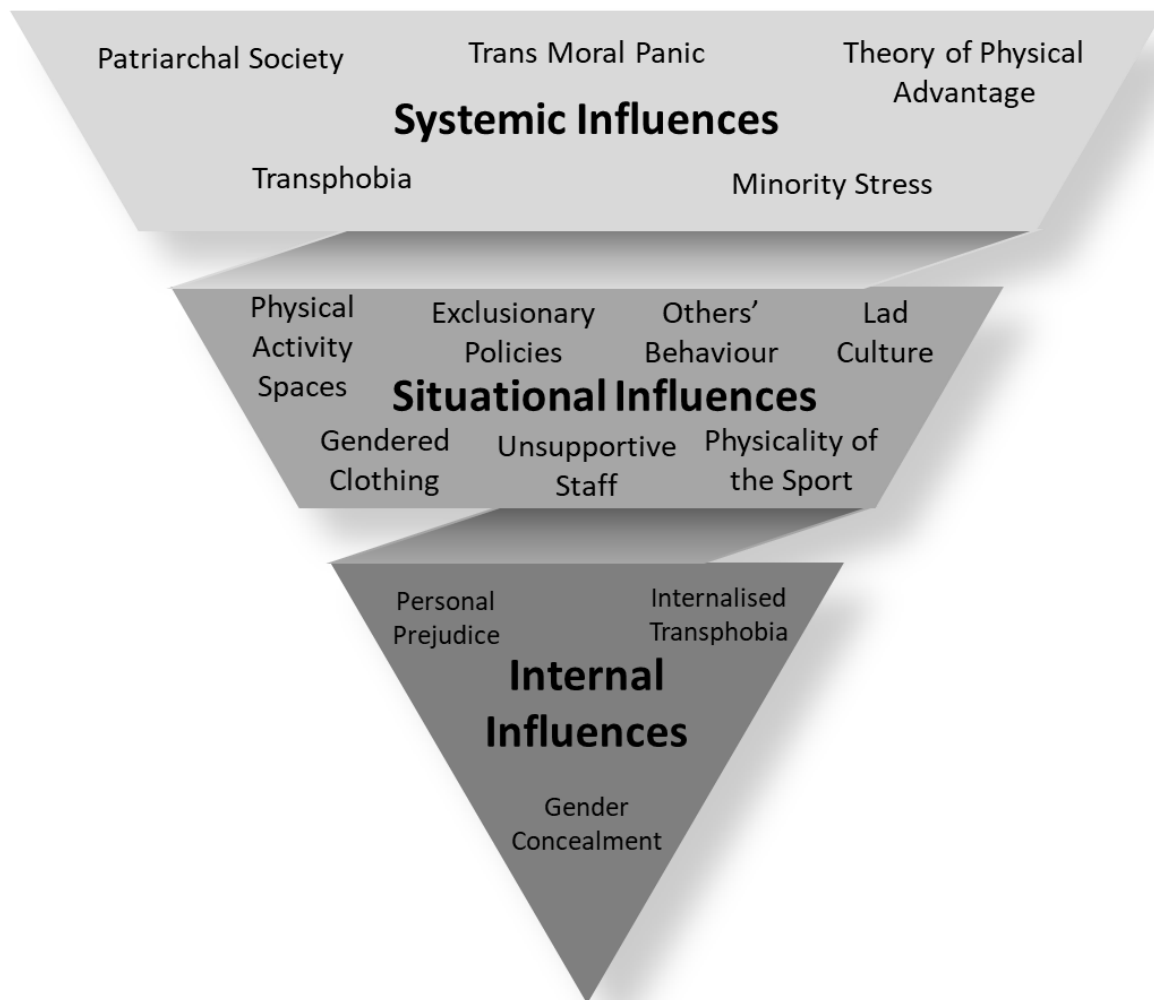
In November 2020, systematic searching of eight academic databases was undertaken to identify any academic papers reporting original empirical findings exploring the experiences of trans and non-binary people, in relation to physical activity. Fig. 1 illustrates the study's PRISMA flowchart. Initial searches identified 3499 papers; eligibility screening brought 30 papers forward to analysis. All papers were published between 2008 and 2020, papers prior to this were often outdated in their approach to transgender identities e.g., looking to cure or correct transgender individuals. The majority of the papers included were published in North America (N=18), followed by Europe (N=11) and Oceania (N=1), with the USA (N=13) and the UK (N=11) producing the majority of the publications. The publications covered a range of different physical activities, from elite sport, to recreational fitness and exercise and school physical education. Papers covered a variety of age ranges, with the majority of the papers focused on adult experiences, (N=18) those 18 years and over, with a smaller number focusing on youth experience (N=5) those under the age of 18 years. Finally, 11 papers focused on a wide range of different transgender identities, both binary and non-binary. The larger proportion of papers (N=17) focused on the experiences of people who identified as binary trans identities, focusing on individuals who have expressed the intention or began the journey of social and/or medical transition from one binary gender to another e.g., male to female. Only a smaller number of studies explore non-binary (N=1) and intersex (N=1) identities in isolation.

Fig. 1: PRISMA Flowchart.



Narrative synthesis was used to explore the publications and identify themes of discussion. Three clear layers of influence were identified that impacted on trans and non-binary people’s experiences and access to physical activity: systemic influences, situational influences, and internal influences (see figure 2). Systemic influences referred to wider theoretical concepts and societal oppressions that influenced the way trans and non-binary people experience all aspects of their life, including physical activity. Situational influences grouped all the external oppressions caused by specific situations, cultures or individuals that influenced the way trans and non-binary people experienced and engaged with physical activity. Finally, the third layer was internal influences which grouped all the personal beliefs and behaviors of trans and non-binary people that influenced the way they experienced physical activity.

Figure 2: Three layers of influence on trans and non-binary people's experiences of physical activity



The first layer of influence discovered in the current review findings encompasses the societal and systemic influences that shape the way an individual from the trans and non-binary community experience and interact the world. Transphobia, the dislike, or prejudice towards trans and non-binary people, can come in many forms beyond the direct discrimination and abuse that the term brings to mind. The misrepresentation of trans and non-binary people as a threat to the freedoms, rights, or safety of others, often accompanied by subsequent trans moral panic, is a common way of undermining the importance of recognising the trans experience. The social perception of trans and non-binary people as a threat was evident throughout the papers reviewed, which reported social marginalisation (Herrick, Rocchi, & Couture, 2020; Greenspan et al, 2019), misrepresentation (Elling-Machartzki, 2017) and direct physical and emotional abuse (Cunningham and Pickett, 2018; Krane, 2019; Hartmann-Hews, Menzel, & Braumuller, 2020), that resulted in gender diverse people self-excluding from everyday activities such as physical activity to protect themselves (Hargie, Mitchell, & Somerville, 2015). Minority stress theory was often used to frame the trans experience in physical activity and provide context for the unique experiences of social exclusion faced by the trans community. Whilst parallels can be drawn to other minority group experiences, the fluidity and ever-changing nature of gender identity and gender expression often invites criticism in a way that ethnicity, disability, and other identity markers do not (Hargie, Mitchell, & Somerville, 2015).

There was a clear discussion of the social stigma and victimisation related to transgender identities, sometimes known as trans moral panic. Several studies described participants experiencing discrimination and abuse at the hands of others under the guise of public safety, with gender non-conforming bodies framed as a threat to the safety of children and female only spaces (Erikainen et al, 2020; Elling-Machartzki, 2017). This links closely with the potential connections to patriarchal societal systems; demonstrated in sport by the sustaining cultural narratives of binary sex and gender which prioritises masculine males and feminine females as the ideal (Kauer & Krane, 2013). This is further illustrated by the apparent focus on the perceived unfair advantage of trans women, evident in the discrimination and abuse faced by some trans women, but much less concern about any perceived biological (e.g. increased testosterone) and/or sociocultural (e.g. comparatively greater funding, accessibility and promotion associated with male sport) advantages experienced by trans men (Cohen & Semerjian, 2008; Hartman-Tews, Menzel & Braumuller, 2020; Klein, Paule-Koba & Krane, 2019; Travers & Deri, 2011).

The second layer of influence contained the influences that were external to the individual and instead specific to certain situations, places, or experiences. Most notable was the way in which trans, non-binary and intersex people experience and negotiate changing spaces and toilets. Changing spaces and toilets were consistently mentioned as problematic, causing individuals to feel uncomfortable, unsafe and acting as a clear barrier to physical activity engagement (Caudwell, 2014; Greenspan, 2019). A study by Herrick and Duncan (2018, p. 329) details the experiences of Taylor, a 25-year-old white queer transwoman, who experienced extensive negative experiences when using female only spaces resulting in her feeling her only option is to use male spaces despite feeling unsafe, *“When I have to go through a space that is inherently unsafe for me, to do it. Because I’m technically, whatever that means ‘man’. So, I’d be using the male change room, which is not safe”*. Further, policies and procedures that focus on binary-gendered spaces and sports create an exclusionary environment in which those who identify outside the binary male/female are forced to ‘choose a side’ or ‘prove themselves’ through physical and medical testing that is embarrassing, stressful and even traumatic (Klein, Krane, & Paule-Koba, 2018; Hargie, Mitchell, & Somerville, 2015). The behaviour of others was consistently mentioned as a strong influence on trans, non-binary and intersex peoples’ engagement in physical activity, ranging from ignorance (Farber, 2017) and transphobic microaggressions (Devis-Devis et al., 2017) to overt abuse (Elling-Machartzki, 2017). This was most evident in the discussion of ‘lad culture’; the overt and sometimes toxic masculine environment seen in some men’s sporting environments (Erikainen et al., 2020; Phillips, 2009). Gendered clothing also presented a barrier for many trans, non-binary and intersex people to engage in physical activity. This was especially evident when considering the tight or revealing nature of exercise clothing such as swimwear. Many trans, non-binary and intersex people mentioned the impacts of wearing swimwear something that made aquatic sport inaccessible to them, with others mentioning having to compromise their sporting ability and comfort by wearing clothing that would making swimming difficult e.g. baggy t-shirts (Jones et al., 2017). Gendered clothing was also mentioned by young people in relation to school sports kit; Finn, a transman, explained that gendered sports kit was one of the reasons for disengaging with physical activity at school, *“I don’t understand the logic of wearing a skirt to play sport, it just doesn’t make any sense (laughs) I just don’t get it, I never will”* (Caudwell, 2014 p405). Negative experiences of physical activity in schools extended beyond the kit,

several studies detailed the inaction and invalidation many trans, non-binary and intersex young people faced at the hands of unsupportive teachers or coaches and how this often resulted in disengagement from physical activity in and out of school (Caudwell, 2014; Greenspan et al, 2019;Herrick, Rocchi, & Couture, 2020).Some experiences were profoundly damaging on the wellbeing of the individual, for example the experiences of Angela, a trans woman competing in women's ice hockey, *“Angela had faced a challenge by the league director of this men’s/co-ed league months earlier when it was demanded of her by the league director that she “drop her pants” to show her genitalia”*(Cohen & Semerjian, 2008 p147).

The final layer contained all the influences that were internal or personal to the individual; encapsulating the feelings of internalised prejudice and transphobia experienced by many trans individuals across the papers reviewed, e.g. *“For me, the biggest issue was self acceptance. I felt like I was cheating. I still sort of do a little bit. I didn’t feel like a male playing a female sport, but I felt like I wasn’t necessarily a normal woman. You know, and I guess I felt really challenged by my own personal femininity, and I felt like I was cheating because I had played guys sports for so long as a guy.”* (Cohen & Semerjian, 2008 p141). Additionally, some participants practiced gender concealing behaviour in an effort to fit in, or to feel they were closer to what they perceived as societal norms; *“Some of those who had used women-only facilities described practices of gendered self-editing to avoid harassment, including adjusting one’s gendered self-presentation via clothing and behaviour to ‘look like they belong.’”*(Erikainen et al, 2020). Body image, body dissatisfaction and dysphoria were common themes when relating to internal influences faced by trans, non-binary and intersex people when engaging in physical activity. For example, in Jones et al. (2017) participants discussed experiencing heightened awareness of body parts that were incongruent with their gender identity during running or jumping, resulting in feelings of discomfort or avoidance of physical activity. In Greenspan et al., (2019) participants explained being uncomfortable about being seen by others in the locker room.

Alternatively, some studies reported trans, non-binary and intersex people using physical activity as a way to gain acceptance and comfort with their body through body sculpting, muscle building and voice training (Cooney et al, 2016; Elling-Machartzki, 2017; Farber, 2017; Jones et al. 2017). This was particularly prevalent in trans men when discussing gaining a more masculine shape, e.g. *“Many interviewees attested that much advice on the message board revolved around building a strong upper body. Interviews and online discourses also demonstrated that many transgender men involved in fitness aimed to build a large chest but faced difficulties in terms of binding, top surgery and chest dysphoria.”* (Farber, 2017 p259)

Discussion

The findings of the current review bring to light the ever-present societal oppression of minority groups, in this case gender diverse people. There is a level of consistency in the experiences across the studies reviewed, describing experiences of marginalisation, discrimination and hostility experienced by trans, non-binary and intersex people when engaging in physical activity. To understand the experiences of gender diverse people when engaging in physical activity it is important to understand the wider landscape of oppression that has framed this community's experiences. The legacy of legislation such as section 28 of the Local Government Act, which prohibited the promotion of homosexuality by local authorities between 1988 and 2000, has been catastrophic for the knowledge and understanding around sexual and gender identities outside of heterosexual and cisgender. Without the opportunity to learn about gender diversity, generations of people in the UK have little to no knowledge of the experiences of gender diverse people. This is likely to have contributed to attitudes of ignorance, fear and even hostility that may not have existed if the wider society was given the opportunity to see and humanise gender diverse individuals. Further legislative attacks on the rights of gender diverse people, such as the shelving of plans to reform the gender recognition act designed to give legal recognition to people with non-binary identities (Government Equalities Office, 2020), all add to the challenges faced by gender diverse people, when negotiating all aspects of life. Within a western societal context, the focus on a restrictive binary system, oppressive and exclusionary legislation and policy, and the lack of knowledge and understanding of gender diversity have all coalesced to create an incredibly challenging environment for gender diverse individuals to live their everyday lives.

Sport has traditionally been dominated by men. Labelled a 'male preserve' by Nancy Theberge (1985). This dominance has been exemplified firstly by higher rates of participation among men than women, particularly within organised sport, and secondly by the lack of female leaders in sport administration and organisation; positions which have historically been held almost exclusively by men (Theberge, 1985). Male privilege can be felt within sport at a sociocultural level, and gender confirmative policies support patriarchal systems that centre masculinity and men and are oppressive to cisgender women, femininity and gender diverse individuals. Cisgender people whose appearance, gender expression, sexuality or choice of sport subverts the norm may also experience discrimination in sport and exercise environments, as a result of not meeting patriarchal standards. Cisgender women are historically underprivileged and their safe spaces (including women's sport) hard-won and poorly resourced. Thus, a gender-critical approach may suggest that the request to widen the inclusivity of previously sex-segregated spaces can be felt as a concession of hard-fought ground won from men, the true holders of power. However, Travers and Deri's (2010) exploration of athletes' attitudes to radically inclusive policies within US Lesbian softball leagues demonstrates how widening accessibility within sport and exercise is often welcomed. Athletes of all genders who experience oppression under patriarchal systems described positive aspects to the inclusivity of their league. In contrast, gender conforming policies of inclusion tend to reify, rather than challenge the sex binary (Cavanagh & Sykes, 2006) and are therefore not considerate of, nor applicable to non-binary or intersex people.

The literature reviewed in this study highlights the number of challenges to accessing physical activity for gender diverse people that are caused by conformity to the gender binary in sport and physical activity systems and spaces (e.g., exclusionary policies, gendered clothing, and problems with changing facilities). The majority of policies that have sought to address gender diverse inclusion within sport and physical activity have focused on how they ‘fit’ or ‘do not fit’ within these binary systems and spaces. These policies often use inclusion/exclusion criteria that specify the stage of medical transition at which someone may be eligible to take part in men’s or women’s sport (e.g., International Olympic Committee (IOC), 2015). As demonstrated by the results of this systematic review, this notion of determining how to best ‘fit’ gender diverse people into binary systems and spaces raises a number of tensions for many gender diverse people trying to access physical activity. Perhaps most noticeably, this approach to inclusion ignores and excludes non-binary people and others whose gender identity lies outside of the gender binary. However, it also raises tensions for trans women and trans men who do not desire medical transition, or whose transition pathway does not align with the requirements of the policy. In essence, this attempt to ‘fit’ gender diverse people into binary, cisgenderist (see Peel & Newman, 2020, for a detailed explanation of cisgenderism) categories promotes a detrimental ‘one size fits all’ approach to gender diverse identities, imposing a universal set of assumptions to all gender diverse people which are used to determine who is included or excluded from sport and physical activity opportunities. These assumptions serve to reinforce the idea of ‘fitting’ trans people into one normative narrative, rather than celebrating difference.

An alternative approach to making sport and physical activity inclusive of gender diverse people is to look towards a total re-envisioning of how people are categorised in sport and physical activity systems and spaces, rather than continuing to try to ‘fit’ gender diversity into two rigidly defined categories of female and male. Examples of this in the context of competitive sport include various performance-related categorisations that have been suggested as alternatives to the sex-segregation that currently dominates mainstream sport (e.g., Harper, 2017; Kerr and Obel, 2017; Shin, 2017). See Newman and Witcomb (in press) for further discussion of non-sex-segregated competitive sport. Sex-segregated activities in physical activity settings do exist (e.g., women-only gyms or exercise classes), but are less common than in competitive sport, which is nearly always sex-segregated. Therefore, the re-envisioning of these systems and spaces has been less of a focus in gender diversity inclusion.

Whilst there are less sex-segregated activities in physical activity settings, non-sex-segregated physical activity spaces such as gyms have been found to reinforce heteronormative expectations for men and women (Coen, Davidson, & Rosenborg, 2020) and perpetuate gendered body ideals – strength as the masculine, and thinness as the feminine, body ideal (Ginkel, 2020; Salvatore & Marecek, 2010). These highly gendered, binary and cisgenderist aspects of popular physical activity settings therefore pose barriers for gender diverse people. One method of promoting engagement in physical activity has been the use of exclusive spaces for gender diverse people, for example ‘transgender and non-binary swimming groups’ (Caudwell, 2020)⁶, which allow gender diverse people to

⁶ This paper is highly relevant to the review but is not included as it was not published at the point the searches were undertaken

feel safe while engaging in physical activity by removing the high levels of public surveillance and associated barriers that they would otherwise face in binary, cisgenderist spaces. How gyms, swimming pools, and other physical activity settings can make facilities more accessible and inclusive of gender diverse people, without the use of exclusive spaces, is a noticeable gap in the extant literature, as reviewed in this study. We further discuss the opportunities and challenges of exclusive versus inclusive physical activity systems and spaces later in this discussion section.

One aspect of gender diverse peoples' experiences in accessing physical activity settings that has been well documented is that of toilet and changing spaces. Historically, gaining sex-segregated toilet and changing facilities for women in public spaces was a hard-won battle that took decades to achieve (Jones & Slater, 2020; Molotch, 2010) and viewed by many women as a necessary 'safe space' from men and male violence (Jeffreys, 2014; Ramster et al., 2018). The vulnerability associated with using the toilet, washing, and dressing, as well as additional privacy needs for some religious women that occur within these facilities, heightens women's fear of male invasion and attack. For this reason, the hostility experienced by gender diverse people, and prejudice exhibited by cisgender people, may be at its greatest and most volatile when discussing bathrooms and changing rooms. Designing infrastructure that eschews sex-segregation for inclusivity with purpose-built all-gender spaces is often viewed by gender diverse people as a more preferable solution than redesigning existing gendered spaces (Erikainen, Vincent & Hopkins, 2020; Jones & Slater, 2020). Cost is often cited as a motivation to avoid 'retrofitting' previously sex-segregated spaces, or purpose-building all-gender facilities, instead encouraging gender diverse people to use disabled facilities which are then rendered as 'genderless'. The appropriateness of combining the use of 'all-gender' spaces with those intended for disabled people must therefore be considered; whilst both groups require safe changing and bathroom facilities, a varying number of functional requirements exist in disabled spaces not related to gender (e.g., specialist toilets and sinks, sufficient space, changing benches and hoists). Furthermore, the conflation of gender diverse and disability spaces creates a situation that could exclude both parties from a space that is intended to meet their needs.

Providing 'safe spaces' for gender diverse people to engage in physical activity is a tool for inclusion that has been successfully used in many sport and physical activity contexts for LGBTQIA+ people more broadly, perhaps the most renowned example being the Gay Games (Federation of Gay Games, 2020). Caudwell's (2020) study of exclusive swimming sessions for gender diverse people demonstrated the value that private spaces such as these can provide, giving participants a freedom to engage in activity in a setting that removed many of the systemic, situational, and internal influences we found to be barriers to physical activity in the current review. Whilst spaces such as these have been found to facilitate gender diverse sport and physical activity engagement (Jones, Arcelus, Bouman et al., 2017), they can also be viewed as a way of further segregating or marginalizing gender diverse people within sport and physical activity. We posit an additional concern that whilst these spaces are highly valuable, an overly narrow focus on them, or a belief that they are the only way in which gender diverse people can access physical activity, may

contribute to an absolution of responsibility from other physical activity organisations, providers, and further stakeholders to work towards greater inclusion of gender diverse people within their own spaces. Responsibility (and the question of individual responsibility versus collective responsibility) forms part of a much wider, ongoing debate in health behaviour change research (e.g., Brownell, Kersh, Ludwig, Post, Puhl, Schwartz et al. 2010). The results of this systematic review have demonstrated how systemic, situational, and internal influences pose as challenges to gender diverse participation in physical activity. Future work to promote the inclusion of gender diverse people in physical activity should take into consideration the notion of collective responsibility, focusing on how to address both systemic and situational influences raised in this review and hence develop and foster safe, inclusive spaces for gender diverse people. This is the recommended alternative to assuming gender diverse individuals take individual responsibility to tolerate threats to their physical and/or emotional safety in order to be physically active. Furthermore, an individual responsibility approach would serve to focus only on the internal influences on physical activity engagement and ignore the systemic and situational influences that this review has shown to be so prominent in the experiences of gender diverse people in sport and physical activity.

Conclusion

This systematic review aimed to bring together the extant research on gender diverse peoples' experiences of physical activity and sport. By doing so, it aimed to contribute to the development of a better understanding of the reasons for high levels of inactivity, and what issues need to be addressed to make physical activity a suitable intervention for common mental health conditions in gender diverse people. The results of the review demonstrated that this body of literature is currently small and disparate, with closely related research excluded from this review focusing on a generic LGBTQI+ sample rather than gender diverse people's experiences specifically. Whilst we were inclusive of transgender, non-binary, and intersex people in our review, much of the extant literature focusing specifically on gender diverse people largely centred the experiences of binary transgender people (e.g., Jones, Arcelus, Bouman, & Haycraft, 2017). As such, there remains a lack of information around the experiences of non-binary people, intersex people, and other gender diverse people whose identity lies outside of the gender and/or sex binaries. Additionally, within some of the literature reviewed (e.g., Kulick, Wernick, Espinoza, Newman, & Dessel, 2018) different identities within the participant sample are not specified or differentiated between, making it difficult to assess the experiences of, and understand the needs of, different identities within the gender diverse population. It is also important to acknowledge that the studies included in this review, like the majority of the extant literature, were conducted in more economically developed countries (MEDCs). Resultantly, participants are likely to be representative of a white, MEDC sample, and may not be representative of LGBTQI+ people who exist as racial and/or religious minorities, or those living in less economically developed countries (LEDCs).

The current review also highlights the tendency within research to group gender diverse experiences in competitive sport and other non-competitive physical activity contexts together. A considerable proportion of the literature reviewed addressed and examined these collectively, rather than making any clear distinctions between them (e.g., Hargie, Mitchell & Somerville, 2017). There is also an overall skew, both within the literature and wider media and public focus, on the topic (towards a focus on gender diverse inclusion in competitive (including but not limited to) elite sporting contexts over recreational, non-competitive or other physical activity contexts (see: Magowan, 2018). The lack of focus on non-competitive physical activity contributes in part to a lack of information around the potential impact of physical activity on mental health within the reviewed literature. There are complex and often conflicting considerations to be made when studying LGBTQI+ health and physical activity behaviour. Exercise and physical activity are demonstrated to improve mental health and be associated with higher levels of body image and self-esteem. However, LGBTQI+ youth are more at risk of experiencing low body image and low self-esteem yet are less likely to be physically active (Clark & Kosciw, 2021). Regular engagement in exercise and physical activity is also associated with physical health benefits (e.g., reduced risk of obesity, cardiovascular disease, diabetes etc.) though gender diverse youth experience higher prevalence of eating disorders and are more likely to be both obese and underweight compared to their cisgender peers (Bishop et al., 2020). These contradictions make exploring a complex and varied population even more complicated and requires researchers take due care and consideration when discussing study outcomes, so as to reduce potential bias.

Significant divides exist within the literature and society with regards to perceptions of and approaches towards diverse gender inclusivity and gender-criticism. The current study has adopted a gender inclusive approach, whilst being mindful of the potential for divergent views that may also need consideration. Furthermore, the majority of discourse surrounding perceived advantages of transgender athletes (specifically of trans women compared to cisgender women) exhibits a narrow, biological focus on the role of testosterone, and neglects to consider sociocultural advantages associated with male sport participation.

The results of the current review bring together the extant research on gender diverse peoples' experiences of physical activity and sport, highlighting the need for further work and research in this area. Specifically, more in-depth research into the experiences of different, distinct gender diverse identities is necessary to understand their needs regarding access to physical activity. In particular, the needs of non-binary and intersex people are less well represented by the current research field, thus further exploration is needed of the physical activity experiences of these populations, their use of physical activity spaces, and any impact upon mental health and wellbeing. More broadly, further exploration of gender diverse experiences of non-competitive physical activity contexts is also required. One major contributor to these contexts is the fitness industry (e.g., gyms, personal trainers etc.) which has not yet been specifically examined in relation to gender diverse inclusivity. Additionally, there is scope for further exploration of gender diverse inclusion and its links to patriarchal systems of oppression, and how gender diverse inclusion could be used to question this and create a fairer system for all.

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EMPIRICAL PAPER ONE

THE IMPACT OF MENSTRUAL CYCLE SYMPTOMS ON SPORT AND EXERCISE PERFORMANCE: A NEW WAY TO EXPLORE SYMPTOM FREQUENCY, SEVERITY AND HORMONAL CONTRACEPTIVE USE.

Abstract

The purpose of the study was exploration of diverse menstrual cycle (MC) experiences from athletes/exercisers worldwide; with specific focus on prevalence, frequency and severity of MC-related symptoms and novel comparison between individuals using/not using hormonal contraceptives (HCs). 607 participants from 85 sports/activities completed a survey assessing: sport/exercise participation, MC symptoms/bleeding and HC/menstrual product use. Data was subject to mixed-methods analysis. Over one third (37.1%) reported current HC use, with 62.9% having used HCs historically. Physiological, psychological and affective symptoms were all amongst the most prevalent. Abdominal cramps were the most frequently and severely experienced symptom. Symptom impact was self-managed through medical and/or other (cognitive/behavioural) strategies. Thematic content analysis of qualitative data produced four overarching themes; 1) Impact of symptoms, 2) Menstrual stigma and taboos, 3) Protective factors and 4) Coping strategies. In conclusion, menstruation is a multifaceted, unique experience that impacts upon sport/exercise performance. Practitioners should consider athletes' distinct needs when facilitating menstruation-supportive training, avoiding a 'one size fits all' approach.

Key Words: Menstruation, Sport, Exercise, Performance, Female Athlete

Introduction

Menstrual cycle (MC) related symptoms are commonplace within athletic populations; between 51-93% of female athletes self-report negative physical, psychological and affective symptoms (Brown et al., 2021; Bruinvels et al., 2016; Bruinvels et al., 2021a; Findlay et al., 2020; Kishali et al., 2006). A recent study of 6,812 exercising women reported regularly experiencing an average of 11 symptoms, including ‘mood changes/anxiety, stomach cramps and increased fatigue’ (Bruinvels et al., 2021a). Athletes may also experience menstrual dysfunctions, with comparatively greater prevalence of heavy menstrual bleeding reported in female athletes (Armour et al., 2020; Bruinvels et al., 2016; Findlay et al., 2020; Vannuccini et al., 2020) than the 10 – 40% observed in general populations (Fraser et al., 2015; Kocaoz et al., 2019; Royal college of Obstetricians and Gynaecologists, 2014; Whitaker & Critchley, 2016). Negative MC-related symptoms and dysfunctions have been shown to perceptually impact upon sporting performance (Armour et al., 2020; Brown et al., 2021; Bruinvels et al., 2016; Bruinvels et al., 2021a; Findlay et al., 2020). For example, swimmers reported feeling slower/heavier during menses (Caballero-Guzmán & Lafaurie-Villamil, 2020), whilst nearly 42% of runners believed their MC negatively impacted their performance ability (Bruinvels et al., 2016). Despite this, few athletes (or their coaches) adjust training regimes to accommodate menses⁵. In addition, athletes don’t always seek medical support for MC symptoms, typically attempting to self-manage through pharmaceutical, hormonal and behavioural strategies (Armour et al., 2020; Brown et al., 2021; Findlay et al., 2020).

Pain medication (e.g. simple analgesics, non-steroidal anti-inflammatories [NSAIDs]) is the most common method of managing dysmenorrhea and other MC symptoms. In addition, hormonal contraceptives (HCs) are sometimes prescribed to reduce the perceived impact of MC symptoms on performance (National Institute for Health and Care Excellence [NICE], 2018). Research finds just under 50% of elite athletes (Martin et al., 2018; Parker et al., 2021) and 42% of a range of recreational to elite Australian athletes (Armour et al., 2020) report HC use which is considerably higher than the 30% observed within a general female population (Cea-Soriano et al., 2014). Athletes using HCs have reported therapeutic benefits such as reduced amount of bleeding (Martin et al., 2018); yet, over a third of athletic HC users continue to report bothersome side-effects (Armour et al., 2020) suggesting greater exploration of MC symptom severity in HC and non-HC users is required.

Despite recent increase in MC/HC research in sport, specific knowledge of symptomatic experiences remains somewhat lacking. Prior studies have categorised symptom prevalence/frequency without quantitative assessment of perceived MC symptom severity; a significant knowledge gap. Whilst some exploration of MC symptom frequency in non-HC and progestin-only HC users exists (Bruinvels et al., 2021a), to date no studies have included both HC (including combined hormonal) and non-HC users.

Therefore, the aims of this research are to provide a comprehensive quantitative and qualitative overview of self-reported athlete/exerciser menstrual experiences, addressing the knowledge gap surrounding MC symptom severity and comparing differences between those not/using HCs. Furthermore, it explores the perceived impact of menstruation upon sport/exercise performance, alongside self-reported strategies that assist attempts to negotiate and manage these effects. In doing so, the findings provide a novel understanding that may inform existing support structures for menstruating athletes across sports and competitive levels, creating positive impact.

Materials and Methods

Participants

Self-identifying adult (≥ 18 yrs) female athletes/exercisers with self-reported regular menstruation were invited to participate. Regular menstruation was defined as experience of menstrual bleeding every 14 – 90 days. Participants who had formerly menstruated regularly (e.g. secondary amenorrhoeic, peri/post-menopausal) could take part based upon historical experiences. Sampling was gender-inclusive; no measure of gender identity or biological sex was taken. Recruitment occurred via social media (Twitter, Facebook, Instagram), email and word-of-mouth. Sports teams, governing bodies, university clubs and other gatekeepers (e.g. coaches, psychologists, physiologists etc.) were contacted directly with a survey link and invitation to eligible members regarding participation.

Ethics

Ethical approval was granted by the Liverpool John Moores University (LJMU) research ethics committee (UREC reference: 19/SPS/068).

Materials

The survey was compiled using a web-based platform (QuestionPro). Feedback from eight pilot participants informed content and formatting. The final version (see supplementary materials) consisted of up to 50 questions (mean completion time: 14 minutes). Question topics (covered within the current study) included self-reported demographics, sport/exercise participation, HC use, MC symptoms/bleeding and menstrual product use. Additional items related to communication and experiences of menstrual stigma will be reported in a subsequent article. Question types included single and multiple-choice items, rating scales (Likert) and open text (qualitative) questions.

The MC symptom questions listed 28 common physical, psychological and affective symptoms. Participants selected a scale rating best fitting their perceived symptom frequency (6 point scale; every month, most months, sometimes, rarely, never, unsure) and severity (7 point scale; very severe, severe, average, mild, very mild, not at all, unsure). Symptoms experienced which were outwith those listed could be described in a follow-up question. Participants' responses determined subsequent questions, i.e. participants identifying as having never used HCs would not access/answer follow-up questions on HC use). 'Other' options in single and multi-choice questions allowed participants to volunteer alternative answers.

Procedure

The survey was online for six months (02/07/20 – 02/01/21), viewed 8,198 times, with the commencement of 1,429 responses (completion rate: 44.7%, N=639). Data from participants (N=32) identifying as <18 (N=8) or having never experienced menstrual bleeding (N=24) was excluded; thus the sample total was 607.

Data Analysis

Raw data files were downloaded to and modified in Microsoft Excel (Microsoft Corporation, 2018), with quantitative analysis performed using Jamovi v.1.6.23 (The Jamovi Project, 2021). Qualitative responses were analysed using thematic content analysis (Braun & Clarke, 2012) in NVivo V.12; descriptive codes were first assigned to the data, which were subsequently interpreted and grouped to identify sub-themes and overarching themes. The emergent qualitative results were discussed and agreed upon by all members of the research team.

Data was summarised using descriptive statistics (presented as mean/SD, percentages rounded to one decimal place), with chi-square tests of association performed on categorical and ordinal variables pertaining to menstrual cycle symptoms. Participants were divided into two groups for comparative analyses; 1) those currently (N=220) or 'sometimes' currently (N=5) using hormonal contraceptives (HCs) (N=225) and 2) those with historical or no prior HC use (N=382).

Results

Participant Demographic Information

607 athletes/exercisers aged 29.46/±9.2 years (range: 18 – 63) completed the survey. Participants stated 30 countries of origin; 72.3% (N=439) from the United Kingdom, 16.1% (N=98) from continental Europe, and 11.5% (N=70) from North America, Asia, Oceania, Africa and South America.

Respondents participated in 85 different sports or physical activities; categorised broadly as individual (N=350, 57.7%), team (N=204, 33.6%) artistic (N=15, 2.5%) or exercise/other (N=38, 6.3%). A third (N=208, 34.3%) had been training in their main sport between 1-5 years, 42.5% (N=258) for 5-15 years. Almost 90% had competitive experience; informed by Swann et al.'s (2015) recommendations, participants were categorised as elite (international/commonwealth/European competition: N=103, 17%) semi-elite (national/regional/university competition: N=279, 46%), or recreational athletes (local competition: N=155; 25.5%).

386 (63.6%) participants accessed a main coach, responsible for the majority of support at training/competition; 103 (17%) had more than one coach, whilst 95 (15.7%) coached themselves. 255 (66.1%) participants were coached by men, 95 (24.6%) by women and 36 (9.3%) by coaches of mixed genders (male and female: 8.55%; non-binary: 0.78%).

Use of Hormonal Contraceptives

Over one third (N=225; 37.1%) of participants reported current HC use; 62.9% disclosed historical (N=181, 29.8%) or no (N=201, 33.1%) prior HC use. There were nine accounts of concurrent HC use; combining oral contraceptives (OC) with the implant (N=8) or an intrauterine device (IUD) (N=1). Historical users had tried one to four of the contraceptive types listed in Table 1. Motivations for (current/historical) use are outlined with participants selecting between one and all listed. 12 novel responses were provided; the majority noted motivation to use HC to control endometriosis/Polycystic Ovary Syndrome (PCOS).

Table 1: Prevalence and motivations for current/historic HC use

Use of Hormonal Contraceptives (HC)	Current HC users		Historic HC users	
	N	% of users	N	% of users
HC Type:	(N=225)		(N=181)	
Oral contraceptive (OC)	160	71.1	176	97.2
Inter-Uterine Device (IUD)	39	17.3	20	11.1
Implant	31	13.8	18	9.9
Injection	2	0.9	16	8.8
Patch	2	0.9	3	1.7
Other:				
NuvaRing	0	0	3	1.7
Motivation for taking HC:	(N=225)		(N=181)	
Contraception	187	83.1	140	77.3
PMS symptom management	84	37.3	56	30.9
To regulate menstrual cycle	83	36.9	67	37
To delay or stop period in relation to an important event	29	12.9	31	17.1
Dermatological reasons (e.g. acne)	24	10.7	28	15.5
To manipulate period duration	20	8.9	29	16
Other:				
Endometriosis/PCOS	4	1.8	3	1.7
Perceived un/suitability of HC type	4	1.8	0	0
Family history of cancer	0	0	1	0.6

Menarche and Amenorrhea

Self-reported age at menarche was 12.73 ± 1.49 years (range: 8 – 18). The majority (91.4%) experienced their first period between 11 – 15 years. 34.8% (N=211) had experienced secondary amenorrhea (defined as an absence of menstrual bleeding lasting 90 days or greater), of which 169 (80.1%) participants reported historical experiences and 41 (19.4%) were amenorrheic at the time of the survey. Participants reported the causes (if known) of current/historical amenorrhea. These Participants' verbatim responses related to (perceived) causes (if known) of current/historical amenorrhea were categorised and counted, seen in Table 2.

Table 2: Self-reported causes of current or historical amenorrhea in participants

Participants with current amenorrhea (N=41)			Participants with historical amenorrhea (N=169)		
Cause of amenorrhea	N	% of participants	Cause of amenorrhea	N	% of participants
Related to HC use	22	53.7	Unknown cause	56	33.1
Unknown cause	14	34.1	Weight loss, dieting/ Low energy availability	41	24.3
Menopause	2	4.9	Related to HC use	36	21.3
Low energy availability	1	2.4	Over-exercising/training	27	16
PCOS	1	2.4	Stress	14	8.3
Hysterectomy	1	2.4	Eating disorder	13	7.7
			PCOS Stress	11	6.5
			Pregnancy/breastfeeding	10	5.9
			Depression	1	0.6
			Substance misuse	1	0.6
			Weight gain	1	0.6
			Change to environment	1	0.6

Menstrual Cycle characteristics

From 601 responses, the majority (N=565; 94.01%) bled between two and eight days per month. Whilst exact variations were not measured, 51.7% (N=311) experienced at least some variation in MC length. Heaviness of bleeding was rated by 2.8% (N=17) of participants' as 'very light', 6.6% (N=40) as 'very light to light', 34.8% (N=211) as 'light to moderate', 37.1% (N=225) as 'moderate to heavy', 14.3% (N=87) as 'heavy to very heavy' and 4.5% (N=27) as 'very heavy'.

Use of Menstrual Products

283 (46.6%) participants stated they used more than one of the menstrual products listed in Table 3 simultaneously, at least sometimes. Typical motivations for simultaneous use included "extra protection" against heavy bleeding, avoiding leaks/stains and enabling greater time between changing products.

Table 3: Frequency of use of menstrual products amongst participants

Menstrual Product	N	% of participants (N=607)
Pads (disposable)	397	65.4
*including reusable & panty-liners	410	67.6
Tampons	388	63.9
Menstrual cups	136	22.4
Menstrual underwear	55	9.1
Menstrual discs	3	0.5
Other:		
Free-bleed or no protection	7	1.2%
Cloth	1	0.2%

Prevalence of Menstrual Cycle Symptoms

The 28 MC symptoms included within the survey are listed in order of prevalence in Table 4. To ensure only participants with certain symptomatic experience were counted, 'never' and 'unsure' responses were excluded from the prevalence calculations.

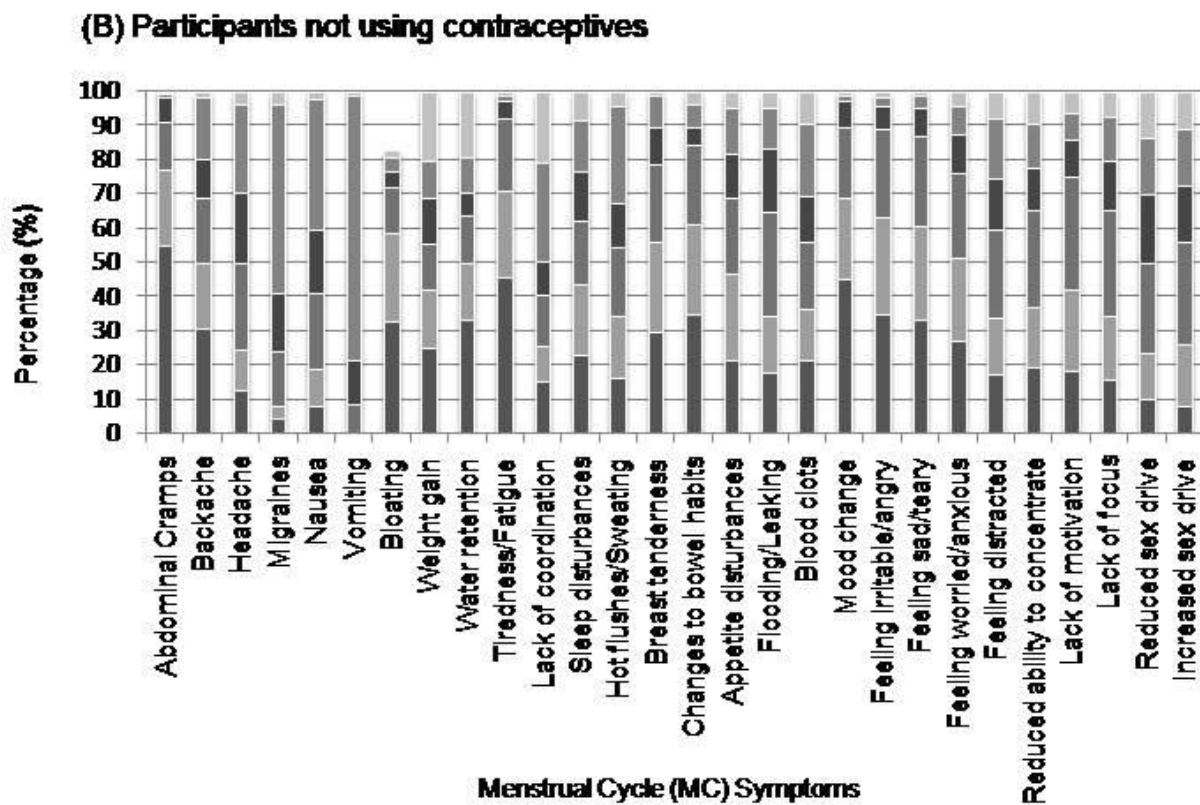
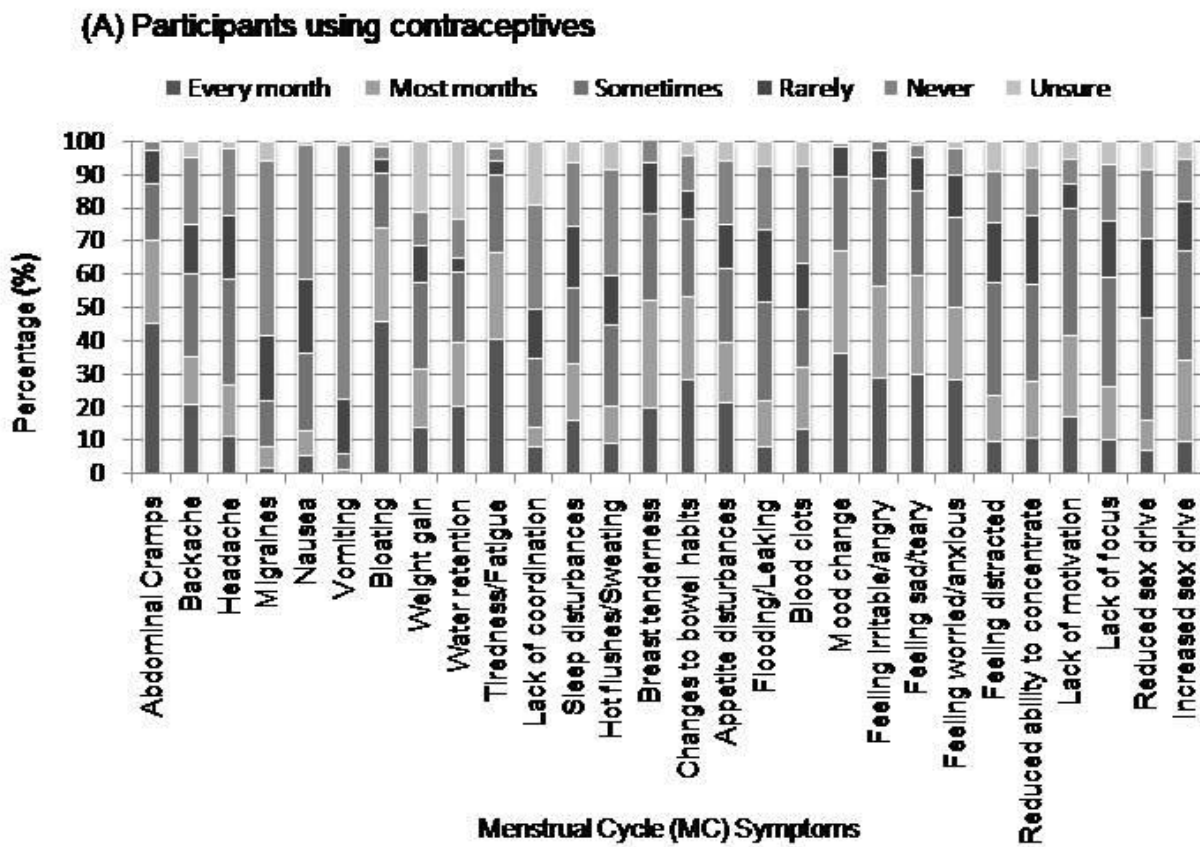
Table 4: Prevalence of menstrual cycle symptoms across participant groups

MC symptom	Total response count (N)	Participants with certain symptom experience (N)	Symptom Prevalence (%)		
			All participants (N=607)	Current HC users (N=225)	Historic or no HC use (N=382)
Abdominal Cramps	575	565	93.1	91.6	94
Mood changes	563	550	90.6	91.1	90.3
Tiredness/Fatigue	558	536	88.3	86.2	89.5
Feeling irritable/angry	551	532	87.6	88.9	86.9
Feeling sad/teary	557	531	87.5	88	87.2
Bloating	563	530	87.3	87.1	87.4
Breast tenderness	562	503	82.9	80.9	84
Changes to bowel habits	549	483	79.6	77.3	80.9
Feeling worried/anxious	543	481	79.2	79.6	79.1
Lack of motivation	543	469	77.3	78.7	76.4
Flooding/Leaking	542	432	71.2	65.8	74.4
Appetite disturbances	537	431	71	65.3	73
Reduced ability to concentrate	544	423	69.9	68.4	70.4
Backache	540	424	69.9	65.3	72.5
Lack of focus	536	420	69.2	66.7	70.7
Sleep disturbances	546	415	68.4	67.1	69.1
Increased sex drive	531	404	66.6	72.4	63.1
Feeling distracted	534	401	66.1	65.8	66.2
Headache	539	395	65.1	69.3	62.6
Reduced sex drive	535	376	61.9	62.2	61.8
Weight gain	532	368	60.6	61.3	60.1
Water retention	535	366	60.3	58.2	61.2
Blood clots	542	364	60	56.9	61.8
Hot flushes/Sweating	538	348	57.3	53.3	59.7
Nausea	535	318	52.4	52	52.6
Lack of coordination	532	268	44.2	43.6	44.5
Migraines	530	219	36.1	36.4	35.9
Vomiting	521	114	18.8	19.6	18.3

Frequency of Menstrual Cycle Symptoms

28 participants self-identified as having never experienced MC symptoms, leaving a total of 579 symptomatic participants (of which 214 were currently using HC) for the following symptom frequency/severity analyses. It was requested participants respond to symptom frequency/severity items using a single-value from the rating scale; however 77 of 16,212 responses (from 61 participants) were multi-values, accounting for 0.5% of all responses. Comparative histograms of higher/lower values showed insignificant difference in distribution. The higher value was subsequently adopted; to account for the diminishing effect of recall bias on pain perception²² and avoiding further empirical lessening of already under-represented experiences. Percentage calculations utilised total response counts for each item (excluding blank responses). Fig. 1 shows the frequency (figure legend: every month, most months, sometimes, rarely, never, unsure) of MC symptomatic experience reported by HC/Non-HC users. Full frequency results are included in Table 7 in the Appendix/supplementary materials.

Fig. 1: Frequency of menstrual cycle symptom experiences across participants using (A) and not using (B) hormonal contraceptives

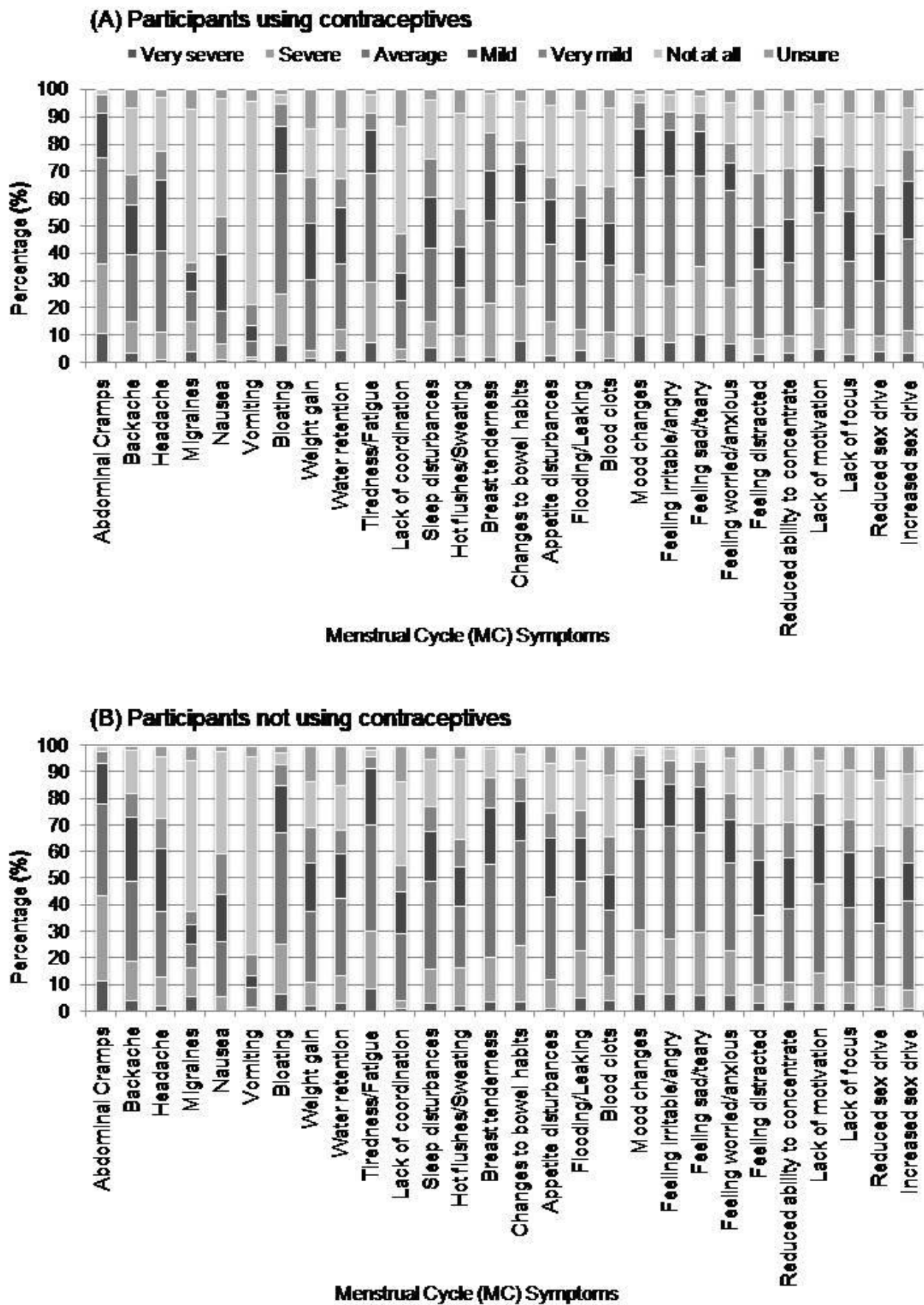


Chi square tests of association examined the relationship between HC/Non-HC users and MC symptom frequency. Statistically significant results were obtained for the following symptoms; backache: $X^2(5, N=540) = 14.4, p = .013$, weight gain: $X^2(5, N=532) = 17.9, p = .003$, water retention: $X^2(5, N=535) = 13.3, p = .021$, lack of coordination: $X^2(5, N=532) = 12.9, p = .024$, hot flushes/sweating: $X^2(5, N=538) = 14.5, p = .013$, flooding/leaking: $X^2(5, N=542) = 15.3, p = .009$ and reduced ability to concentrate: $X^2(5, N=544) = 12.3, p = .031$.

Severity of Menstrual Cycle Symptom Experiences

There were 170 multi-value responses to severity items (1% of responses); comparative histograms confirmed the adoption of higher values, as above. Of the 16,212 total severity responses, 14.7% were blank, increasing from 6% blank frequency responses. Fig. 2 shows the severity of MC symptomatic experience (figure legend: very severe, severe, average, mild, very mild, not at all, unsure) reported by HC/Non-HC users. Full severity results are found in Table 8 in the Appendix/supplementary materials. Chi square tests of association between HC/Non-HC users and symptom severity yielded only two statistically significant results; backache: $X^2(6, N=501) = 16.8, p = .010$, and flooding/leaking: $X^2(6, N=487) = 13.4, p = .037$.

Fig. 2: Severity of menstrual cycle symptom experiences across participants using (A) and not using (B) hormonal contraceptives



Additional Symptoms

108 participants volunteered additional experienced symptoms outwith those listed. Physical symptoms included: (non-abdominal) muscle pain/cramp and/or joint pain (N=24), acne/skin concerns (N=18), feeling weaker/slower (N=9), vertigo/dizziness/light-headedness/fainting (N=10), 'heaviness' in legs (N=3), greyout/blurred vision (N=2), itching sensation in breasts (N=1) and vagina (N=1), pelvic (anal, rectal, vaginal and vulval) pain/vaginismus and related symptoms (N=8), flatulence (N=2), increased pain sensitivity (N=2), ovarian cysts (N=2), increased energy (N=2), quicker to fatigue/slower to recover (N=2), increased urinary frequency/urgency (N=1), limitations to flexibility (N=1), fibroids (N=1), irritable bowel syndrome flare-ups (N=1), ovulation pain (N=1), juvenile idiopathic arthritis (N=1), heightened sense of smell (N=1), weight loss (N=1), retching (N=1). Psychological/affective symptoms included: food cravings (N=4), depression (N=4), reduced self esteem/confidence (N=3), emotional lability such as tearfulness (N=2) and panic (N=1), word-finding difficulty (N=1), disordered eating behaviours (N=1), nightmares (N=1) and increased sensory experiences resulting in sensory overload and social anxiety (N=1).

Symptom Management Strategies

Qualitative responses (N=579) related to medical and other (e.g. behavioural, cognitive/psychological) strategies used to alleviate MC symptoms were categorised (by drug classification group for medical strategies, by primary function for other). Over half (N=327; 56.5%) of participants used medical strategies, and 75.8% (N=439) other strategies, at least sometimes. Results were consistent across HC/non-HC users; 55.4% and 75.6% of HC users reported medical/other strategy use respectively, compared to 57.3% and 76.2% of non-HC users. Results pertaining to medical and other strategy use can be seen in Table 5.

Table 5: Frequencies and percentages of categories of medical and other (non-medical) menstrual cycle symptom management strategies in participants using/not using hormonal contraceptives

Category Label	Non-HC users (including historical users)		Current HC users	
	N	% of strategy users	N	% of strategy users
<i>Medical Strategies:</i>	<i>(N=209)</i>		<i>(N=118)</i>	
• Mild painkiller (NSAIDs)	146	69.9	85	72
• Mild painkiller (simple analgesic)	84	40.2	58	49.2
• Painkiller (unspecified)	26	12.4	10	8.5
• Moderate painkiller (strong analgesic/opiate-based)	9	4.3	1	0.8
• Antifibrinolytic	6	2.9	2	1.7
• Supplement	6	2.9	3	2.5
• Anticholinergic	5	2.4	2	1.7
• Combination therapy:	5	2.4	1	0.8
1. Anticholinergic (Dicyclomine) + NSAID (Mefenamic Acid)	3	1.4	0	0
2. Opiate (Dihydrocodeine) + simple analgesic	1	0.5	1	0.8
3. Simple analgesic + NSAID	1	0.5	0	0
• Selective Serotonin Receptor Agonist (SSRA)	2	1	0	0
• Hormonal Contraception	2	1	1	0.8
• Selective Serotonin Reuptake Inhibitor (SSRI)	1	0.5	0	0
• Migraine/Headache (unspecified)	1	0.5	2	1.7
• Anticonvulsant	1	0.5	0	0
• Antiemetic	1	0.5	0	0
• Antidiarrheal	1	0.5	0	0
• Bronchodilator	1	0.5	0	0
• Steroidal/Corticosteroid	1	0.5	0	0
• Prokinetic	1	0.5	0	0
• Proton Pump Inhibitor	1	0.5	0	0
• Indigestion (unspecified)	1	0.5	0	0
• Diuretic (unspecified)	0	0	1	0.8
<i>Other/Non-Medical Strategies:</i>	<i>(N=278)</i>		<i>(N=161)</i>	
• Heat	213	76.6	126	78.3
• Comfort food/Food cravings	95	34.2	70	43.5
• Exercise	87	31.3	51	31.7
• Rest	29	10.4	9	5.6
• Sensory/Tactile	18	6.5	12	7.5
• Dietary changes/Targeted food	16	5.8	5	3.1
• Hydration	15	5.4	12	7.5
• Alternative medicine	15	5.4	4	2.5
• Mental	9	3.2	9	5.6
• Cold	8	2.9	2	1.2
• Supplement	7	2.5	3	1.9

Menstrual Cycle Symptoms: Qualitative Analysis

455 Participants qualitatively described the impact their menstrual cycle symptoms had on their sport/exercise performance at training/competition. Descriptive codes, sub/overarching themes derived from participants' responses (with illustrative quotes) are in Table 6.

Table 6: Overarching themes, subthemes and descriptive codes of symptom impact qualitative responses

Overarching Theme (name and description)	Subthemes	Descriptive Codes	Participant Quotes
Impact of Symptoms: <i>Self-reported physiological, psychological/cognitive and emotional/affective impact of MC symptoms on sport/exercise performance ability.</i>	Physiological	Pain, pain-affected performance, weakness, breathlessness, reduced energy availability, slowed down, reduced abilities or performance, reduced skill development, increased injury risk, physical discomfort, negative physical change, not making weight.	<i>"The biggest impact is managing the abdominal pain on day one of my period."</i> <i>"Physically slower, more sluggish. Reduced pain tolerance as already painful."</i>
	Psychological/ Cognitive	Hypervigilance, hygiene anxiety, body dissatisfaction, performance anxiety, low self-confidence, self-criticism, hard to concentrate, lack of motivation, denial, inability to plan.	<i>"...I was very self conscious that I would bleed through clothing or start my period unexpectedly at training or competitions because it the lumpy clothing athletes wear like crop top & tiny pants. I would feel bloated & fat when racing & perform poorly."</i>
	Emotional/ Affective	Emotional instability, general anxiety, frustration, apathy	<i>"The emotional rollercoaster is the toughest part."</i>
Menstrual Stigma and taboos: <i>Experiences/anxieties related to menstrual taboo, and factors that contribute to a culture of stigma in sport and exercise.</i>	Menses concealment	Flooding fear, fear of hygiene product visibility, sport uniform, fear of weight gain.	<i>"Always scared of leaking whilst training, worried about potential smell, confidence decreases."</i>
	Communication (or lack of)	Judgement by others (perceived and experienced), male insensitivity, pressure to subvert sexist assumptions, unaware of symptom impact	<i>"I already had to work twice as hard to be accepted in a male dominated area, you can't undo that by mentioning periods because so many men are weirded out by them. You just have to grit your teeth and cope."</i>
Protective Factors: <i>Effects of the menstrual cycle self-identified as beneficial or positive to the individual</i>	Direct positive impact on performance	Performance enhancement, feeling better through exercise, increased strength.	<i>"Sometimes the mood changes also help to increase my performance. Being angry helps sometimes to push harder in training/competition."</i>
	Indirect positive impact on performance	Symptoms are not impactful.	<i>"No big impact, I am still able to train and just reduce intensity slightly. As I am not taking part in big competitions, I am very easily able to</i>

			<i>continue as normal 99% of the time."</i>
	Social support	Support from others, less pressure in recreational sport.	<i>"Because it's all girls that do cheer on our team it's honestly very supportive and understanding."</i>
	Impact on health	(Positive) weight gain, finding contraception helpful.	<i>"If my period comes the week or week before a competition, I consider that with the weight class I sign up for. Period is good for 5-7lbs weight gain."</i>
Coping Strategies: <i>Solution-focused, psychological and avoidant strategies to cope with the impact of MC symptoms. Strategy usage may contribute to positive results and/or unintended adverse consequences.</i>	Solution-focused	Reducing intensity, tracking menstrual cycle, mapping training onto cycle, helpful hygiene products, sport/exercise as active distraction.	<i>"Since I discovered the menstrual training, it helps me to built confidence to push further during my first week of period. Really increases my physical performance."</i>
	Psychological	Mind over matter, pushing through pain, sharing and bonding, channelling anger, increasing menstrual awareness	<i>"Feeling bloated, heavy, tired, nauseous on a competition day is not ideal but I've always managed to push through and perform regardless."</i>
	Avoidant	Menstrual suppression (and its benefits), holding back from maximum effort, abstaining from sport/exercise	<i>"I would not compete when near or on my period as I'm too emotionally unstable. I take off a few days of training for the same reasons."</i>

The first theme describes physiological, psychological/cognitive and emotional/affective impacts of participants' MC symptoms. The detrimental effect of dysmenorrhea was particularly apparent; mentioned 61 times. A 'Brazilian Jiu-Jitsu' (B-JJ) athlete described it as; *"It feels like my soul is exiting through my cervix"*. Many felt able to attend training/competition despite painful menses, though some were left bedridden. Pain was not the only disadvantageous physiological sensation, and simultaneous symptom experiences were common; *"Tire quicker, muscles ache for longer effecting [sic] performance, tore ACL (Anterior Cruciate Ligament) whilst on my period, feel weaker"* – footballer. Increased self-consciousness, reduced self-confidence and self-criticism attributed to negative performances; *"In competition it can reduce my confidence and focus when I feel uncomfortable and am aware of my body"* – hockey player. Reduced focus was exacerbated when participants perceived their environment as hindering menstrual management; *"...I become mentally distracted, constantly analysing how 'comfortable' my sanitary products feel and whether I need to grab a painkiller or change a tampon"* – rugby player. The *"emotional rollercoaster"* associated with affective symptoms was of particular concern; causing a self-identified decline in mental health status for six individuals. Frustration at perceived reduction in ability and apathy towards performance standards/competition results was common.

The second theme relates to participants' experiences and negotiations of menstrual stigma and taboos. Menstrual concealment was a great source of anxiety. There were 77 references to flooding; *"Always scared of leaking whilst training, worried about potential smell, confidence decreases."* – B-JJ athlete, and/or concealing menstrual products;

"... I have to worry about hiding my tampon string!" – swimmer. White, light and tight uniforms made concealment difficult, increasing flooding anxiety and body dissatisfaction. The perception of menstrual concealment as necessary disrupted performance; *"I don't think I'm learning anything when my focus in the training session is surviving, and not letting anyone know I'm on my period"* – Thai-boxer. A sailor argued male-dominated sporting environments resist open menstrual communication; *"The sport is geared towards men, and even as a coach I found it incredibly difficult to support my female athletes without some push back."* She recalled an inability to access toilets and change menstrual products whilst training on-water; being forced to wash blood from herself and her boat. Similar experiences were shared by other athletes; often but not always from outdoor sports. Athletes described a perceived lack of empathy from male coaches; *"...having a male coach I feel that I cannot express that and my pain won't be taken as seriously"* – basketball player, and peers; *"you can't ask the boys to go light because your tummy is cramping"* – Thai-boxer.

The third theme comprised of perceived positive aspects to menstruation participants' identified as individually beneficial; protecting them from otherwise potentially challenging experiences. Negative performance was not universal; 48 participants felt their menses/symptoms had little or no impact upon their ability to train/compete. Menstruation was sometimes considered as performance-enhancing; two runners achieved personal bests on their period. Athletes from 'aggressive' sports stated performance advantages; a rugby player learned to *"channel my hormones and become more aggressive on the pitch"* though noted menstruation-linked anger was unhelpful during non-contact training. A boxer stated *"being angry helps"* and one runner observed her period had a *"good impact"* on her performance; providing an outlet for *"all the anger and negative emotions... No one gets hurt!"* Unlike masculine sporting environments, female teams were considered sympathetic to menstrual difficulty; *"All the girls are so supportive and lovely"* – cheerleader. However, consistent, high-quality menstrual support was rare, even for international athletes; *"Under my current coach and medical staff I feel comfortable to tell them why I feel so awful and they are understanding but that is incredibly rare and not something I've found with any other staff team"* – rugby player. Some found sport/exercise participation directly reduced, or distracted from pain; *"Before I train/compete I am worried it will affect my performance but once I start playing I often forget about it"* – netball player.

The final theme referred to participants' solution-focused, psychological and avoidant coping strategies aimed at reducing the impact of MC symptoms. Reducing training intensity during menses was referred to 45 times, though there were 75 accounts of menstrual distress sufficiently great as to require abstaining from training/competition. Tracking cycles and adjusting training demands were solution-focused strategies identified as positively affecting performance. A snowboarder stated; *"Since I know how my body works better, I still feel less motivated but my training and performances are far better during my periods, as I trust myself more"*. Psychological coping included accepting pain/menstrual difficulty as inevitable, so as to *"just get on with it"*. A kick-boxer explained; *"Mentally: I don't let it have an impact. As a child I was raised to not see it as an obstacle"*. A national-level swimmer affirmed *"I honestly just kind of suck it up and have been for years. It wasn't an excuse to not train"* though she noted *"It makes it more difficult for sure, but training the way that I did, we couldn't just stop"*. However, for some 'pushing through'

produced adverse responses; *“I've had a couple of competitions on my period and they have been my toughest and most exhausting competitions. I still fought because I wanted to win for me and my team, but it was exhausting and I was in a lot of pain”* – BJJ athlete. Many found MC symptoms/dysmenorrhea sufficiently disruptive so as to render respite essential. Self-reported breaks from training lasted from hours, to several days/weeks. Some elected to suppress or delay menses to avoid feeling bound by their impactful periods; *“Competition wise I always ensure my contraception is aligned to not be on my period, e.g. “doubling up on the pill”* – triathlete. A footballer perceived a culture of coveted menstrual suppression amongst coaches/selectors; *“...selectors now make note of your menstrual cycle and players who don't have the periods during the tournament are kept in mind”*. However, whilst for some participants HC protected against negative impact of menstruation, its effect for others was detrimental. For one BJJ athlete *“it [the pill] messed with my cycle and my hormones too much”* whilst a Paralympic alpine skier described more serious consequences; *“IUD has resulted in depressive episodes twice now which severely impacts performance.”* As one runner explained; for the most severely affected, menstrual performances (regardless of HC/coping strategies) may remain challenging; *“At their worst they completely stopped me from training or competing. Now after getting surgery and an IUD (Mirena) they ‘only’ make it more difficult”*.

Discussion

This study aimed to provide a comprehensive, mixed-methods overview of diverse menstrual experiences from athletes/exercisers of a wide variety of backgrounds. It sought to explore, in participants' own words, how the effect of menstruation on sport/exercise performance is navigated. It furthered understanding of MC symptom frequency/severity; providing novel comparison between HC and non-HC users. Conclusions highlight the multifaceted impacts of MC and related symptoms on performance; informing future research and applied practice approaches of those supporting menstruators in sport.

Abdominal cramps were the most prevalent MC symptom, as in Parker et al. (2021) differing slightly to results obtained by Bruinvels et al. (2016). The six most prevalent across the total sample were abdominal cramps (93.1%), mood changes (90.1%), tiredness/fatigue (88.3%), feeling irritable/angry (87.6%), feeling sad/teary (87.5%) and bloating (87.3%). Physiological, psychological and affective symptoms were all amongst the most prevalent; highlighting the many-sided effects of menstruation on the individual (Armour et al., 2020; Brown et al., 2021; Bruinvels et al., 2021a; Caballero-Guzmán & Lafaurie-Villamil, 2020; Findlay et al., 2020;). Abdominal cramps were experienced every month by over half (51.5%) of all participants and more than two thirds (68.4%) experienced mood changes every or most months; remaining the first and second most prevalent symptoms irrespective of HC status.

Previous exploration of MC symptom frequency (Bruinvels et al., 2021a) has not sought to include severity and/or HC users; these results therefore contribute novel understanding. Abdominal cramps were the most severely experienced symptom (in addition to the most prevalent and frequent); 40.8% rated their experience as either

severe or very severe, almost double (21%) those perceiving them as mild or very mild. Mood changes and tiredness/fatigue were rated severe/very severe by almost a third; more than one in four participants reported severe/very severe irritability/anger and bloating, one in five for breast tenderness. Feeling obligated to train through pain was perceived as detrimental to the individual; a finding mirrored in previous research (Findlay et al., 2020). Whilst 'pushing through' injury-related pain is seemingly admired in the sporting world (Malcom, 2006; Sabo et al., 1998; Theberge, 2003; Young, 2004), participants described reluctance to label their pain's source as menstrual; fearing rejection and/or lack of empathy (particularly from men). Such results highlight how common perceived severe/very severe symptomatic experiences are; a consideration for coaches/practitioners examining how current training and support systems help or hinder menstruating athletes in pain. Furthermore, the lack of research on medical management of menstruation is compounded by comparative underrepresentation of female athletes in sport and exercise research (Aboushady & El-saidy, 2016). It is vital that academics/researchers conduct further investigation into MC symptom management in the hope that it may result in female athletes performing without perceived detriment on any given day in their cycle. However, it's important to note that not all participants perceived the menstrual cycle and menstruation as being detrimental. Nearly 8% of athletes reported their symptoms having little or no impact upon their ability to train/compete. A small proportion of athletes (particularly in 'aggressive' sports) noted perceived menstruation-linked performance benefits. It is therefore paramount to consider individual differences in perceived ability during menses, when facilitating menstruation-supportive training.

Previous research of athletes (Armour et al., 2020; Brown et al., 2021, Caballero-Guzmán & Lafaurie-Villamil, 2020; Findlay et al., 2020) including HC users (Martin et al., 2018; Parker et al., 2021) reported self-management of menstrual discomfort. Participants from the current study used medical and other strategies to negotiate the perceived impact of MC symptoms on performance. Over half (56.6%) used pharmaceuticals and three quarters (75.8%) also used behavioural/psychological etc. strategies including heat, rest and comfort food. Around a third found sport/exercise engagement reduced pain/symptoms; a benefit also observed within general, non-athletic populations (Johnston-Robledo & Chrisler, 2013; Lavanya, 2011). Contrastingly, 16.5% of athletes surveyed stated their menstrual discomfort was so great as to require significant reduction or total avoidance of sport/exercise; a greater proportion than previously found amongst elite athletes (Martin et al., 2018; Parker et al., 2021) who may feel more pressure to attend training.

Qualitative studies (Armour et al., 2020; Brown et al., 2021; Caballero-Guzmán & Lafaurie-Villamil, 2020; Findlay et al., 2020) of small populations have explored athletic menstrual narratives in-depth, though may be limited by the small cohort subject to investigation. The current study is unique in its analysis of qualitative questionnaire data from a large scale population, giving voice to a greater number of participants of more diverse sport and competitive backgrounds. Qualitative results confirmed self-reported increased (during menses) hypervigilance, performance anxiety, self-consciousness, frustration and lack of motivation; perceived as detrimental to performance (Brown et al., 2021; Findlay et al., 2020; Stewart et al., 2010). Anxieties related to menstrual concealment (flooding fear, access to bathrooms, inability to change menstrual products) was common and not sport-specific. Consequently,

increased compensatory behaviours such as self-checking, frequent bathroom visits and simultaneous menstrual product use was noted. This supports previous research covering a range of sports including weightlifting, climbing and athletics (Brown et al., 2021), rugby (Findlay et al., 2020), swimming (Caballero-Guzmán & Lafaurie-Villamil, 2020), trampoline (Stewart et al., 2010), mixed ball sports, dance and gymnastics (Moreno-Black Vallianatos, 2005). Previous qualitative findings (Armour et al., 2020; Brown et al., 2021; Caballero-Guzmán & Lafaurie-Villamil, 2020; Findlay et al., 2020) are echoed on a larger scale in the current study; namely that anxiety and behaviours related to menstrual concealment increase in the presence of men, whilst communication related to menstrual status and related needs decrease. Many participants stated reluctance to discuss menstruation with men (typically coaches/teammates). For those in “male-dominated” sports and/or environments, admitting pain or menses-linked performance detriment was perceived as risking ridicule or other negative consequence. This finding is highly pertinent for male practitioners supporting menstruating athletes, as it suggests neglecting to consider gender norms/differences is to the detriment of both affected athletes and a perceived supportive menstrual culture.

Strengths, limitations and recommendations

The primary strengths of this research lie in its scope; participants originated from a great range of sports, countries, and competitive abilities. Novel quantitative measurement of perceived symptom frequency and severity of athletes/exercisers using/not using HCs is provided, and mixed-methods data analysis ensures individual experience was not lost in favour of broad categories. Unlike many quantitative surveys, the questionnaire was designed to make possible the provision of additional detail throughout, capturing unique experiences in participants’ own words. The range of participants’ sport/physical activity types is greater than those captured within previous small and large scale studies, allowing for significant nuance. The similarities and differences in narratives highlight how menstruation is truly an individualised experience.

The authors acknowledge the following limitations. First, whilst the sample size was significant, it is smaller than that of Bruinvels et al. (2021) thus wider generalisations to larger populations are less possible. Second, like other surveys of this nature (Armour et al., 2020; Bruinvels et al., 2021a) participants may have completed the survey at different points within their MC including a very small minority participating during periods of oligomenorrhea/amenorrhea (6.8%), or post-menopause (0.8%). Whilst this allowed for inclusion of those typically excluded from menstrual research, the reliability of pain intensity recall is reduced after a painful experience ends, due to limitations of autobiographical memory processes (Müller et al., 2019; Robinson & Clore, 2002). Future research, particularly related to MC symptom severity, may benefit from capturing experiences in the moment. Thirdly, whilst online recruitment aided in reaching a more global audience, potential participants not using social media may have been missed. The length and required detail of the survey may have impacted upon completion; participants contributing missing/incomplete answers may have experienced survey response fatigue (Egleston et al., 2011; Porter et al., 2004). Participants were not asked to specifically name HC types used at the time of taking the survey, and no distinction between hormonal/non hormonal IUDs was made. Therefore, it is unknown whether participants identified as current HC users were using combined or progestin-only forms, and it is possible that individuals using ‘copper coils’ (non-hormonal IUD) may have been included within the group labelled as currently using HCs. Finally,

the survey was conducted during the first wave of the COVID-19 pandemic; current research evidence (Alvergne et al., 2021; Bruinvels et al., 2021b; Demir et al., 2021; Li et al., 2021; Ozimek et al., 2021) suggesting COVID-19 and related lockdowns impact upon MC length, bleeding and symptoms was not yet known at that time.

Implications for Practice

Coaches, researchers and practitioners in sport/exercise working with menstruators require increased knowledge and understanding of MC dysfunction and symptoms. Increased awareness of the potential negative (and positive) impacts of menses and MC symptoms on performance is required. Whilst future research may shed new light, menstruating athletes need tangible support now. It is therefore prescient athletes access greater menstrual education on effective medical and holistic management, potentially reducing a reliance on less effective self-management strategies. Furthermore, it is recommended coaches develop training programmes that identify and support athletes' unique needs during menses, creating a culture sympathetic to menstruation. Future research may wish to consider any positive effects to menstruation on performance to further explore how perceived detriments may be mitigated.

Perspective

To better support menstruating athletes' sport/exercise performance and wellbeing, the scientific community need to research and develop more effective means of managing symptom severity. As findings from the current study demonstrate, severe symptomatic experiences are not uncommon and may be highly impactful. Greater research understanding of MC symptom severity may inform applied support; helping menstruating athletes feel more able to perform throughout their entire menstrual cycle. Our results highlight the need for encouraging athlete-led, non-judgemental menstrual communication and the meaningful impact of continuing establishment of menstruation-supportive training at all levels of sport participation.

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Appendix

Appendix 1: Table 7: Frequencies and percentages of participants' menstrual cycle symptom frequency of experience

Symptom and Frequency Response	All symptomatic participants (N=579)		Symptomatic historical/no HC use subset (N=365)		Symptomatic current HC users subset (N=214)	
	Response Count	% of all responses	Response Count	% of subset responses	Response Count	% of subset responses
Abdominal cramps	N=575		N=364		N=211	
(1) Every month	296	51.48%	200	54.95%	96	45.50%
(2) Most months	134	23.30%	81	22.25%	53	25.12%
(3) Sometimes	87	15.13%	51	14.01%	36	17.06%
(4) Rarely	48	8.35%	27	7.42%	21	9.95%
(5) Never	9	1.57%	4	1.10%	5	2.37%
(6) Unsure	1	0.17%	1	0.27%	0	0%
Backache	N=540		N=345		N=195	
(1) Every month	148	27.41%	107	31.01%	41	21.03%
(2) Most months	93	17.22%	65	18.84%	28	14.36%
(3) Sometimes	116	21.48%	67	19.42%	49	25.13%
(4) Rarely	67	12.41%	38	11.01%	29	14.87%
(5) Never	102	18.89%	63	18.26%	39	20%
(6) Unsure	14	2.59%	5	1.45%	9	4.62%
Headache	N=539		N=339		N=200	
(1) Every month	67	12.43%	44	12.98%	23	11.50%
(2) Most months	71	13.17%	40	11.80%	31	15.50%
(3) Sometimes	150	27.83%	86	25.37%	64	32%
(4) Rarely	107	19.85%	69	20.35%	38	19%
(5) Never	127	23.56%	87	25.66%	40	20%
(6) Unsure	17	3.15%	13	3.83%	4	2%
Migraines	N=530		N=334		N=196	
(1) Every month	20	3.77%	16	4.79%	4	2.04%
(2) Most months	24	4.53%	11	3.29%	13	6.63%
(3) Sometimes	80	15.09%	53	15.87%	27	13.78%
(4) Rarely	95	17.92%	57	17.07%	38	19.39%
(5) Never	288	54.34%	185	55.39%	103	52.55%
(6) Unsure	23	4.34%	12	3.59%	11	5.61%
Nausea	N=535		N=336		N=199	
(1) Every month	39	7.29%	28	8.34%	11	5.53%
(2) Most months	50	9.35%	35	10.42%	15	7.54%
(3) Sometimes	122	22.80%	75	22.32%	47	23.62%
(4) Rarely	107	20%	63	18.75%	44	22.11%
(5) Never	208	38.88%	128	38.10%	80	40.20%
(6) Unsure	9	1.68%	7	2.08%	2	1.01%
Vomiting	N=521		N=327		N=194	
(1) Every month	2	0.38%	1	0.31%	1	0.52%
(2) Most months	3	0.58%	1	0.31%	2	1.03%
(3) Sometimes	36	6.91%	27	8.26%	9	4.64%
(4) Rarely	73	14.01%	41	12.54%	32	16.49%
(5) Never	402	77.16%	254	77.68%	148	76.29%
(6) Unsure	5	0.96%	3	0.92%	2	1.03%
Bloating	N=563		N=356		N=207	
(1) Every month	272	48.31%	177	32.87%	95	45.89%
(2) Most months	150	26.64%	92	25.84%	58	28.02%
(3) Sometimes	82	14.56%	47	13.20%	35	16.91%
(4) Rarely	26	4.62%	18	5.06%	8	3.86%

(5) Never	22	3.91%	14	3.93%	8	3.86%
(6) Unsure	11	1.95%	8	2.25%	3	1.45%
Weight gain	N=532		N=332		N=200	
(1) Every month	113	21.24%	84	25.30%	29	14.50%
(2) Most months	90	16.92%	56	16.87%	34	17%
(3) Sometimes	97	18.23%	45	13.55%	52	26%
(4) Rarely	68	12.78%	45	13.55%	23	11.50%
(5) Never	55	10.34%	35	10.54%	20	10%
(6) Unsure	109	20.49%	67	20.18%	42	21%
Water retention	N=535		N=334		N=201	
(1) Every month	152	28.41%	111	33.23%	41	20.40%
(2) Most months	95	17.76%	56	16.77%	39	19.40%
(3) Sometimes	89	16.64%	47	14.07%	42	20.90%
(4) Rarely	30	5.61%	21	6.29%	9	4.48%
(5) Never	59	11.03%	36	10.78%	23	11.44%
(6) Unsure	110	20.56%	63	18.86%	47	23.38%
Tiredness/Fatigue	N=558		N=352		N=206	
(1) Every month	245	43.91%	161	45.74%	84	40.78%
(2) Most months	143	25.63%	89	25.28%	54	26.21%
(3) Sometimes	121	21.68%	74	21.02%	47	22.82%
(4) Rarely	27	4.84%	18	5.11%	9	4.37%
(5) Never	14	2.51%	6	1.70%	8	3.88%
(6) Unsure	8	1.43%	4	1.14%	4	1.94%
Lack of coordination	N=532		N=336		N=196	
(1) Every month	69	12.97%	52	15.48%	17	8.67%
(2) Most months	45	8.46%	34	10.12%	11	5.61%
(3) Sometimes	90	16.92%	50	14.88%	40	20.41%
(4) Rarely	64	12.03%	34	10.12%	30	15.31%
(5) Never	157	29.51%	96	28.57%	61	31.12%
(6) Unsure	107	20.11%	70	20.83%	37	18.88%
Sleep disturbances	N=546		N=344		N=202	
(1) Every month	113	20.70%	80	23.26%	33	16.34%
(2) Most months	104	19.05%	70	20.35%	34	16.83%
(3) Sometimes	110	20.15%	64	18.60%	46	22.77%
(4) Rarely	88	16.12%	50	14.53%	38	18.81%
(5) Never	90	16.48%	52	15.12%	38	18.81%
(6) Unsure	41	7.51%	28	8.14%	13	6.44%
Hot flushes/Sweating	N=538		N=337		N=201	
(1) Every month	75	13.94%	56	16.62%	19	9.45%
(2) Most months	82	15.24%	60	17.80%	22	10.95%
(3) Sometimes	117	21.75%	68	20.18%	49	24.38%
(4) Rarely	74	13.75%	44	13.06%	30	14.93%
(5) Never	159	29.55%	95	28.19%	64	31.84%
(6) Unsure	31	5.76%	14	4.15%	17	8.46%
Breast tenderness	N=562		N=357		N=205	
(1) Every month	148	26.33%	107	29.97%	41	20%
(2) Most months	150	26.69%	93	26.05%	57	32.68%
(3) Sometimes	134	23.84%	81	22.69%	53	25.85%
(4) Rarely	71	12.63%	40	11.20%	31	15.12%
(5) Never	54	9.61%	32	8.96%	22	10.73%
(6) Unsure	5	0.89%	4	1.12%	1	0.49%
Changes to bowel habits	N=549		N=345		N=204	
(1) Every month	178	32.42%	120	34.78%	58	28.43%
(2) Most months	143	26.05%	92	26.67%	51	25%
(3) Sometimes	127	23.13%	79	22.90%	48	23.53%
(4) Rarely	35	6.38%	18	5.22%	17	8.33%
(5) Never	46	8.38%	24	6.96%	22	10.78%
(6) Unsure	20	3.64%	12	3.48%	8	3.92%
Appetite disturbances	N=537		N=341		N=196	
(1) Every month	115	21.42%	73	21.41%	42	21.43%

(2) Most months	123	22.91%	87	25.51%	36	18.37%
(3) Sometimes	119	22.16%	76	22.29%	43	21.94%
(4) Rarely	69	12.85%	43	12.61%	26	13.27%
(5) Never	84	15.64%	46	13.49%	38	19.39%
(6) Unsure	27	5.03%	16	4.69%	11	5.61%
Flooding/Leaking	N=542		N=341		N=201	
(1) Every month	79	14.58%	62	18.18%	17	8.46%
(2) Most months	84	15.50%	56	16.42%	28	13.93%
(3) Sometimes	162	29.89%	103	30.21%	59	29.35%
(4) Rarely	107	19.74%	63	18.48%	44	21.89%
(5) Never	79	14.58%	41	12.02%	38	18.91%
(6) Unsure	31	5.72%	16	4.69%	15	7.46%
Blood clots	N=542		N=340		N=202	
(1) Every month	102	18.82%	74	21.76%	28	13.86%
(2) Most months	88	16.24%	51	15%	37	18.32%
(3) Sometimes	101	18.63%	65	19.12%	36	17.82
(4) Rarely	73	13.47%	46	13.53%	27	13.37%
(5) Never	131	24.17%	72	21.18%	59	29.21%
(6) Unsure	47	8.67%	32	9.41%	15	7.43%
Mood changes	N=563		N=355		N=208	
(1) Every month	236	41.92%	160	45.07%	76	36.54%
(2) Most months	149	26.47%	85	23.94%	64	30.77%
(3) Sometimes	120	21.31%	74	20.85%	46	22.12%
(4) Rarely	45	7.99%	26	7.32%	19	9.13%
(5) Never	8	1.42%	6	1.69%	2	0.96%
(6) Unsure	5	0.89%	4	1.13%	1	0.48%
Feeling irritable/angry	N=551		N=346		N=205	
(1) Every month	181	32.85%	121	34.97%	60	29.27%
(2) Most months	155	28.13%	99	28.61%	56	27.32%
(3) Sometimes	155	28.13%	88	25.43%	67	32.68%
(4) Rarely	41	7.44%	24	6.94%	17	8.29%
(5) Never	14	2.54%	9	2.60	5	2.44%
(6) Unsure	5	0.91%	5	1.45%	0	0%
Feeling sad/teary	N=557		N=349		N=208	
(1) Every month	179	32.14%	116	33.24%	63	30.29%
(2) Most months	158	28.37%	97	27.79%	61	29.33%
(3) Sometimes	144	25.85%	91	26.07%	53	25.48%
(4) Rarely	50	8.98%	29	8.31%	21	10.10%
(5) Never	20	3.59%	12	3.44%	8	3.85%
(6) Unsure	6	1.08%	4	1.15%	2	0.96%
Feeling worried/anxious	N=543		N=344		N=199	
(1) Every month	151	27.81%	94	27.33%	57	28.64%
(2) Most months	127	23.39%	84	24.42%	43	21.61%
(3) Sometimes	139	25.60%	85	24.71%	54	27.14%
(4) Rarely	64	11.79%	39	11.34%	25	12.56%
(5) Never	44	8.10%	28	8.14%	16	8.04%
(6) Unsure	18	3.31%	14	4.07%	4	2.01%
Feeling distracted	N=534		N=338		N=196	
(1) Every month	79	14.79%	59	17.46%	20	10.20%
(2) Most months	83	15.54%	56	16.57%	27	13.78%
(3) Sometimes	153	28.65%	87	25.74%	66	33.67%
(4) Rarely	86	16.10%	51	15.09%	35	17.86%
(5) Never	89	16.67%	58	17.16%	31	15.82%
(6) Unsure	44	8.24%	27	7.99%	17	8.67%
Reduced ability to concentrate	N=544		N=346		N=198	
(1) Every month	90	16.54%	68	19.65%	22	11.11%
(2) Most months	156	28.68%	99	28.61%	57	28.79%
(3) Sometimes	83	15.26%	42	12.14%	41	20.71%
(4) Rarely	74	13.60%	45	13.01%	29	14.65%

(5) Never (6) Unsure	47	8.64%	32	9.25%	15	7.58%
Lack of motivation	N=543		N=340		N=203	
(1) Every month	98	18.05%	63	18.53%	35	17.24%
(2) Most months	131	24.13%	81	23.82%	50	24.63%
(3) Sometimes	189	34.81%	112	32.94%	77	37.93%
(4) Rarely	51	9.39%	36	10.59%	15	7.39%
(5) Never	43	7.92%	27	7.94%	16	7.88%
(6) Unsure	31	5.71%	21	6.17%	10	4.93%
Lack of focus	N=536		N=339		N=197	
(1) Every month	75	13.99%	54	15.93%	21	10.66%
(2) Most months	94	17.54%	63	18.58%	31	15.74%
(3) Sometimes	169	31.53%	104	30.68%	65	32.99%
(4) Rarely	82	15.30%	49	14.45%	33	16.75%
(5) Never	78	14.55%	44	12.98%	34	17.26%
(6) Unsure	38	7.09%	25	7.37%	13	6.60%
Reduced sex drive	N=535		N=338		N=197	
(1) Every month	50	9.35%	35	10.36%	15	7.61%
(2) Most months	62	11.59%	45	13.31%	17	8.63%
(3) Sometimes	149	27.85%	88	26.04%	61	30.96%
(4) Rarely	115	21.50%	68	20.12%	47	23.86%
(5) Never	97	18.13%	56	16.57%	41	20.81%
(6) Unsure	62	11.59%	46	13.61%	16	8.12%
Increased sex drive	N=531		N=332		N=199	
(1) Every month	47	8.85%	27	8.13%	20	10.05%
(2) Most months	108	20.34%	60	18.07%	48	24.12%
(3) Sometimes	166	31.26%	100	30.12%	66	33.17%
(4) Rarely	83	15.63%	54	16.27%	29	14.57%
(5) Never	81	15.25%	55	16.57%	26	13.07%
(6) Unsure	46	8.66%	36	10.84	10	5.03%

Appendix 2: Table 8: Frequencies and percentages of participants' menstrual cycle symptom severity of experience

Symptom and Severity Response	All symptomatic participants (N=579)		Non-HC users (including historical users) (N=365)		Current HC users (N=214)	
	Response Count	% of all responses	Response Count	% of subset responses	Response Count	% of subset responses
Abdominal cramps	N=549		N=344		N=205	
(1) Very Severe	61	11.11	39	11.34	22	10.73
(2) Severe	163	29.69	111	32.27	52	25.37
(3) Average	198	36.07	118	34.30	80	39.02
(4) Mild	88	16.03	54	15.70	34	16.59
(5) Very Mild	27	4.92	14	4.07	13	6.34
(6) Not at all	12	2.19	8	2.33	4	1.95
(7) Unsure	0	0	0	0	0	0
Backache	N=501		N=314		N=187	
(1) Very Severe	20	3.99	13	4.14	7	3.74
(2) Severe	68	13.57	47	14.97	21	11.23
(3) Average	140	27.94	94	29.94	46	24.60
(4) Mild	109	21.76	75	23.89	34	18.18
(5) Very Mild	49	9.78	28	8.92	21	11.23
(6) Not at all	98	19.56	52	16.56	46	24.60
(7) Unsure	17	3.39	5	1.59	12	6.42
Headache	N=483		N=302		N=181	
(1) Very Severe	8	1.66	6	1.99	2	1.10
(2) Severe	51	10.56	33	10.93	18	9.94
(3) Average	129	26.71	75	24.83	54	29.83
(4) Mild	118	24.43	71	23.51	47	25.97
(5) Very Mild	53	10.97	34	11.26	19	10.50
(6) Not at all	107	22.15	71	23.51	36	19.89
(7) Unsure	17	3.52	12	3.97	5	2.76
Migraines	N=470		N=295		N=175	
(1) Very Severe	24	5.11	17	5.76	7	4
(2) Severe	50	10.64	31	10.51	19	10.86
(3) Average	47	10	27	9.15	20	11.43
(4) Mild	34	7.23	22	7.46	12	6.86
(5) Very Mild	20	4.26	14	4.75	6	3.43
(6) Not at all	267	56.81	168	56.95	99	56.57
(7) Unsure	28	5.96	16	5.42	12	6.86
Nausea	N=481		N=301		N=180	
(1) Very Severe	2	0.42	0	0	2	1.11
(2) Severe	27	5.61	17	5.65	10	5.56
(3) Average	84	17.46	62	20.60	22	12.22
(4) Mild	90	18.71	53	17.61	37	20.56
(5) Very Mild	72	14.97	47	15.61	25	13.89
(6) Not at all	193	40.12	115	38.21	78	43.33
(7) Unsure	13	2.70	7	2.33	6	3.33
Vomiting	N=466		N=291		N=175	
(1) Very Severe	3	0.64	1	0.34	2	1.14
(2) Severe	6	1.29	4	1.37	2	1.14
(3) Average	31	6.65	21	7.22	10	5.71
(4) Mild	24	5.15	14	4.81	10	5.71
(5) Very Mild	35	7.51	22	7.56	13	7.43
(6) Not at all	348	74.68	217	74.57	131	74.86
(7) Unsure	19	4.08	12	4.12	7	4
Bloating	N=508		N=318		N=190	
(1) Very Severe	33	6.50	21	6.60	12	6.32
(2) Severe	95	18.70	59	18.55	36	18.95

(3) Average	218	42.91	134	42.14	84	44.21
(4) Mild	89	17.52	56	17.61	33	17.37
(5) Very Mild	41	8.07	26	8.18	15	7.89
(6) Not at all	21	4.13	14	4.40	7	3.68
(7) Unsure	11	2.17	8	2.52	3	1.58
Weight gain	N=489		N=305		N=184	
(1) Very Severe	10	2.04	7	2.30	3	1.63
(2) Severe	31	6.34	26	8.52	5	2.72
(3) Average	130	26.58	82	26.89	48	26.09
(4) Mild	94	19.22	56	18.36	38	20.65
(5) Very Mild	71	14.52	40	13.11	31	16.85
(6) Not at all	86	17.59	53	17.38	33	17.93
(7) Unsure	67	13.70	41	13.44	26	14.13
Water retention	N=481		N=301		N=180	
(1) Very Severe	17	3.53	9	2.99	8	4.44
(2) Severe	46	9.56	32	10.63	14	7.78
(3) Average	130	27.03	87	28.90	43	23.89
(4) Mild	87	18.09	50	16.61	37	20.56
(5) Very Mild	47	9.77	28	9.30	19	10.56
(6) Not at all	83	17.26	50	16.61	33	18.33
(7) Unsure	71	14.76	45	14.95	26	14.44
Tiredness/Fatigue	N=511		N=322		N=189	
(1) Very Severe	41	8.02	27	8.39	14	7.41
(2) Severe	113	22.11	71	22.05	42	22.22
(3) Average	203	39.73	128	39.75	75	39.68
(4) Mild	98	19.18	68	21.12	30	15.87
(5) Very Mild	26	5.09	14	4.35	12	6.35
(6) Not at all	22	4.31	9	2.80	13	6.88
(7) Unsure	8	1.57	5	1.55	3	1.59
Lack of Coordination	N=474		N=300		N=174	
(1) Very Severe	5	1.05	3	1	2	1.15
(2) Severe	17	3.59	10	3.33	7	4.02
(3) Average	106	22.36	75	25	31	17.82
(4) Mild	64	13.50	47	15.67	17	9.77
(5) Very Mild	55	11.60	30	10	25	14.37
(6) Not at all	164	34.60	95	31.67	69	39.66
(7) Unsure	63	13.29	40	13.33	23	13.22
Sleep disturbances	N=488		N=305		N=183	
(1) Very Severe	20	4.10	10	3.28	10	5.46
(2) Severe	56	11.48	38	12.46	18	9.84
(3) Average	150	30.74	101	33.11	49	26.78
(4) Mild	91	18.65	57	18.69	34	18.58
(5) Very Mild	55	11.27	29	9.51	26	14.21
(6) Not at all	93	19.06	54	17.70	39	21.31
(7) Unsure	23	4.71	16	5.25	7	3.83
Hot flushes/Sweating	N=483		N=302		N=181	
(1) Very Severe	11	2.28	7	2.32	4	2.21
(2) Severe	56	11.59	42	13.91	14	7.73
(3) Average	102	21.12	70	23.18	32	17.68
(4) Mild	72	14.91	45	14.90	27	14.92
(5) Very Mild	56	11.59	31	10.26	25	13.81
(6) Not at all	156	32.30	92	30.46	64	35.36
(7) Unsure	30	6.21	15	4.97	15	8.29
Breast tenderness	N=505		N=320		N=185	
(1) Very Severe	16	3.17	12	3.75	4	2.16
(2) Severe	90	17.82	54	16.88	36	19.46
(3) Average	168	33.27	112	35	56	30.27
(4) Mild	101	20	67	20.94	34	18.38
(5) Very Mild	63	12.48	37	11.56	26	14.05
(6) Not at all	61	12.08	34	10.63	27	14.59

(7) Unsure	6	1.19	4	1.25	2	1.08
Changes to bowel habits	N=494		N=308		N=186	
(1) Very Severe	26	5.26	11	3.57	15	8.06
(2) Severe	103	20.85	66	21.43	37	19.89
(3) Average	178	36.03	121	39.29	57	30.65
(4) Mild	71	14.37	45	14.61	26	13.98
(5) Very Mild	44	8.91	28	9.09	16	8.60
(6) Not at all	54	10.93	27	8.77	27	14.52
(7) Unsure	18	3.64	10	3.25	8	4.30
Appetite disturbances	N=479		N=301		N=178	
(1) Very Severe	8	1.67	3	1	5	2.81
(2) Severe	55	11.48	33	10.96	22	12.36
(3) Average	144	30.06	94	31.23	50	28.09
(4) Mild	95	19.83	66	21.93	29	16.29
(5) Very Mild	43	8.98	28	9.30	15	8.43
(6) Not at all	104	21.71	57	18.97	47	26.40
(7) Unsure	30	6.26	20	6.64	10	5.62
Flooding/Leaking	N=487		N=306		N=181	
(1) Very Severe	23	4.72	15	4.90	8	4.42
(2) Severe	69	14.17	55	17.97	14	7.73
(3) Average	125	25.67	80	26.14	45	24.86
(4) Mild	79	16.22	50	16.34	29	16.02
(5) Very Mild	54	11.09	32	10.46	22	12.15
(6) Not at all	106	21.77	57	18.63	49	27.07
(7) Unsure	31	6.36	17	5.56	14	7.73
Blood clots	N=483		N=303		N=180	
(1) Very Severe	15	3.11	12	3.96	3	1.67
(2) Severe	47	9.73	29	9.57	17	9.44
(3) Average	117	24.22	74	24.42	44	24.44
(4) Mild	69	14.29	41	13.53	28	15.56
(5) Very Mild	68	14.08	44	14.52	24	13.33
(6) Not at all	121	25.05	69	22.77	52	28.89
(7) Unsure	46	9.52	34	11.22	12	6.67
Mood changes	N=508		N=314		N=194	
(1) Very Severe	40	7.87	21	6.69	19	9.79
(2) Severe	119	23.43	75	23.89	44	22.68
(3) Average	189	37.20	120	38.22	69	35.57
(4) Mild	93	18.31	59	18.79	34	17.53
(5) Very Mild	47	9.25	28	8.92	19	9.79
(6) Not at all	14	2.76	8	2.55	6	3.09
(7) Unsure	6	1.18	3	0.96	3	1.55
Feeling irritable/angry	N=503		N=315		N=188	
(1) Very Severe	34	6.76	20	6.35	14	7.45
(2) Severe	105	20.87	66	20.95	39	20.74
(3) Average	209	41.55	133	42.22	76	40.43
(4) Mild	82	16.30	51	16.19	31	16.49
(5) Very Mild	41	8.15	28	8.89	13	6.91
(6) Not at all	25	4.97	13	4.13	12	6.38
(7) Unsure	7	1.39	4	1.27	3	1.60
Feeling sad/teary	N=498		N=310		N=188	
(1) Very Severe	38	7.63	19	6.13	19	10.11
(2) Severe	121	24.30	74	23.87	47	25
(3) Average	179	35.94	116	37.42	63	33.51
(4) Mild	83	16.67	53	17.10	30	15.96
(5) Very Mild	42	8.43	29	9.35	13	6.91
(6) Not at all	28	5.62	16	5.16	12	6.38
(7) Unsure	7	1.41	3	0.97	4	2.13
Feeling worried/anxious	N=489		N=309		N=180	
(1) Very Severe	31	6.34	19	6.15	12	6.67
(2) Severe	90	18.40	52	16.83	38	21.11

(3) Average	165	33.74	102	33.01	64	35.56
(4) Mild	69	14.11	50	16.18	18	10
(5) Very Mild	44	9	31	10.03	13	7.22
(6) Not at all	67	13.70	40	12.94	27	15
(7) Unsure	23	4.70	15	4.85	8	4.44
Feeling distracted	N=477		N=300		N=177	
(1) Very Severe	15	3.14	10	3.33	5	2.82
(2) Severe	31	6.50	20	6.67	11	6.21
(3) Average	124	26	79	26.33	45	25.42
(4) Mild	88	18.45	61	20.33	27	15.25
(5) Very Mild	77	16.14	42	14	35	19.77
(6) Not at all	102	21.38	61	20.33	41	23.16
(7) Unsure	40	8.39	27	9	13	7.34
Reduced ability to concentrate	N=472		N=295		N=177	
(1) Very Severe	17	3.60	11	3.73	6	3.39
(2) Severe	33	6.99	22	7.46	11	6.21
(3) Average	129	27.33	81	27.46	48	27.12
(4) Mild	85	18.01	57	19.32	28	15.82
(5) Very Mild	72	15.25	39	13.22	33	18.64
(6) Not at all	94	19.92	57	19.32	37	20.90
(7) Unsure	42	8.90	28	9.49	14	7.91
Lack of motivation	N=482		N=299		N=183	
(1) Very Severe	18	3.73	9	3.01	9	4.92
(2) Severe	61	12.66	34	11.37	27	14.75
(3) Average	166	34.44	101	33.78	65	35.52
(4) Mild	97	20.12	66	22.07	31	16.94
(5) Very Mild	56	11.62	36	12.04	20	10.93
(6) Not at all	58	12.03	36	12.04	22	12.02
(7) Unsure	26	5.39	17	5.69	9	4.92
Lack of focus	N=473		N=296		N=177	
(1) Very Severe	14	2.96	9	3.04	5	2.82
(2) Severe	40	8.46	23	7.77	17	9.60
(3) Average	128	27.06	84	28.38	44	24.86
(4) Mild	93	19.66	61	20.61	32	18.08
(5) Very Mild	65	13.74	36	12.16	29	16.38
(6) Not at all	91	19.24	56	18.92	35	19.77
(7) Unsure	42	8.88	27	9.12	15	8.47
Reduced sex drive	N=480		N=300		N=180	
(1) Very Severe	12	2.50	5	1.67	7	3.89
(2) Severe	35	7.29	24	8	11	6.11
(3) Average	106	22.08	70	23.33	36	20
(4) Mild	83	17.29	52	17.33	31	17.22
(5) Very Mild	68	14.17	36	12	32	17.78
(6) Not at all	122	25.42	74	24.67	48	26.67
(7) Unsure	54	11.25	39	13	15	8.33
Increased sex drive	N=478		N=293		N=185	
(1) Very Severe	10	2.09	3	1.02	7	3.78
(2) Severe	36	7.53	20	6.83	15	8.11
(3) Average	161	33.68	99	33.79	62	33.51
(4) Mild	81	16.95	42	14.33	39	21.08
(5) Very Mild	61	12.76	40	13.65	21	11.35
(6) Not at all	87	18.20	58	19.80	29	15.68
(7) Unsure	42	8.79	30	10.24	12	6.49

Menstruation in Sport

We are interested in finding out the lived experience of menstruation in female athletes, and the perceptions and attitudes they have towards their menstruation in sport. At present, this is an extremely under-researched area, and this study aims to actively benefit women and girls in sport by increasing the research knowledge and informing applied practice in this area. The research team consists of academics at the following U.K. based universities; Liverpool John Moores University (LJMU), University of the West of Scotland (UWS) and University of Lincoln.

When answering the questions, please select the response that best reflects your personal opinion, attitude or lived experience, using the rating scale provided. When asked to provide a written answer in your own words, please describe using as much detail as you are willing and able to provide, in as many words as you deem fit. You will be required to answer all questions before moving on to the next section in the questionnaire, but if you do not wish to provide an answer to a question, please select 'Other' as your answer choice and write 'N/A' when prompted. If the question requires a written answer, please write 'N/A' within the comment box. Please be reminded that you are under no obligation to finish this questionnaire, and you are free to stop or withdraw at any point. You may also save and continue this questionnaire at a later date, there is no requirement to complete it in one sitting.

This study represents the first phase of a research project exploring athletes' experiences and perceptions of menstruation in sport, and its effect on performance and well-being. The results from phase one will then inform the second phase, involving a small number (6-10) of selected participants being invited to take part in a short online interview, based upon the responses they provide to this questionnaire. If you are willing to be considered as a potential participant for a follow-up (online) interview, please provide a contact email address at the end of the questionnaire when prompted.

Please note, your personal contact information will never be shared with anyone outside of the research team, and you are under no obligation to provide it. If you have any questions about the study, or would like any further information, please contact the principle researcher Laura Kiemle-Gabbay : L.R.KiemleGabbay@2018.ljmu.ac.uk, or research project supervisor Dr. Laura Forrest: Laura.Forrest@uws.ac.uk.

Please copy the link below into your browser window to access the Participant Information Sheet. Once you have read the sheet, saved and printed a copy for your future reference, please read the following statement and tick the box to indicate you consent to take part in the study, and wish to access the questionnaire.

Link to Participant Information

Sheet:https://pdfhost.io/v/O65yVcgU_Questionnaire_PIS_for_QuestionPro_PDFpdf.pdf

I have read the information sheet provided and I am happy to participate. I understand that by completing and returning this questionnaire I am consenting to be part of this research study and for my data to be used as described in the information sheet provided.

Section 1: Participant Information

1. Age (in years)

2. Nationality

3. Religious Identity

Section 2: Sporting Practice

4. What is the main sport you engage in for training and competition?

5. How long have you been training in your main sport for?

1. Less than 6 months
2. 6 months - 1 year
3. 1 year - 3 years
4. 3 years - 5 years
5. 5 years - 7 years
6. 7 years - 10 years
7. 10 years - 15 years
8. 15 years - 20 years
9. More than 20 years
10. Other: Please state your answer _____

6. What is the highest level of competition you are currently, or have previously engaged in, in your main sport?

Please select all that apply:

1. International: (Olympic/Paralympic Games, Junior Olympic/Paralympic Games, World Championships/World Cup, International team member)
2. Commonwealth: (Commonwealth Games)
3. European: (European Championships, European League)
4. National: (National Championships, National league, National team member - i.e. English, Scottish, Welsh, Northern Irish/Irish team member)
5. Regional: (Regional competition circuit, County)
6. University: (Student/University competition circuit, BUCS)
7. Local: (Local competition circuit, recreational and/or 'friendly' competitions)
8. None: (No competitive sport experience)
9. Other: Please state your answer _____

7. How long have you been competing/did you compete at this level?

1. Less than 6 months
2. 6 months - 1 year
3. 1 year - 3 years
4. 3 years - 5 years
5. 5 years - 7 years
6. 7 years - 10 years
7. 10 years - 15 years
8. 15 years - 20 years
9. More than 20 years
10. Other: Please state your answer _____

8. For the majority of your training/competitive experience in your main sport, did/do you identify as a:

1. Full-time Athlete
2. Part-time Athlete
3. Recreational Athlete
4. Other: Please state your answer _____

9. Are you in paid or voluntary employment outside of your main sport? Please select all that apply:

1. Full-time employment
2. Part-time employment
3. Full-time student
4. Part-time student
5. Voluntary work
6. Apprenticeship
7. Other: Please state your answer _____

10a. Do you have a main coach who is responsible for providing the majority of your coaching support during training and/or competition?

1. Yes (10b)
2. No (Section 3)
3. Self-coached (Section 3)
4. I have more than one main coach: Please state the number of coaches you have _____ (10b)
5. Other: Please state your answer _____

10b. What is the gender of your main coach?

1. Male
2. Female
3. I have more than one main coach: Please specify your coaches' genders _____
4. Other: Please state your answer _____

Section 3: Hormonal Contraception

11a. Do you currently use any type of Hormonal Contraception?

Hormonal contraceptives (e.g. the pill, the patch, injections/implant etc.) contain a small amount of estrogen and/or progesterin. These hormones work to inhibit the body's natural cyclical hormones, so as to prevent pregnancy.

1. Yes (11bi)
2. Sometimes (11bi)
3. I have only used it in the past and do not currently use it (11ci)
4. No (Section 4)

11bi. What type of hormonal contraception do you use? Please select all that apply:

1. Oral contraceptive (e.g. contraceptive pill) (11bii)
2. Implant (11bii)
3. Contraceptive injections (11bii)
4. Intrauterine device/coil (11bii)
5. Contraceptive patch (11bii)
6. Other: Please specify the type and name of the hormonal contraception you use _____ (11bii)

11ci. What type of hormonal contraception have you used in the past? Please select all that apply:

1. Oral contraceptive (e.g. contraceptive pill) (11cii)
2. Implant (11cii)
3. Contraceptive injections (11cii)
4. Intrauterine device/coil (11cii)
5. Contraceptive patch (11cii)
6. Other: Please specify the type and name of hormonal contraceptive you have used in the past _____ (11cii)

11bii. Why did you choose the hormonal contraceptive method you are currently using?

Please select all that apply:

1. Contraception/birth control
2. Period/PMS symptom management

3. To regulate my menstrual cycle
4. To manipulate my period duration
5. To delay or stop my period in relation to an important event (e.g. competition)
6. For dermatological reasons (e.g. to help with acne)
7. Other: Please specify why you chose to use your current hormonal contraceptive method _____

11cii. Why did you choose the hormonal contraceptive method you previously used?

Please select all that apply:

1. Contraception/birth control
2. Period/PMS symptom management
3. To regulate my menstrual cycle
4. To manipulate my period duration
5. To delay or stop my period in relation to an important event (e.g. competition)
6. For dermatological reasons (e.g. to help with acne)
7. Other: Please specify why you chose to use your prior hormonal contraceptive method _____

Section 4: Menstrual Bleeding

12. Have you experienced menstrual bleeding? Menstrual bleeding can occur as part of a regular menstrual cycle or otherwise (e.g. induced bleeding by the use of Hormonal Contraception).

1. Yes
2. No (50 – No further questions)
3. Other: Please state your answer _____

13. What was your approximate age at menarche?

Menarche is the age at which you experienced your first period.

14. Since you began menstruating, have you ever experienced amenorrhea?

Amenorrhea is an absence of menstrual bleeding for a duration of 90 consecutive days or more.

1. Yes (15)
2. No (Section 5)

15. Are you currently experiencing amenorrhea?

1. Yes (15a)
2. No (15b)

15a. Are you aware of a specific reason as to why you are currently experiencing amenorrhea?

1. Yes
2. No
3. Other: Please state your answer _____

15b. Are you aware of a specific reason as to why you have experienced amenorrhea in the past?

1. Yes
2. No
3. Other: Please state your answer _____

Please note: Amenorrhea may occur naturally for reasons such as pregnancy, breast-feeding or menopause. It may also occur as a result of using certain contraceptives (e.g. oral contraceptives, injected/implanted contraceptives, intrauterine devices) or if you follow a specific contraceptive protocol (e.g. taking contraceptives without a break in between). In these instances, your doctor or other medical professional should advise you of the potential effect on your menstruation in advance. If you are currently experiencing amenorrhea, it is advisable that you speak to your doctor or other medical professional as soon as possible. Further guidance on why periods may stop and

recommendations on when to see your GP can be found at: <https://www.nhs.uk/conditions/stopped-or-missed-periods/>

Section 5: Cycle Duration

16. On average, what is the length of your cycle? This is the duration of time between bleeding. You calculate it by counting the number of days between the first day of your period (day one of bleeding) and the first day of your next period (day one of bleeding). For example: '26 - 32 days'

17. On average, how many days does your menstrual flow last for?

This is the average number of days you bleed for each month.

1. Less than one day
2. 1 - 2 days
3. 2 - 3 days
4. 3 - 4 days
5. 4 - 5 days
6. 5 - 6 days
7. 6 - 7 days
8. 7 - 8 days
9. 8 - 9 days
10. 9 - 10 days
11. 10 - 11 days
12. 11 - 12 days
13. 12 - 13 days
14. 13 - 14 days
15. More than 14 days
16. Other: Please state your answer _____

18. Is your cycle length variable?

1. Yes
2. Somewhat
3. No
4. Other: Please state your answer _____

Section 6: Sanitary Protection

19. Please select one option from the list below that you feel best describes your average menstrual bleeding experience.

My bleeding is...

1. Very light
2. Very light to light
3. Light to moderate
4. Moderate to heavy
5. Heavy to very heavy
6. Very heavy

20. What sanitary protection do you use? Please select all that apply:

1. Tampons
2. Sanitary towels/Pads (disposable)
3. Menstrual cups (e.g. moon cups)
4. Menstrual underwear (e.g. Modibodi)

5. Menstrual discs (e.g. FLEX)
6. Other: Please specify what type of sanitary protection you use _____

21. Do you ever use more than one sanitary protection product at the same time?

E.g. Using a combination of tampons and pads

1. Yes: Please explain why you choose to use more than one product at the same time _____
2. Sometimes: Please explain why you choose to use more than one product at the same time _____
3. No

Section 7: Menstrual Concealment

22a. Have you ever felt the need to behave, dress or speak in a way that hides or conceals from others the fact that you were menstruating, whilst training or competing in your sport?

1. Yes (22b)
2. No (Section 8)
3. Other: Please state your answer _____

22b. Please explain why you felt the need to behave, dress or speak in a way that would hide or conceal your menstruation from others. If you so choose, you may provide descriptions of specific experiences related to the deliberate concealment of your menstruation from others.

Section 8: Symptoms

23. Do you experience symptoms in relation to your menstrual cycle?

1. Yes (24)
2. Sometimes (24)
3. No (Section 9)

24. Looking at the list of common menstrual cycle symptoms below, for every symptom you experience, please tick the box to indicate how often you experience it.

For the purposes of this study, migraines have been given the following definition: A migraine is usually a moderate or severe headache felt as a throbbing pain on one side of the head. Many people also have symptoms such as feeling sick, being sick and increased sensitivity to light or sound. Further advice on migraines can be found at: <https://www.nhs.uk/conditions/migraine/>

	Every month	Most months	Sometimes	Rarely	Never	I'm unsure if I have experienced this symptom
Abdominal pain/cramps						
Backache						
Headache						
Migraines						
Nausea						
Vomiting						
Bloating						
Weight gain						
Water retention						
Tiredness/Fatigue						
Lack of co-ordination						
Sleep disturbances						

Hot flushes/Sweating						
Breast tenderness						
Changes to normal bowel habits						
Appetite disturbances						
Flooding/leaking						
Blood clots						
Mood changes/Mood swings						
Feeling irritable/angry						
Feeling sad/teary						
Feeling worried/anxious						
Feeling distracted						
Reduced ability to concentrate						
Lack of motivation						
Lack of focus						
Reduced sex drive						
Increased sex drive						

25. Please use the space below to name any other symptoms you experience not listed above, and how frequently you experience them. If you do not experience symptoms outside of those listed above, please write 'N/A' in the space below.

26. Looking at the list of common menstrual cycle symptoms below, for every symptom you experience, please tick the box to indicate how severe you perceive it to be, with regards to your own lived experience.

	Not at all	Very mild (VM)	Mild	Average	Severe	Very severe (VS)	I'm unsure if I've experienced this symptom
Abdominal pain/cramps							
Backache							
Headache							
Migraines							
Nausea							
Vomiting							
Bloating							
Weight gain							
Water retention							
Tiredness/Fatigue							
Lack of co-ordination							
Sleep disturbances							
Hot flushes/Sweating							
Breast tenderness							
Changes to normal bowel habits							
Appetite disturbances							
Flooding/leaking							
Blood clots							
Mood changes/Mood swings							
Feeling irritable/angry							
Feeling sad/teary							
Feeling worried/anxious							
Feeling distracted							
Reduced ability to concentrate							

Lack of motivation							
Lack of focus							
Reduced sex drive							
Increased sex drive							

27. Please use the space below to name any other symptoms you experience not listed above, and how severe you find them. If you do not experience symptoms outside of those listed above, please write 'N/A' in the space below.

28. In your own words, please describe the impact menstrual symptoms you experience have on your ability to perform in your sport both at training and competition.

29. Do you take any medication (excluding hormonal contraception) to control your menstrual cycle symptoms? E.g. Prescribed medication, painkillers, supplements etc.

1. Yes: Please state the name/type of medication you use to control your symptoms_____
2. Sometimes: Please state the name/type of medication you use to control your symptoms_____
3. No

30. Do you use any non-medication based methods to control your menstrual cycle symptoms? E.g. Hot water bottles/cold patches, physical exercises, eating comfort foods, meditation/relaxation exercises, homeopathy etc.

1. Yes: Please state the non-medication based methods you use to control your symptoms_____
2. Sometimes: Please state the non-medication based methods you use to control your symptoms_____
3. No

Section 9: Activity Levels

31. Do you ever avoid, reduce or change your exercise/sporting habits during your period?

1. Yes: Please state what you avoid, reduce or change and how it may affect your sporting performance and well-being _____
2. Sometimes: Please state what you avoid, reduce or change and how it may affect your sporting performance and well-being _____
3. No

32. Do you ever feel your coach and/or other people make adjustments or changes to your exercise or training regime based upon your period/menstrual cycle?

1. Yes: Please state what changes/adjustments your coach and others make, and how it may affect your sporting performance and well-being_____
2. Sometimes: Please state what changes/adjustments your coach and others make, and how it may affect your sporting performance and well-being_____
3. No

33. Do you ever feel your coach and/or other people view your skills and ability to engage in physical activity, sport training or competition as limited or reduced in some way, during your period?

1. Yes: Please state how you feel this affects your well-being and ability to perform in your sport _____
2. Sometimes: Please state how you feel this affects your well-being and ability to perform in your sport_____
3. No

34. Have you ever felt that your coach and/or other people refused or were reluctant to make physical or psychological allowances for you, that you believe to be necessary whilst you are menstruating?

1. Yes (35)
2. Sometimes (35)
3. No (36)

35. Please describe any experiences you have had where your coach and/or other people refused or were reluctant to make physical or psychological allowances that you felt were necessary whilst you are menstruating. How did this impact your performance and well-being?

36. Do you track your menstrual cycle and/or menstrual symptoms in relation to your sporting performance, by using a period-tracking app or similar software?

1. Yes (37)
2. Sometimes (37)
3. No (Section 10)

37. Please state the reason(s) you use a period-tracking app or similar software

Section 10: Menstrual Communication

38. Where do you go to find and access information about your menstrual cycle?

Please select all that apply:

1. Internet
2. Books
3. Journal articles
4. Social Media
5. Health professionals
6. Friends and family
7. Period-tracking Apps
8. Other: Please specify where you access information about your menstrual cycle _____

39. Have you ever spoken to a doctor or other medical/health professional about your menstrual cycle symptoms?

1. Yes: Please state the reason(s) why you have spoken to a doctor or other medical/health professional about your menstrual cycle symptoms_____
2. No: Please state the reason(s) why you have not spoken to a doctor or other medical/health professional about your menstrual cycle symptoms_____
3. I do not experience menstrual cycle symptoms

40. Who would you usually approach to discuss any issues you may experience relating to your menstrual cycle in your sport? Please select all that apply:

1. GP (General Practitioner)
2. Sports Doctor
3. Physiotherapist
4. Coach
5. Fellow athletes/teammates
6. Physiologist
7. Sports Psychologist
8. Clinical Psychologist
9. Nutritionist
10. Sport Scientist
11. Friends and family

12. Other: Please state your answer _____

41. Would you feel comfortable approaching the following people to talk about your menstrual cycle, and the effect it may have on your ability to perform in your sport? Please select all that apply:

1. GP (General Practitioner)
2. Sports Doctor
3. Physiotherapist
4. Coach
5. Fellow athletes/teammates
6. Physiologist
7. Sports Psychologist
8. Clinical Psychologist
9. Nutritionist
10. Sport Scientist
11. Friends and family
12. Other: Please state your answer _____

42. In your own words, please describe any reason(s) as to why you may not feel comfortable approaching someone from the above list to talk about your menstrual cycle

43. Which of the following characteristics may make you more likely to approach someone, in order to talk about your menstrual cycle? Please select all that apply:

1. They are female
2. They are male
3. They also experience menstruation themselves
4. They have a lot of medical, physiological and/or psychological knowledge and understanding of how menstruation may affect sporting performance
5. I know them well/I have known them for a long time
6. I do not know them well/I have known them for a short time
7. They will be more likely to reduce what is expected of me at training/competitions
8. They will be more likely to push me and encourage me to carry on, despite difficulties
9. They have a lot of knowledge and experience in my sport
10. They help me feel emotionally comforted
11. They will provide me with problem-solving solutions
12. They have a similar religious/cultural background to me
13. Other: Please state your answer _____

44. How happy or satisfied are you with the current resources, help or support you receive related to your menstrual cycle, from other people supporting you in your sport?

	Extremely happy and satisfied	Very happy and satisfied	Somewhat happy and satisfied	Neither happy nor satisfied	Somewhat unhappy and unsatisfied	Very unhappy and unsatisfied	Extremely unhappy and unsatisfied
I feel...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Please explain in your own words, your reason(s) for the answer you selected for the previous question

46. Have you experienced situations in which you found it challenging to communicate or were not able to communicate to others that you were menstruating?

1. Yes (47)
2. Sometimes (47)
3. No (48)

47. Please describe experiences in which you found it challenging to communicate or were not able to communicate to others that you were menstruating. How did this impact upon your performance and well-being?

48. Have you experienced particular situations/events/environments, or met individuals whilst training or competing in your sport that you feel are positive or supportive towards your menstruation?

1. Yes (49)
2. Sometimes (49)
3. No (50)

49. In your own words, please describe any particular situations, events, environments or individuals you feel are positive or supportive towards your menstruation.

50. Thank you for completing this questionnaire! If you are interested in being considered to take part in an online follow-up interview that will form the second phase of this research, please leave a contact email address below. Please note, your contact information will never be shared with anyone outside of the research team. A small number (6 - 8) of suitable participants will be invited to take part in short follow-up online interviews (e.g. using Zoom, Skype, Microsoft Teams etc) based upon the responses they provided in this questionnaire. These interviews will help to explore this research area in greater detail, and may influence future menstruation-related policy and protocol, to the benefit of women, girls and menstruating people in sport in the UK. Your role as a participant in these interviews will directly inform the continuing research and applied knowledge and understanding of menstruation in sport.

I wish to be considered for a follow-up online interview. My email address is:

If you would like to be entered into a prize draw to win a £30 voucher to a UK High Street/Online retailer of your choice, please leave a contact email address below. Please note, your contact information will never be shared with anyone outside of the research team.

I wish to be entered into the prize draw. My email address is:

EMPIRICAL PAPER TWO

BLOOD, SWEAT AND TEARS: THE IMPACT OF STIGMATISED MENSTRUATION ON SPORT AND EXERCISE PERFORMANCE AND WELLBEING.

Abstract

The purpose of the study was to explore the impact of athletes' menstrual cycles and their lived experiences of associated menstrual taboo and stigma, on their sport/exercise performance and wellbeing. The study aimed to further understanding as to how menstrual stigma/taboo aversion in sport manifests through concealment and communication practices and taboo-breaking behaviours. 607 participants from 85 sports/exercise activities completed an online survey regarding their menstrual cycle, sport/exercise practice and lived experiences of stigma/taboo. Participants' verbatim answers to qualitative survey items were analysed using template analysis. The template encapsulated five data categories; 1) bodily betrayal, a culture of silence, a man's world, gendered assumptions and protective factors. Results offer an insight into the complexities of menstrual negotiation within sport/exercise environments, creating added pressure for bleeding female athletes across sports, at all competitive levels. The impact on the applied field is discussed, with focus on how findings may contribute to the de-stigmatisation of menstruation within sport/exercise environments.

Key words: Menstruation, Sport, Exercise, Stigma, Female Athlete, Performance

Introduction

The policing of menstruation, menstrual stigma and associated taboo is maintained by a culture of silence and shame (Jackson, 2019; MacLean et al., 2020). It was believed femininity, fertility and ‘female frailty’ were at risk during menses, and that responsibility fell to “rational men” to control it (Brumberg, 1998). Menstrual etiquette (Laws, 1990) dictates a culture of concealment underpinning women’s reluctance to disclose menstrual pain or irregularities, lest their experiences be stigmatised or dismissed (Seear, 2009). The perceived necessity of menstrual concealment may be felt at its greatest in patriarchal environments like sport and exercise, traditionally referred to as ‘a man’s world’ (Kitching et al., 2017; Pfister & Pope, 2018; Cervin & Nicolas, 2019). Menstrual concealment may impact upon health; an observed normalisation of abnormal menstrual experiences has ramifications in doctors’ ability to timely diagnose and treat menstrual conditions like endometriosis (Seear, 2009).

Understanding Stigma

Goffman (1963) identified stigma as a ‘stain’ perceived as a blemish on an individual’s appearance or identity, setting them apart from others. He categorised three forms of stigma; abominations of the body (e.g. deformities), blemishes of individual character (e.g. criminality) and markers of tribal identity associated with marginalised groups (e.g. race, gender, sexuality, religion etc). Johnston-Robledo and Chrisler (2013) argue that menstrual blood is a stigmatising mark befitting of all three of Goffman’s categories. Throughout history, menstrual blood has been considered both magical and poisonous (Golub, 1992). Within certain cultures, menstruating women are stigmatised as ‘unclean’ (Goldenberg & Roberts, 2004), their blood viewed as more disgusting than other bodily fluids (Bramwell, 2001; Goldenberg & Roberts, 2004). Raftos et al. (1998) highlighted how much of the implicit messaging behind menstrual product adverts is one of concealment; that women are obligated to use products to help them conceal their menstrual status and avoid being ‘caught out’ by revealing leaks or stains. Roberts et al.’s study (2002) found participants rated a female confederate as less likeable and competent, and avoided sitting close to her upon witnessing her accidentally drop a tampon from her handbag. This suggests that the presence of menstrual blood (through leaks/stains) or the presumed presence of menstrual blood through known menstrual status (visible tampons) may act as a blemish upon an individual’s character. Not all menstruating individuals identify as women, and some individuals identifying as women do not menstruate. However, menstruation and menstrual blood have historically been identifiers of female tribal identity; menarche is historically associated with the loss of girlhood and beginning of womanhood (Lee & Sasser-Coen, 1996). As such, menstrual stigma is often experienced through the preservation of unwritten psychosocial and behavioural codes that preserve menstruation and its related acts as ‘taboo’.

Menstrual Taboo

Williams (1983) posited three distinct Western taboos associated with the practices and meanings of menstruation; concealment, communication and activity. Media coverage of women's sport has also fallen victim to menstrual taboo (Kissling, 1999). Despite significant advancements within the West surrounding menstrual awareness, female athletes continue to experience such taboos. Menstruating women and girls self-report being hypervigilant about potential 'leaking' and subsequent revelation of their menstrual status, inside and outside of sport (Lee, 1994; Johnston-Robledo & Chrisler, 2011; 2013; Jackson & Falmagne, 2013; Brown et al., 2020). Such behaviours are exacerbated in perceived 'male-dominated' environments (Cabellero-Guzmán & Laufaurie-Villamil, 2020; Dykzeul, 2016). Some may even feel marginalised because of their menstruation, sometimes resulting in long term physical and psychological consequences (Zipp & Standing, 2018). It should be noted however that taboo maintenance is complex; female athletes may break communication taboo (by discussing their menstruation amongst themselves) so as to maintain concealment taboo (avoiding being 'outed' as experiencing active menstruation) (Kissling, 1996a, 1996b).

Previous research provides a brief outline of some of the difficulties associated with navigating sporting performance, menstrual cycles and adherence to menstruation taboos (see; Brown et al., 2020; Held, 2013; Moreno-Black & Yallianatos, 2005; Patterson, 1992). Menstrual narratives in sport depict a culture of silent struggle; forced to bear the physical negotiation involved between a bleeding body experiencing menstrual symptoms and tight, frequently white/lightly-coloured sports uniforms (Held, 2013). Female athletes admit being afraid of talking about menstruation with coaches (to avoid risking decreased playing time), sometimes resulting in the ignoring or denying of more serious menstrual issues (Held 2013; Patterson, 1992). Further exploration of female athletes' perceptions and attitudes towards menstruation that investigates their lived experiences of menstrual taboo has several clear benefits. It provides participating athletes a safe and confidential space to discuss their experiences, in their own words; allowing them to deconstruct communication taboos. The results may be pertinent for coaches and other support staff within the sport and exercise field, by providing insight into the varying challenges experienced by menstruating athletes. Finally, it may allow stakeholders to explore their current policies related to menstrual support and examine their effectiveness on an individual level.

The aims of the current study are therefore as follows; 1) to capture, in their own words, the varying menstrual experiences of athletes and exercisers, 2) to explore how participants may act to uphold menstrual stigma so as to avoid taboo, through concealment or other means, and 3) to identify if and when participants feel menstruation in sport is de-stigmatised and/or they perceive taboo-breaking behaviour as possible.

Methods

Participants

Self-identifying adult (≥ 18 yrs) female athletes/exercisers with self-reported regular (experiencing menstrual bleeding every 14 – 90 days) were invited to participate. Respondents were aged 29.46 ± 9.2 yrs (range: 18 – 63) and identified 30 countries of origin; predominantly the United Kingdom (72.3%), with remaining countries located in continental Europe (16.1%), North and South America, Asia, Oceania and Africa (11.5%). Athletes with historical menstrual experience (e.g. secondary amenorrhoeic, peri/post-menopausal) could participate retrospectively. Sampling was gender-inclusive, though a lack of menstrual bleeding experience rendered athletes ineligible to participate. Relevant sports teams/clubs, governing bodies and stakeholders were contacted directly to induce snowball sampling (Berg, 2006); recruitment strategies utilised social media platforms (Twitter, Facebook, Instagram), email and word-of-mouth. Over 85 forms of sport and exercise participation were reported, with 90% identifying at least recreational competitive experience. Further information regarding participants' sport type and competitive level can be found in Kiemle-Gabbay, Martin, Valentin & Forrest (2022).

Ethics

Ethical approval was granted by the Liverpool John Moores University (LJMU) research ethics committee (UREC reference: 19/SPS/068).

Materials

The Menstruation in Sport survey was compiled in 2020 using a web-based platform (QuestionPro) and contained up to 50 questions of varying types; quantitative single/multiple choice items, qualitative open-text items and rating (Likert) scales (average completion time: 14 minutes; see Kiemle-Gabbay, Martin, Valentin & Forrest (2022) for further details.

The present paper focuses specifically on the qualitative responses to several items, such as temporal questions associated with stigmatised experiences, namely; *“Have you ever behaved/dressed/spoken in a way to conceal your period in sport/exercise? Please explain why, in your own words”* (yielding 339 responses) and *“Please describe experiences in which you found it challenging to communicate, or were not able to communicate to others that you were menstruating. How did this impact your sport/exercise performance and wellbeing?”* (N=277). The questions were phrased so as to provide qualitative information that utilised an experiential lens to relate to both the description and meaning of situations, whilst also facilitating large-scale data collection to accommodate unique menstrual experiences.

Procedure

The survey was hosted online for six months (02/07/20 – 02/01/21), yielding 639 complete responses (completion rate: 44.7%). 32 participants were excluded due to identifying either as not meeting minimum age requirements (N=8) or as never having experienced menstrual bleeding (N=24), thus the sample total was 607.

Analysis

Template analysis (King, 1998; 2012) is a recommended technique for effectively analysing large-scale qualitative research projects (Brooks et al., 2015) in a variety of fields including sport and exercise (Brinkley et al., 2017; Daley & Rissel, 2011). It involves the development of a priori codes and categories related to the researcher's specific interest; further codes/categories may be added iteratively. Categories are typically hierarchically organised, with several categories grouped together to create more general codes (Kent, 2000). Johnston-Robledo and Chrisler's (2013) contextualisation of menstrual blood within Goffman's (1963) stigma theory, served as the theoretical underpinning for early code/category development. A phenomenological and psychosocial perspective was applied to explore a priori and emergent codes and categories as they related to participants' lived experience and psychological responses. The emergent codes/categories were discussed and agreed upon by all members of the research team. Counts of category mentions were recorded as an indication of relative frequency (Klaus, 1980); as per Kent (2000) parallel counting of incidents was possible. The final template (in order of code frequency) is shown in Table 1, categories in bold. Categories and codes are discussed within the results section in an order best fitting of the narrative.

Table 1: Final Template in order of Frequency

Category	Code	Frequency	Quote
1. Bodily betrayal	Clothing choices	128	"... Wear darker shorts/pants in case of bleeding through."
	Leaks and stains	105	"The fear of leakage makes you self-conscious."
	Product (in)visibility	61	"Our kit was very fitted... it made you self-conscious about whether anyone could see a pad."
	Sanitary rituals	36	"I discretely hide tampons in places so they're concealed..."
	Self-confidence ebbed away	15	"... Training isn't about training, it's about covering stuff up and feeling guilty and disappointed in your body..."
2. A culture of silence	Shame	88	"...Societal 'norms' that I grew up with... led to a feeling of shame about menstrual bleeding..."
	Masking pain and difficulty	74	"...I have to hide my symptoms or pretend that it's not a problem."
	Sparing discomfort	60	"...The men I train with would think it's gross..."
	An insufficient excuse	55	"My coach is male and does not understand or care about menstruation..."
	Hypervigilance	31	"You become very aware, almost too aware..."
	Presumed negative responses	30	"I don't want having my period to be weaponised and used against me..."
	Strength through silence	21	"I try to hide my menstruation from others because I feel vulnerable and less strong while I'm doing sport..."
	Upholding privacy	21	"No one shouts about being on their period..."

3. A man's world	Difficulty communicating with men	80	<i>"I don't ever feel like I can discuss my period with male training partners or coaches."</i>
	Fitting the masculine standard	59	<i>"...I had something to prove and should hide menstruation from fellow male athletes, so they would treat me as equal."</i>
	Lack of education or experience	34	<i>"Men are very poorly educated about how to react if they are told."</i>
	Male disgust or ridicule	25	<i>"... A much higher risk of ridicule from the male coaches/athletes – jokes about PMS and being emotional."</i>
	Inadequate facilities	14	<i>"...Changing room toilets do not have sanitary bins in the cubicles..."</i>
4. Gendered assumptions	Taking pre-emptive action	46	<i>"...If I asked for a little extra rest due to fatigue, I would be dropped or weaken my chances of being selected."</i>
	Menstrual weakness	26	<i>"...My effort in sport is not related to my menstruation in the mind of some people"</i>
	Societal pressure	21	<i>"...Menstruation is culturally to be hidden from view."</i>
	Safety in (female) numbers	19	<i>"When playing...and it's all women it's relatively fine and we can all joke/moan about our periods."</i>
	Menstrual madness	17	<i>"...People assume that if you're on your period you're going to be hostile or emotional"</i>
	Learned female secrecy	15	<i>"...My mum told me I even had to hide the wrappers of my tampons..."</i>
	Empathy through shared experience	12	<i>"I go to my sport therapist who is a female... because obviously she understands"</i>
5. Protective factors	Aging out of angst	22	<i>"...This is very far from where I'm now. I no longer care, it's part of the healthy functioning of my body"</i>
	Supportive resources or cultures	15	<i>"My coach always gave menstruating people a break or low intensity training..."</i>
	Desire to break taboo or stigma	6	<i>"At the moment I say it all the time, purposefully to help reduce the stigma."</i>
	Benefit of time	6	<i>"... It does take a bit of trust between players before you feel confident to discuss these things."</i>

Results

Over half (57.6%) of respondents (N=599) had experienced a situation in their sport/exercise practice in which they behaved, dressed or spoke so as to conceal their menstruation. Furthermore, around half (49.6%) of all participants (N=607) experienced situations in which they found it challenging, or were unable to communicate to others that they were menstruating. As indicated in the template shown in Table 1, participants' responses were understood in a phenomenological and psychosocial context; as descriptions of lived experiences and subsequent meaning-making and responses.

Bodily Betrayal

Participants described their menstrual negotiations in sport and exercise aimed at mitigating 'bodily betrayal'; engaging in concealment behaviours to avoid unwillingly revealing their menstrual status to others. They reported feeling self-conscious about their body's capability to reveal menstruation, expressing anxiety related to smells, *leaks and stains*. Respondents described using *clothing choices* when possible to mask product use, bloodstains and/or menstrual cycle symptoms (e.g. bloating); garments offering dark/black colours, loose-fits or greater coverage (e.g. leggings rather than shorts). Fear of leaking could be sufficient so as to merit total avoidance of sport/exercise during menses; "In the past I used to swim competitively, which was hard during teenage years as I wouldn't go training if I was on my period as I couldn't wear tampons and was afraid I'd leak in the pool". Failure to protect against leaks/stains resulted in (real or perceived) social exclusion, ridicule, or reduced engagement from others; "Given the contact nature of rugby I wouldn't want my teammates to have to hesitate to support in a ruck or worse - get blood on any of the other girls playing".

Menstrual blood flow (and attempts to conceal it) appeared to have an inverse relationship with confidence; the greater the fear of flooding, the more athletes' *self-confidence ebbed away*. A 'Thai boxing' athlete detailed the multifaceted impact upon performance and wellbeing; "So then training isn't about training, it's about covering stuff up and feeling guilty and disappointed in your body, your teammates and your coach. It's emotionally exhausting".

Leak/stain anxiety was heightened in athletes training/competing in male-dominant environments, with uniforms typically white/light coloured (e.g. martial arts, tennis), or whose sport practice involved close physical contact. Tight/exposing uniforms (e.g. leotards, swimming costumes, Lycra) were attributed to increasing the likelihood of revealing menstruation through product use (e.g. tampon strings, visible pad outlines); coded as *product (in)visibility*. Menstrual product concealment was not limited to clothing, instead requiring the adoption of a silent, concealment doctrine that transformed menstrual practices into *sanitary rituals*. The changing of products was a secretive affair; "I discretely hide tampons in places so they're concealed so no one knows that I have them in the locker room, and I change them out when I sneak into the bathroom" (Ice hockey player). A cross-country skier perceived the requirement to mask the sights and sounds of menstrual products as so great, that it did not reduce when in female company; "I remember an advert for silently opening tampons and that encapsulated how I felt I had to behave".

Some athletes experienced concealment taboo so keenly they avoided showering in front of others, consequently “sitting for hours in ‘dirty’ kit and pants”, or felt obligated to conceal used menstrual products on their persons rather than risk exposure through disposing wrappers in communal bins. Engaging in concealment behaviours with potentially uncomfortable or unhealthy consequences highlights the uncomfortable reality experienced by female athletes.

A Culture of Silence

Concealment practices extended beyond physical behaviour to place limits on menstrual communication. Some responses made clear their belief that menstruation was a private act that they would not feel comfortable publicising; “No one shouts about being on their period. You get on with it but don’t typically make it a public affair!” (rugby player). Others attributed menstrual *shame* or embarrassment as underpinning their reluctance to communicate; “General societal ‘norms’ that I grew up with about keeping this concealed led to a feeling of shame about menstrual bleeding... Fear of alienating others as talk of my menstrual cycle would make them feel uncomfortable” (Crossfit athlete).

If female athletes perceive a link between sporting environments cognisant of menstrual status and negative consequences, upholding a culture of silence (even at their own expense) may spare discomfort and possible negative reaction. Participants silenced their voices and bleeding bodies, to avoid creating “an uncomfortable environment” *sparing discomfort* of themselves and others. This was commonly but not exclusively reported by athletes from self-identified ‘male-dominated’ sports such as ‘Brazilian-Jiu-Jitsu’ (BJJ), who acted to avoid negative responses despite their own more tolerant beliefs; “I don’t mention menstruation at all, I believe the men I train with would think it’s gross to know they’re rolling with someone actively bleeding (I personally do not think it’s ‘gross’). *Masking pain and difficulty* during menses was therefore considered a pre-requisite to de-stigmatised sport/exercise participation.

Some athletes felt obligated to uphold a culture of silence, as previous attempts at menstrual communication had been criticised as *an insufficient excuse* for poor performance; “My coach is male and does not understand or care about menstruation, if I had a bad training day due to fatigue from menstruation he was very upset, made me train harder”. By not revealing their menstrual status, athletes hoped to avoid *presumed negative responses*, such as being “treated differently” by teammates or coaches, ‘dropped’ or blamed for poor performances or ridiculed; “I don’t want having my period to be weaponised and used against me (e.g. she’s a bit feisty today because it’s rag week!)” (Crossfit athlete). Some participants believed athletes during menses are perceived by others as ‘weakened’ compared to their colleagues. Consequently, not revealing menstrual status allowed them to maintain an image of *strength through silence*, shielding them from potential judgement; “I think I try to hide my menstruation from others because I feel vulnerable and less strong while I’m doing sport. I may also hide it because I think others will think that I’m weakened by it” (volleyball player). Fear of exposure produced descriptions of physical and psychological phenomena akin to *hypervigilance* that had a detrimental effect on performance; “You become very

aware, almost too aware and it can affect performance and also heighten anxiety levels. I don't think a lot of people are educated on the effect periods can have" (runner).

A Man's World

Two-thirds (66.1%) of participants accessing coaching were supported by men; some had male teammates, training partners or other support staff. Despite significant male presence in supporting roles, many participants reported *difficulty communicating with men*. Athletes expressed varied motivations for avoiding menstrual communication with men, including "insecurity of not wanting men to know I was menstruating" (runner), and presumed deficient empathy due to *lack of education or experience*; "Men are very poorly educated about how to react if they are told" (rower). Athletes narrated events in which they were reprimanded for requesting necessary toilet breaks whilst training/competing (so as to change menstrual products); denied requests resulted in athletes forced to bleed upon themselves. In male-dominated spaces, male coaches/teammates proximity to other women did not appear to mitigate presumed lack of empathy; "I'm the only female in my main gym, although a lot of the guys have girlfriends/wives it's still a taboo subject" (BJJ athlete).

Seeking equality in patriarchal sporting environments means adhering to the masculine norm; male bodies do not bleed. Respondents described their difficulty as female athletes in *fitting the masculine standard*, heightened during menstruation; "I also felt like I had something to prove and should hide menstruation from fellow male athletes, so they would treat me as equal" (basketball player). For those training and competing in environments typically occupied by men, *inadequate facilities* affected their ability to engage in hygiene practices; "At times changing room toilets do not have sanitary bins in the cubicles (due to usually being used for males) and therefore I find a time when other teammates aren't using the toilets to dispose of my sanitary products" (rugby player). Willingly or not, 'othering' oneself through menstrual revelation against male athletic prototypes could prompt *male disgust and ridicule*, as described by a Winter Olympian; "It [menstruation] was more openly discussed among female team members when I competed at Olympic level in bobsleigh for six years, but also a much higher risk of ridicule from the male coaches/athletes – jokes about PMS and being emotional." Menstrual communication felt impossible as it risked harmful consequence; "...it would have been seen as an excuse for performance and lead to ridicule and possibly impact on selection decisions".

Gendered Assumptions

If menstruation is perceived as a 'marker' of womanhood, gendered assumptions about the abilities of menstruating women may impact upon female athletes. Some participants described *taking pre-emptive action* in response, including concocting alternative explanations (blaming illness rather than menses for perceived weakness), avoidance (of training/competition or menstruation) and compensatory behaviours. Examples included deliberately pushing oneself harder in training so as to reduce suspicion of fatigue or *menstrual weakness*; "so that my effort in sport is not related to my menstruation in the mind of some people" (basketball player), or exhibiting overt positive emotional responses to ward off accusations of 'PMS' or *menstrual madness*; "because people assume that if you're on your period you're going to be hostile or emotional" (swimmer). Harsh judgement of menstruating women and

their expected behavioural standard was occasionally attributed to *societal pressure*, with one runner stating; “Not just in sport, but menstruation is culturally to be hidden from view.”

Some athletes commiserated in the company of women, finding *safety in female numbers*. Women and girls were described as “open”, more able to “laugh and joke about it”; bonding over *empathic shared experience*; “... sometimes I do have to go to my sport therapist who is a female and tell her what’s going on because obviously she understands”. Empathic assumption was not bound by gender, rather lived menstrual experience; a badminton player described discussing her periods as being “a lot easier with women, or trans men/non-binary people who experience periods because you can just say ‘my cramps are really bad right now’ and they’ll immediately understand and sympathise.” Whilst male-dominant environments appeared to heighten (real or perceived) menstrual taboo and stigmatising experiences, female coaches/teammates did not guarantee a reduction. Female menstrual empathy may be perceived as a ‘double-edged sword’; through shared experience women may exhibit greater sympathy and understanding, whilst being at greater risk of projecting their own menstrual experiences and coping capability onto others. For example, assuming all menstruation as equal and not accommodating for the impact of individual difference or menstrual dysfunction such as endometriosis. Internalised beliefs about concealment also appeared to have been continued across generations as *learned female secrecy*; “I never talked about my period, I wouldn’t let any of my team mates (even the female ones) know... I was taught at home to be very discreet about sanitary product disposal, my mum told me I even had to hide the wrappers of my tampons... I also had a small drawstring pouch that a friend’s mum made me for that purpose, which I kept sanitary products in so that they weren’t obvious in my bag” (cross-country skier).

Protective Factors

Though around half of all participants identified as having stigmatised experiences of menstrual concealment and/or communication taboo, a minority described protective factors, reducing any self-reported negative impact on wellbeing or performance. The majority of participants reporting a reduced impact of menstrual taboo described a temporal relationship; *ageing out of angst*; “As a teenager and in my early 20s I felt that talking about certain things (like being on my period) was off-limits. But this is very far from where I’m now. I no longer care, it’s part of the healthy functioning of my body” (footballer). Some athletes described *supportive resources or cultures* within their sporting environments such as hormonal contraceptive/menstrual product use, trusting relationships with teammates, friends/family and coaches willing to discuss and accommodate menstruation-supportive training; “...my coach always gave menstruating people a break or low intensity training. It really helped my physical and mental health” (basketball player).

A minority felt their ability to cope with stigmatised experiences improved with the *benefit of time*. This typically manifested as feeling more comfortable to discuss menstruation with others after having spent time getting to know them; “When you join a new team it can be hard communicating that you are having a tough time due to your period. I think it does take a bit of trust between players before you feel confident to discuss these things”. Some athletes identified their *desire to break taboo and stigma*; “In the past I would not dare say I had my period. At the

moment I say it all the time, purposefully to help reduce the stigma” (dancer/yogi). These athletes identified purposeful attempts to dismantle menstrual taboo and stigma as “important”, though a volleyball player highlighted the lengths still to go; “If periods were not so taboo, I could have shouted across the court that I needed to come out/get a tampon - or even not care if I bled a little bit! I can’t imagine the latter happening though.”

Discussion

The aims of the current study were threefold: to authentically capture female athletes’ menstrual experiences; explore how aversion of menstrual stigma and taboo manifests through concealment practices; and to identify self-reported taboo-breaking behaviour and occasions when menstruation in sport is experienced as de-stigmatised. Overall, the findings of this study illuminate the extensive and continuing influence of experienced menstrual stigma and taboo, on athletic performance and wellbeing.

Stigmatised Stains

Societal pressure is exerted on the individual to sufficiently ‘manage’ their menstruation; consciously avoiding noticeable behaviour change or leaking (Newton, 2012). Menstrual concealment taboo (Williams, 1983) commonly manifests as anxiety related to potential exposure of menstrual status, resulting in experienced hyper-vigilance and self-consciousness (Johnston-Robledo & Chrisler, 2013; Oxley, 1998). Johnston-Robledo & Chrisler’s (2013) understanding of menstrual blood as an abomination of the body and blemish on individual character (Goffman, 1963) was shared in participants’ descriptions of their lived perceptions and experiences. There were frequent descriptions of the potential negative power of leaks and stains; revealing not only menstrual status to others but a perceived ‘dirtiness’ and inability to manage themselves. To cope, many engaged in checking-behaviours aligned with Foucault’s (2012) theory of self-policing; self-surveillance, over-responsibility, self-blame, and self-sacrifice when attributed to negative consequences (e.g. more frequent than usual bathroom visits being viewed unfavourably by coaches). The detrimental effect of self-surveillance and bodily blame (Ussher, 2004) is of significant impact to athletes training and competing at all levels.

Silent Experiences

Our results highlight how patriarchal society and standards within sport rewards a bloodless masculine ideal, thus creating an ‘unspoken’ need to conceal menses. Female athletes hid their bleeding bodies and silenced their communication to spare their own and others’ (particularly male) discomfort, at the cost of their own performance and wellbeing. Menstrual pollution beliefs (Bennet 1983; Cameron, 1998; Crawford et al., 2014) may be experienced less prevalently at societal and individual levels within the West; nonetheless, such narratives emerged within our findings. Participants internalised fears that others may avoid being near or touching them during menses, viewing themselves as potentially ‘pollutive’. For example, a swimmer physically and verbally concealed her menstruation from male training partners, for fear they would refuse on hygiene grounds to swim through the same water as a

bleeding woman. Kowalski and Chappel (2000) propose women believe others will hold less favourable views of them, if aware of their menstrual status. This belief was shared by participants from the current study, who particularly sought to hide their menstrual status from men (typically coaches and teammates/training partners). A willing (or unwilling i.e. leaking) revelation of menstrual status resulted in expressions of ridicule, disgust and 'differential treatment' from men within participants' sporting environments; even in elite (Olympic) settings. Menstruation also signified a 'tribal belonging' of womanhood (Goffman, 1963; Johnston-Robledo & Chrisler, 2013), bonding through shared lived experience. Whilst other women generally offered empathy and comfort, a risk of stigma remained. Some participants attributed their concealment practices to learned behaviour; passed down through generations of female family and friends. Many described unwillingness to be seen as 'making an excuse' for themselves, lest their menstruation be blamed by others for poor performances or unacceptable behaviour. Improving menstrual education and awareness amongst athletes and coaches of all genders could contribute to reducing stigma rooted in ignorance.

The Power of Products

Menstruation and its practices are shrouded in silence and secrecy (MacLean et al., 2020), with concealment messages often perpetuated through menstrual product advertising (Simes & Berg, 2001). Menstrual product use is determined by individual preference, suitability and ease of access; participants' particular sporting requirements also influenced product choice. Swimmers, dancers, runners and some rugby players identified an inability to use pads; revealed by tight uniforms and unsuitable in aquatic/damp environments. Tampons and cups provided a less visible alternative, but risked revealing menstruation when needing to be changed. Participants expressed anxiety about the real and perceived consequences of being 'caught out' by their menstrual products, a source of significant discomfort and distracting from optimal performance. A menstruation-supportive culture within sport necessitates open, non-judgemental discussion surrounding product use; empowering women and girls to discover what works best for them. Such communications can increase the cultural capital surrounding menstruation, improving agency and creating a sense of community in place of solitary, silent experiences (Owen, 2022).

Breaking the Stigma

The majority of participants describing reduced perceptions of menstrual stigma and taboo identified a change occurring in relation to their age. At varying self-determined ages and stages (e.g. post-childbirth, peri/post-menopausal) they described both more positive views of menstruation (as a sign of good health) and being less concerned about the cost of willing/unwilling lack of concealment. Whilst this 'ageing out of angst' narrative may provide some comfort, Chrisler (2011) details the potential harm associated with the 'threat of the menopausal woman'. A truly menstruation-supportive culture cannot rely on the individual potential to experience reduced perceptions of and responses to menstrual stigma as a consequence of ageing. Rather, conscious action should be taken early, reducing menstrual taboo and the pressure to conceal from menarche. Participants evidenced the importance of the present moment on progress within sport to de-stigmatise menstruation, though expressed they were unable to do it alone. By encouraging athlete-led menstrual communication, coaches are uniquely placed to contribute towards breaking long-held, harmful stigma, freeing athletes to focus on more effective performance.

Strengths and Limitations

A strength of the paper is its participant sample size and diversity, plus breadth and scope of data collected. The type of data was most appropriately analysed using template analysis. This allowed meaningful interpretation of large-scale data, and collected global menstrual experiences; thus our findings and suggestions may be more easily generalised to wider populations. Our approach to the survey design enabled a collection of responses that illuminated the balance between individualised menstrual experience and universally stigmatising taboos. Furthermore, our findings shed light on the potential impact menses has upon sport and athletic wellbeing; adult athletes across varying ages, social demographics, sport types and competitive levels described a complex array of psychological and behavioural negotiation. This is of crucial importance to coaches and other staff supporting athletes, who must seek to explore how effectively their own sport and exercise environments support menstruation. The authors acknowledge a weakness of the study lay in the brevity of survey responses compared to in-depth semi-structured interviews exploring individual experiences. A survey-based design incorporating free-text elements also did not allow for any further probing from an interviewer, which may have impacted the potential richness and depth of collected data, balanced however against breadth and diversity of views and experiences.

Conclusion

This paper offers an insight into the complexities of lived menstrual experiences within sport and exercise. Developing menstruation-supportive training environments remains a fundamental aspect of supporting female and menstruating athletes; despite this, for many it remains lacking. Our findings highlighted how even today, menses and its management remains a typically solitary affair, and navigating menstrual stigma and taboos can have self-reported significant impact upon performance and wellbeing. Coaches and other support staff should seek to encourage athlete-led menstrual communication; exploring how best to support their needs through adapted training loads, uniform changes, and eliminating gender-based assumptions and stigmatising responses.

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RESEARCH COMMENTARY

Before beginning the Professional Doctorate at Liverpool John Moores University (LJMU), I would have described myself as a fairly confident researcher for my 'age and stage'. My preference was in conducting small-sample, in-depth qualitative research that investigates underexplored populations or phenomenon. I was confident in my ability to produce doctoral-level research, due to my success in obtaining a peer-reviewed publication (my MSc thesis; *'Coping in high-risk snow-sports: A qualitative exploration of alpine racing and freestyle athletes' experiences'*) and national conference presentation (on the same thesis) in 2017, prior to beginning the doctorate. I believed that these achievements meant I was already capable of demonstrating sufficient competency in research skills; producing novel papers of a publishable quality that are of interest and benefit to the wider sports and exercise community. What I naively hadn't realised, is that there is significantly more to a doctoral research journey than having the ability to write a single published paper. Whilst I felt I had a good understanding behind *what* I was interested in researching, I realised soon after starting the doctorate that I had never thought to consider *why*.

Understanding one's epistemological and ontological positions before designing and conducting research, helps to ensure coherent methodology (Mayan, 2016). My ontological understanding is pragmatic, not beholden to any one specific position. I consider psychology to be a measurable phenomenon that exists within non-homogenous social praxis (Guyon et al., 2018; Madill et al., 2000) and therefore can be understood and measured any number of ways. My epistemology is grounded in critical realism (Bunge, 1993), and I appreciate data can be understood and analysed through both interpretative and statistical means. I am self-aware of my perceptions and experiences, and of their influence on my role as a researcher. I enjoy engaging in projects that have clear real-world impact extending beyond academia; authentically exploring lived experiences and engaging in interpretative meaning-making. During my training, I have moved from an early preference for qualitative methodologies to a more well-rounded mixed-methods researcher. The vast empirical dataset on menstruation in sport I collected challenged me to find both qualitative and quantitative means to analyse it.

I am often inspired to conduct research that relates to my own life or experiences in some way. For example, I was already familiar with the intricacies of alpine and freestyle snow-sports competition examined in my Masters thesis, as a former semi-elite ski racer. Whilst this could be understood by some as self-centred, I have found having a more personal understanding of the potential impact of your research helps to maintain motivation during challenging or doubtful moments. I also acknowledge that when conducting research that you are personally interested in, there is a risk of epistemological bias; projecting your own perceptions and experiences to guide your research choices. However, I would counter that no researcher is ever truly and completely neutral. To guard against criticism of this approach, if I was a neurologist working in epilepsy, it would be expected that my focus for research would be on neurological disorders related to epileptic seizures, rather than heart disease. I am a trained psychologist and former semi-elite athlete, enrolled on a professional doctorate in sport and exercise psychology. It would therefore, be absurd to assume I wouldn't be interested in sport-based research projects that directly benefit athletes.

Whilst my background and experiences inform the type of research I am interested in conducting, my pragmatic ontological position informs my methodological choices. As opposed to having a fixed ontological standpoint, I allow my research question, prior theoretical knowledge and thoughts about my potential data, to influence my methodological approaches. Consequently, my doctoral research portfolio encompasses mixed-methods projects with a range of theoretical underpinnings. Working in this field, it's helpful to have a range of methodological experience as it makes possible a wider variety of analytical approaches. Because I am self-aware of my belief that a single research question may have a range of aspects to be studied, and that a research project may raise as many questions as they answer at its conclusion, I have actively participated in multiple research groups through my training. Increasingly, large research organisations such as universities advocate collaborative research teams as their workforce approach (Kyvik & Reymert, 2017); I believe exposing myself, my ideas and research projects to other people with ranging backgrounds, ontological, epistemological and analytical positions supports my own work and philosophies as being more well-rounded.

In my plan of training I proposed a variety of potential research topics, namely; athletes' experiences of living with chronic illness, an exploration of perpetrated abuse (physical, emotional and/or sexual) within sport and exercise, and a continuation of my studies within coping in high-risk sport. As is evident in the reading of this portfolio, my doctoral research has instead been concerned with topics highly relevant to applied sport and exercise psychology, but also health inequalities. My empirical research explores the perceptions and impact of menstruation in sport on athletic performance and wellbeing, and I systematically reviewed the barriers to physical activity and participation for gender non-conforming (GNC) people. Early in my doctoral journey, I highlighted some concerns I had regarding the suitability of my research topics. I suspected that sporting organisations, governing bodies and coaches may not be willing to assist in advertising a study related to athletes' traumatising experiences of abuse in sport; especially when the principle investigator is a trainee. I went back and forth considering systematic review topics, running 'quick and dirty' (Malachowski, 2012; Vindrola-Padros & Vindrola Padros, 2018) database searches that produced unsatisfactory results. My early confidence and resolve in my research skills was shaken, and I felt significantly less knowledgeable and experienced than those in my cohort who had attended LJMU for their undergraduate/Masters degrees and already familiar with more complex research processes. I shared my concern with some of my peer-group (also new to LJMU); none of us had any previous experience in conducting systematic reviews and found the concept quite overwhelming. Consequently, I delayed beginning my review for some time; sporadically engaging in research question formulation and mini-searches, only to become disheartened and abandon the process once more.

Ultimately, my systematic review topic found me, rather than the other way around. I became involved with the DSEP committee in 2019, assisting Dr. Emily Pattinson in the 'Social Media and Communications' role as the trainee lead. Emily contacted me in April 2020, inviting me to join her and a colleague (Dr. Han Newman) as a co-researcher of a systematic review exploring trans peoples' experiences of exercise. I was drawn to Emily's passion about the project's subject matter, and could clearly understand the potential meaningful impact that the research may have on the lives of GNC individuals in sport and exercise. Whilst I am cisgender I am a member of the LGBTQ+ community

and have spoken or otherwise contributed to several conferences, panels and other events relevant to LGBTQ+ rights. I gladly accepted Emily's offer to collaborate on the project, and we began the research project in earnest as a group in November 2020. Our research coincided with my joining of the BPS DSEP EDI (Equality Diversity and Inclusion) working group, in October 2020; with whose members I recently co-authored and published a mixed-methods research project in the *Sport and Exercise Psychology Review*; *'Understanding inequality: The experiences and perceptions of equality, diversity and inclusion of those working or studying within sport and exercise psychology'* (Morris et al., 2022).

Emily, Han and I worked together throughout the COVID-19 pandemic, using Zoom and GoogleDocs as tools to streamline remote working and collaborative writing/editing. Working as a trio, we formulated and developed our research question and aims, obtained ethical approval and Prospero registration, undertook quality analysis and 'narrowed down' selected papers for inclusion (Emily independently conducted preliminary database searches) and wrote the paper. The anxiety and uncertainty I had felt about conducting a systematic review were drastically reduced as a result of the collegial support I received from Emily and Han through our collaboration. My perception of our relationship dynamic as a research group was one of mentors (Emily and Han) and mentee (myself); I based this assumption on my in-training status and comparative lack of research experience and publications. One of my proudest moments in my doctoral research journey came from some feedback Emily gave me towards the end of our write-up, after seeing her proposed authorship order. She expressed her perception of us all as equals; although I was the most junior researcher, my knowledge and experience had been as valuable and valued as her own and Han's. Consequently, she felt my contribution warranted last authorship; typically denoted as the most senior or supervisory researcher (Panter, 2017).

I first became interested in menstruation as a research topic after an incident occurring during a bout of ski training; in which my male coach and peers were becoming increasingly frustrated with my requests to find a bathroom on the mountain. I'm typically a confident person, yet as the only female member of our training group I was unwilling to risk their disgust or ridicule by explaining why I couldn't simply join them in "going behind a rock". This inspired my early research proposals, which I advertised to Sport Scotland and Sport Wales. Their rejection of my project as "too female-focused" and "too negative" was hard to hear; though it was through these early disappointments that I became introduced to Dr. Laura Forrest at the University of the West of Scotland (UWS), my first co-researcher. At her suggestion, we welcomed Dr. Dan Martin (University of Lincoln) and later Dr. Stephanie Valentin (UWS) to our project, forming the Menstruation in Sport (MiS) research group. Laura and I in collaboration designed the MiS survey; to account for the variability of menstruation we included opportunity for qualitative data entry throughout. This accounted for participants' individual differences and subjective experiences, and avoided the pitfall of oversimplification by categorisation. With the benefit of hindsight, creating a survey of such length and complexity, and including processes that enabled independent answering, made for a significantly more complex analytical process. However, one of the greatest strengths of the MiS research projects is in its versatility and authenticity; participants' unique experiences are reflected in their own words, alongside more broadly applicable quantitative understanding.

We hosted the survey online for six months, using Social Media and other online-based recruitment strategies, as at that time competitive sport in the U.K. had only returned on a limited basis, behind closed doors (Department for Digital, Culture, Media & Sport, 2020). Whilst our strategy was highly successful, engaging in public online spaces such as Twitter is not without risk. I received a number of aggressive and threatening communications during the recruitment period, from Twitter 'trolls' who took issue with a research project that openly discussed menstruation, or the account's use of inclusive language (seemingly both too inclusive and not inclusive enough, depending upon who was 'trolling'). The added labour of 'safety work' forms an invisible backdrop to feminist researchers' methodological decisions (Vera-Gray, 2017), and in this case neither I nor my research project were an exception. I consequently followed Waling et al.'s (2020) strategies for managing 'trolling' commentary of online recruitment (non-response, deletion) and these instances subsided.

I had not anticipated such a positive response to my recruitment strategy; we had anticipated between 100-500 responses in our ethics application. In actuality, our survey was viewed over 8000 times, yielding over 600 complete responses. There were issues in downloading our raw data files from QuestionPro into Excel, and consequently I had to resort to manual input. This was an arduous and lengthy process; my final raw data spreadsheet contained 257'638 cells of entered data, both quantitative and qualitative. It became apparent that writing a single paper encompassing all our survey results would be impossible and un-publishable, so decided to 'salami-slice' (Menon & Muraleedharan, 2016) our findings. Similarly, it became clear that we had sufficient qualitative data to answer our research question upon reading the open-text responses from participants' concerning their experiences of menstrual stigma and taboo. Therefore, I could see no justification for continuing with my proposal to write my second empirical paper based upon follow-up interviews of a minority (<12) of participants. Instead, I used narrative content analysis (Klaus, 1980) and template analysis (King, 1998; 2012), recommended as a technique for analysing large-scale qualitative research projects. As a mixed-methods researcher, I found enjoyment in learning and applying these new techniques as they allowed me to tell a more well-rounded story of my data; combining my love for interpretative analysis with supportive quantitative and statistical analysis. I would also state that changing my methodological approach at this stage further supports my self-identified pragmatic research philosophy. The results of my second paper provide significant width and breadth of menstrual understanding in sport, as opposed to the more traditional depth associated with small-scale qualitative studies. I believe that adopting an approach that produces qualitative results more easily generalised to larger populations was justified; given that half the world's population is likely to experience menstruation at some point in their lives. I hope to return to the MiS research project post-doctorate; there is certainly still sufficient data to tell new stories about the experiences of menstruation in sport and exercise.

I experienced a number of challenges as a doctoral researcher that I would identify as typical (see: Baptista, 2011). More specifically, being a member of three multi-disciplinary research groups, conducting and writing-up four empirical projects concurrently, required strong (time and people) management, communication and interpersonal skills. I experienced some difficulties in attempting to balance the multiple and varied viewpoints of my co-researchers, all more senior and experienced than I. Even as a principle investigator and first author, my relative naiveté (compared to colleagues) meant at times I struggled to balance their ideas and suggestions against my own. I grew in confidence over time as I progressed through my training, and found it easier to advocate for myself and my ideas within group discussions. I am extremely grateful to all of my research group colleagues, and would re-iterate that the strength of my doctoral research lies in its diversity; of subject, authors and impact. I have experienced some early setbacks in my quest for peer-reviewed publication. Despite receiving positive feedback from reviewers remarking on the significance and novelty of my findings, I am yet to be accepted for publication. As a person prone to self-criticism, I am reminding myself that coming up against a <15% publication success rate is challenging, thus rejection is no indication of my own (or my research's) worth. I believe in the applied value and impact of the MIS papers, and my reputation as a menstrual researcher has resulted in invitations to present and facilitate workshops at several scientific conferences and other events. In summary, the overarching lesson that my professional doctorate research journey has taught me, is one of personal and professional development. I am capable of doing much more than I give myself credit for, I am not afraid to adjust my plans and try new things, and I am more resilient than my moments of self-doubt would have me believe. The challenges I have faced have made me a more competent and confident researcher; able to work independently and collaboratively, engaging in novel and impactful work relevant to a variety of sport, exercise, health and wider psychology fields.

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REFLECTIVE COMMENTARY

This reflective commentary is the final assessment included in my portfolio, and the last to be written. Contrary to the idea that I may have been 'saving the best for last' this essay is in fact the one I was most hesitant to write. I didn't know where to begin; I have been studying for four years and feel like a different person (professionally and holistically), compared to when I began my training in January 2018. As well as experiencing the typical peaks and valleys associated with post-graduate study (Fung, 2014; Gupta, 2019), this period has also included considerable life challenges; moving house, physical and mental illness, bereavement, unemployment, the global COVID-19 pandemic and lockdowns, and beginning personal therapy.

Reflective practice has been the aspect of the professional doctorate programme that I have found most challenging. As a person who often experiences self-criticism and imposter syndrome (Clance & Imes, 1978), I felt reluctant to look backwards and re-expose myself to testing experiences; laying my struggles and triumphs bare, to be judged by others. I recognise that this is an avoidant coping response (Endler & Parker, 1990) and that by re-framing my thinking, I can overcome my anxiety of feeling exposed. Thus, I am approaching this commentary in a manner congruent with my values and philosophical approach; non-judgementally and with a curious attitude. Through this re-exploration, I aim to uncover what can be learned about my continued professional development (CPD) and personal growth.

This commentary adopts the use of a reflective process that both 'zooms in' on specific moments of my journey and 'zooms out' to place my reflections within a wider context (Risner, 2002; Watson, 1998). In doing so, I hope build a narrative that goes beyond what I have done and learned in the past, but also speaks to how I may continue to grow and develop in the future. During the final months of my training and in advance of writing this commentary, I re-read all of my formal and informal reflections and diary entries. Doing so enabled me to re-familiarise myself with my historical experiences and personal narrative (Risner, 2002) and update earlier entries with more current empirical and theoretical support from the literature not available at the time of writing. I find this approach has allowed for a maturation of the reflective narrative told through my diary and subsequent commentary, without sacrificing the authenticity of in-the-moment responses.

Reflections on Reflection

In the first year of my training, I relied on Gibbs' reflective cycle (1988) as my model of choice during reflective practice. Whilst I still find this an effective reflective tool, in the first two years of my doctoral studies I often struggled to populate all six of the stages. During reflective practice, I frequently experienced self-doubt and was uncertain in distinguishing *what* I should be writing and *where* I should be writing it. It seemed to me, that my confusion arose from finding different stages of Gibbs' cycle to be thematically similar. The anxiety I experienced during periods of formal reflective practice reduced my motivation to engage in it frequently, unwilling to repeatedly expose myself to a cycle of second-guessing my actions. Additionally, I found it hard to dedicate time to formal written reflective practice during busy periods in my professional and personal life; it felt more appropriate and aligned with my values to prioritise imminent deadlines and focus on my applied work in the 'here and now', rather than looking back and re-exploring things I'd already done. Consequently, I relied heavily on in-the-moment, informal reflections (e.g. recording reflective voice notes/writing case notes that included reflective elements after sessions with clients) during the first 27 months of my training.

The development of critical reflective skills is a core educational component for health and social care professions students (Brown et al., 2015). When I read back over my earliest reflective diary entries, it was a tale of extremes; entries were either rambling streams of consciousness not theoretically underpinned, or description-only bullet points. In the first half of my training I did not fully appreciate the necessity or benefit of regular reflective practice on practitioner development. Instead, I found that I gained more through supervision. Being able to bounce ideas off someone more experienced and collaboratively reflect together on my training felt much more significant an influence on my professional development than writing descriptive diary entries. However, I had not considered that for effective learning to take place, it is essential that reflective practice extend beyond the simple narrative description, considering the meaning and interpretation of events to inform the development of future action plans (Brown et al., 2015; McEwan et al., 2015). As a naturally anxious person, I struggled with the concept of critical self-reflection. Though I had clear understanding and appreciation for the importance of regular reflective practice on sport psychologists' professional development (Anderson et al., 2004; Cropley et al., 2010), I was worried about the potential for diary entries to spiral into self-criticism, with my self-doubts and imposter syndrome (Clance & Imes, 1978) writ large for my supervisor (and later examiners) to see;

“Over time however, I began to over-analyse my feelings, transforming them into self-doubt and self-competence anxieties (Braslow et al., 2012)” — ‘From MSc to Trainee’ – Reflecting on a recently started journey

However, in my experience reflective practice can positively impact professional development, especially in its most anxious, un-sanitised, 'warts and all' form. At its heart, reflection is about furthering understanding and meaning-making through asking ourselves challenging questions about significant moments in our lives (Risner, 2002). After struggling with independent reflective practice, I turned to my peers from the professional doctorate

cohort for support. As fellow trainees, they better than anyone truly 'got it'; many of their thoughts, emotions and experiences mirrored my own. As I have progressed through my training, I found opportunities to widen my trainee/novice practitioner professional network, through attending conferences/CPD training and the Scottish Network practitioner development group. This increased sense of support was the encouragement I needed to begin engaging in more independent study of the literature related to reflection and practitioner development. Instead of finding reflection a confrontation that heightened my anxiety, through honest discussion with peers and reading frank and highly-personalised reflective accounts of the experiences of trainee and neophyte sport and exercise psychologists (Holt & Streat, 2001; Tonn & Harmison, 2004) I found belonging in realising 'we're all in this together'. Self-awareness often develops through self-reflection, often with associated benefits to self-confidence, self-management and effective service delivery (Jones et al., 2007; Tonn & Harmison, 2004); despite my early hesitancy, this has certainly been the case in my experience;

"Disclosing your personal thoughts, feelings, triumphs and anxieties with others as part of reflective practice serves as a reminder that we all people first, practitioners second (Anderson et al., 2004; Nelson-Jones, 2010) – a concept I feel I sometimes forget to apply to myself during moments of self-doubt." — *Presenting to professional doctorate peers*

Perhaps unsurprisingly, within the first few months of the pandemic all my applied work with clients was subject to sudden suspension or termination of services as we learned to adjust to 'the new normal' (Corpuz, 2021). This presented an opportunity to dedicate greater time to my research, as well as looking back on previously completed work and reflective practice. In the latter half of my training I found the 'What? So What? Now What?' model of reflective practice (see: Brown et al., 2015; Rolfe et al., 2001). The model's reduced, and what I found to be more 'to-the-point' stages (compared to Gibbs' cycle) increased my feelings of competence and reduced my anxiety related to reflective practice. The increased sense of capability in turn improved my motivation to write more reflective diary entries, as well as editing historical ones to fit the new model. Consequently, all reflective diary entries included within this portfolio follow this structure.

Philosophy of practice

When I first started the professional doctorate, I had been working at the high school for four months. As my Masters degree had not involved placement work, I was reliant on an introductory training course in Cognitive Behavioural Therapy (CBT) and a background in sports coaching as the previous experience underpinning my early approach to practice. Teaching sessions on philosophy of practice were eye-opening; the idea that practitioners/research all have philosophical, ontological and epistemological positions was a new concept for me. Conversations with peers only went some way to reducing my anxiety; several had attended LJMU for their undergraduate and/or MSc degrees and were more familiar with understanding and applying such concepts in their work. I realised that so far in my journey I had been attempting to "fake it 'til you make it" (Vealey & Vernau, 2012)

and using an eclectic approach (Jarvis; 2006; Poczwadowski et al., 1998) to service delivery. This was my attempt to be seen as capable (in the eyes of both my clients, and myself) and able to do something that works, even if I wasn't sure how or why;

“I have experienced some anxiety throughout my training so far that could be described as *'I don't really know what I'm doing, why I'm doing it, or if it's going to work.'*” — *Developing a practitioner philosophy*

Through reading about the different common philosophical and service-delivery approaches in sport and exercise psychology (Keegan, 2015), I was able to retrospectively understand how my historic and ongoing applied work was informed by a rudimentary philosophy. I had always based my practice upon a cognitive-behavioural theoretical paradigm for behaviour change (Poczwadowski et al., 2004), in the sense that I maintain a scientific understanding that people's cognitions and behaviour are fundamentally linked and thus have influence on each other. When working, I allowed my values (see; Wilson & Murrell, 2004) of openness, compassion, honesty, humour, bravery, and curiosity to guide my interactions with clients. Both then and now, I see my clients as the expert of their own experience and author of their own story (Anderson & Goolishian, 1992), allowing them to take the lead during sessions. These teaching sessions provided me with a vocabulary to help me make meaning of my experiences, reducing my sense of professional anxiety;

“Learning more about philosophical paradigms and assumptions, I am able to retroactively label, understand and evaluate my approach to practice, and this has helped to alleviate some of my experienced imposter syndrome (Clance & Imes, 1978)” — *Developing a practitioner philosophy*

Though at the time I would have described my practitioner identity as fairly settled, looking back at my reflective diary it is evident that my desire to remain open-minded hinted at room for further development and shifting from eclectic to integrated service delivery. I have engaged in significant continued professional development (CPD) to supplement my doctoral studies in a range of therapeutic frameworks such as CBT, Acceptance and commitment therapy (ACT), Mindfulness-based Stress Reduction (MBSR) and Compassion-Focused Therapy (CFT) alongside training workshops more directly relevant to applied sport and exercise psychology. This combination of my doctoral and additional CPD training has had the greatest influence on my approach to formulation and intervention strategy decision-making skills. In a late diary entry, I note how this development is reflective of the increase in knowledge, skills and training I have acquired over the course of the doctorate, but also a necessary response to the flexibility required when working within our field that often demands a certain degree of theoretical eclecticism/integration (Poczwadowski et al., 2004). Consequently, I feel more confident in myself and my work;

“On reflection, I’m more innovative and dynamic in my decision-making than I thought previously; allowing me to effectively support the multitude of clients’ performance and wellbeing needs.” — *Follow up: Developing a practitioner philosophy*

A broader understanding of applied practice

As sport psychology accreditation and qualification pathways have advanced, so too has the breadth and depth of competencies trainees are required to gain, including the potential to fulfil multiple roles when working within sport/exercise systems (Jones et al., 2007). It has often been said that to cope with the demands of working in the field, sport psychologists must be prepared to wear many ‘hats’ (Williams & Andersen, 2012). As a result of having its roots in physical education and sport science, applied sport psychology can feel ‘messy’ and without clear boundaries; perhaps even more than in clinical or counselling psychology settings (Andersen et al., 2001). I often felt I received more authentic connection and understanding from coaching staff at GB/England water polo when I wore my ‘coaching hat’ during discussions, particularly when using examples from my own experience (as a coach and athlete) to illustrate my points.

It was through returning to work as a snow-sports instructor that I gained appreciation of how trainee psychologists often must engage simultaneously in a variety of roles (Olk & Friedlander, 1992). These roles may demand conflicting attributes and skills (Olk & Friedlander, 1992), for example I exist both as a doctoral student who submits to evaluation from my supervisor and also must find work as an educator/guest lecturer and an autonomous practitioner, explore and critique my own and my peers’ (in peer supervision) professional development. It was after learning about pedagogical theory in more depth on the LJMU 3’is training course that I began exploring how significantly sport and exercise psychology underpins my ski coaching;

“The pedagogical knowledge I now have as a result of my doctoral training gives me a new appreciation for the benefits and limitations of both strategies. Furthermore, I have a clearer understanding as to *when, how* and *why* I should use them so as to coach most effectively.” — *Life as a ski instructor*

I still remember the surprise I felt at my supervisor’s response, when during a meeting I confessed that despite our teaching sessions, I still felt unsure what exactly a ‘sport and exercise psychology intervention’ is... and how I would know whether or not I’m doing one. Keegan’s (2015) model of service delivery appeared linear and directional, with clear boundaries between stages. Consequently, I wasn’t sure how my ongoing long-term role at the school fitted into it. Athletes would drop in to one-on-one sessions with me as and when needed, often just for a quick chat rather than attending formal, structured intervention sessions. In response, he told me that sometimes clients’ most significantly experienced moments of psychological intervention occur in the small and informal conversations we have with them. Before this supervision meeting, I had never considered these subtle moments of applied sport and exercise psychology as true intervention, compared to more formal service delivery (e.g. psychoeducational

workshops, one-on-one sessions). I had maintained this belief even though I was aware that my psychological knowledge and training would guide my responses to clients during such conversations. I was working under the assumption that mine and the client's shared perception of the informal nature of 'having a chat' outweighed the potential impact of having significant influence on behaviour change. This reassurance from my supervisor allowed me to reflect back on prior applied work with a new set of eyes. Consequently, I felt enabled to give myself credit for engaging in authentic consultancy with clients, where I'd previously felt we were 'only chatting'. This broadened understanding of how I define applied sport and exercise psychology and how I move between roles or 'hats' within my own practice continues as I progress through my doctorate and beyond.

Coping with critical moments

It has frequently been highlighted within the literature how the experience of critical moments in applied practice (and individuals' subsequent responses) is what characterises sport and exercise psychologists' developmental journey (Wadsworth et al., 2021) and approach to the profession (McCormick & Meijen, 2015; McEwan et al., 2019). As the substantial stresses on athletes' mental health have increased, so too has the demand for our discipline to respond to critical moments related to supporting wellbeing (Schinke et al., 2018; Aoyagi et al., 2012). My first critical moment of this nature came very early in my doctoral studies, when an athlete at the school disclosed his distress related to experienced life challenges. At that time, I was only one month into my training and found myself having to fight against my instincts as to how to handle the situation;

“I had to sit with and explore my instinctual desire to offer him some comfort in the moment during his disclosure, when in reality I have little tangible power to influence the root causes of his distress (death, trauma and financial difficulty), only his response to them.” — *A confidential disclosure*

Like many trainees early in their applied practice journey, this experience brought up feelings of being “thrown to the wolves” (Tonn & Harmison, 2004). I was anxious about making mistakes and uncertain about my ability to help (Quartioli et al., 2022). I had found it challenging to see the visible signs of distress my client had displayed during the disclosure, and though I desperately wanted to help, I was not confident that providing psychological support for issues originating outside of sport was appropriate;

“I am wary of the limits of my professional competency and responsibility with regards to providing sport and exercise psychology support that is significantly more mental-health focused (as opposed to performance) and the subsequent ethical risks posed (Keegan, 2015).” — *A confidential disclosure*

As my training progressed, I noted that even the most seemingly performance-focused clients often exhibited wellbeing concerns. Developing competence in mental health support and counselling skills is described as necessary; both for trainee development and the advancement of the discipline (Aoyagi et al., 2012). Through my

supervisor, I became aware of a more competency-based understanding (Fletcher & Maher, 2013) of trainee practitioner development; exploring how whilst working within the boundaries of my professional competency, I might utilise CPD, supervision and independent study to support my doctoral training and become more confident in supporting athletes' wellbeing. My confidence grew through repeated exposure of working with clients experiencing mental health distress, and the experience and training I have gained in clinical and counselling related skills. Consequently, when faced with a disclosure of suicidal ideation from a client several years later, my immediate response was calm and focused, rather than panicked;

“I began by assessing the degree of immediate risk of harm to self/others. My client expressed she had thoughts of suicidal ideation and other escapist fantasies, but had not attempted to harm herself (or others) in anyway, nor made suicidal plans or preparations. As such, I judged that my client was not in immediate danger, and sought to keep her engaged in conversation.” — *Suicidal ideation disclosure amidst a global pandemic*

Risk-management is often cited by psychology trainees as particularly critical to the development of their personal and professional skills; as such situations often take practitioners to the limits of their competence and may demand interprofessional working (Ward, 2013). This was my experience; I reached out to clinically-trained peers for support and guidance, and whilst I arranged for follow-up sessions with my client, I also signposted to mental-health and clinical support services better able to support her needs;

“In addition to the above reassurance, I strongly encouraged my client to access appropriate professional help and signpost her to relevant information. I advised her to contact her GP at the earliest possible convenience and ask for a referral to NHS mental health support services in her local area.” — *Suicidal ideation disclosure amidst a global pandemic*

It is through this growth in my ability to respond calmly and effectively to critical moments, that I felt able to cope with critical moments during the course of my training that placed me at the centre. Whilst there were many challenges, the most pertinent were the workplace-based repeated sexism and incident of sexual assault, that I experienced both of whilst studying for the doctorate. Though these incidents had a detrimental impact on my self-esteem and confidence, I note from my reflective diary entries that I found strength and solace in supervision and reflection afterwards;

“Suffice to say, I will console myself through writing this reflection, and perhaps sharing my frustrations with trusted female friends or colleagues who I know to have had similar experiences. Sexism in sport is nothing new, after all. “ — *“The Girls”*

I have found a deepened sense of resilience and empathy through these experiences, and the act of sharing them as reflections included within this portfolio. I believe that my status as a 'wounded healer' (Wheeler, 2007; Zerubavel & Wright, 2012) is powerful; by exploring my own critical moments in depth I am better placed to understand and help my clients with their own. I hope to continue seeking out additional training, study and opportunities that allow me to develop my clinical skills further.

Gaining a new perspective

The novice psychologist journey can be arduous, with an experienced fragile and incomplete practitioner-self compounding difficulty (Skovholt & Rønnestad, 1995). Whilst I had experienced mental health distress prior to my doctoral studies, in early 2020 this escalated to an untenable point and I sought (NHS provided) long-term therapy. The combination of academic pressure, 'triggering' events linked to historical traumas and grief related to multiple bereavements felt too overwhelming to cope with alone. I experienced a loss in the improvements to my self-esteem and confidence gained over the course of my training, and the imposter syndrome (Clance & Imes, 1978) that I had worked so hard to overcome once again resurfaced;

"At present, I feel confused, scared and ashamed, describing my situation to a friend as "I'm a therapist with a therapist". Whilst this was said jokingly, it masked real fear; I am entirely unsure how I make the transition from practitioner to patient, or how I align my role in which I support others with my own need to be supported. " — *"I'm a therapist with a therapist"*

Engagement in personal therapy, like supervision, has been cited by other trainee psychologists as having influenced their perceived competence related to service-delivery (McEwan & Tod, 2015). Psychotherapy is an inherently reflective and transformational space (Grossmark, 2007) and consequently I believe my willingness to engage in reflection and resultant competencies in reflective practice skills have improved as a direct result of my attendance. Like others in the caring professions, I find myself to be enriched emotionally as a result of my therapeutic work with clients (Radeke & Mahoney, 2000) particularly as much of the work I engage with in my applied practice involves supporting clients holistically, often requiring counselling and therapeutic skills. Through attending my own therapy as a patient, I gained an opportunity to experience a new outlook on service delivery that could be embedded within my own practice;

"Being able to access mental health services as a patient may afford me a new, valuable perspective; seeing the therapeutic experience from 'the other side'. I hope to make use of 'client feedback' from my own personal therapy journey, to further develop my empathy, compassion and non-judgemental approach when working with clients." — *"I'm a therapist with a therapist"*

Likewise, joining the Equality Diversity and Inclusion (EDI) working group in 2020 opened up new CPD opportunities. Discrimination and inequality remain ever present within sport and wider society; consequently the role of the sport psychologist becomes increasingly important when supporting athletes and coaches belonging to minority groups (Morris et al., 2022). I have gained much new understanding and skill development through my engagement with EDI-related work, training and research and subsequent reflections. Looking back on my reflective diary entries it is clear that these experiences have shaped the type of psychologist I wish to be, and endeavour to become;

“In future, I can continue challenging myself further by seeking to lead an EDI training workshop (in full or part); taking responsibility for dissemination and delivering teaching and training to experienced peers and colleagues.” — *My conference presentation journey*

To conclude; my aim with this reflective commentary was to highlight how my trainee journey has been a diverse, enriching and challenging experience. I have grown as an individual and a practitioner; finding new joy in pushing myself beyond my comfort zone, exploring new horizons in mixed-methods research and shifting from more performance-based to wellbeing-focused applied practice. My assessment portfolio demonstrates diversity in applied, research and reflective skills, relevant to ethical, consultancy, research and teaching practice. Through my training, I have discovered that I experience the greatest satisfaction when working with a wide-ranging array of clients and colleagues, on projects that have tangible, real-world impact. Consequently, after a period of self-reflection and introspection, I discovered a desire to combine the knowledge and skills I have gained through my sport and exercise psychology training with my interest in more therapeutically-minded wellbeing supportive care. I believe that the motivation behind my developing such a perspective is best described in the professional motto I coined for myself halfway through my training;

“My potential to improve a client’s performance opens the door of consultancy, but my ability to support their wellbeing walks me through it” — *Considering a more clinical career.*

Though I still experience some hesitancy and battle with my perfectionist streak during reflective practice, I am more comfortable now in looking back on my journey so as to make sense of my experiences. There will no doubt be further challenges, doubts and discomfort ahead as I progress through life, personally and professionally. I hope to approach them with the same bravery and openness as I did when writing this final essay. After all, if there is overriding lesson I have learned from reflective practice, it is this; if we only ever look forwards to the future, we lose sight of the progress made already in our journey.

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