

Trainee Sport and Exercise Psychologist Portfolio

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To Liverpool John Moores University in partial fulfilment of the requirements of the
Professional Doctorate in Sport and Exercise Psychology

August 2023

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I would also like to thank Dr. Francesca Champ and Dr David Tod for their technical support on my early cases and guidance in research planning and Dr Mark Nesti for his years of talks on practising as a psychologist in football environments.

I would also like to thank all the members of the LJMU Professional Doctorate student network who have given advice and shared experiences throughout the process and to Mark Burns and all my team at the University of Birmingham who have backed and supported me in my early career. Also, Carleen Bendrey and Yvonne Matthews for supporting me during my dual-career stage and Sky for all the study-buddy writing dates.

Finally, I would like to express my gratitude to my parents Brian and Jeanette, as without their understanding, encouragement, and financial support in the past few years, it would have been impossible for me to complete my study.

Lastly, Mike, I am done now!

Abstract

This portfolio provides an insight into the development of a trainee sport and exercise psychologist from January 2019 – April 2023 through the professional doctorate in sport and exercise psychology at Liverpool John Moores University. The portfolio provides evidence of how the trainee successfully meets the competencies (professional standards, consultancy, research, and dissemination) documented in the British Psychological Society's (BPS) Stage 2 programme accreditation criteria and the Health and Care Professions Council Standards for approved programmes in Sport and Exercise Psychology. This is shown through a combination of consultancy, research, teaching and training work and reflective practice. The practice log details the trainee's work and experiences over the enrolment period. The reflective practice diary provides a window into the trainee's professional development by reflecting on critical events, as well as providing meta reflections on key topics and experiences to help narrate the journey of her development. This includes the evolution of a professional practice philosophy, confidence in leading psychology programmes and competency of research tasks. The three applied case studies evidence the trainee's development as a practitioner through using diverse approaches, including Rational Emotive Behavioural Therapy as an intervention, writing, and leading a psychology development programme, and matching organisational needs to individual's requirements through one-to-one consultancy. The teaching case study explores the trainee's experience combining previous roles in teaching and learning into active sport psychology delivery. The two empirical papers and the systematic review highlight the trainee's focus on bridging research and applied practice. Firstly, on providing consultancy on behaviour modification within the context of a wider football club role and secondly, as with the Systematic

Review, to highlight and further explore ways NGBs should set higher importance of mental health of athletes in preventing poor mental health and suicides in sport.

Declaration

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

2. I confirm that this thesis presented for the degree of professional doctorate sport and exercise psychology has

i) been composed entirely by myself

ii) been solely the result of my own work

iii) not been submitted for any other degree or professional qualification

3. I declare that this thesis was composed by myself, that the work contained herein is my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or professional qualification except as specified.

Practice Log of Training

Ethics and Professional Standards (incl. CPD)			
Location	Date(s)	Nature of the activity	Contact Hours
TRB	17.01.2019	Enrolment onto Prof Doc Programme at LJMU	5
Home	23.01.19	New email address set up and phone contract. New business cards ordered	0
TRB	14.01.19	Attended Systematic Review and conducting research seminar day at LJMU run by D Todd	5
Home	28.02.19	Submission of Training Plan assignment 8001	2
TRB	14.03.2019	University attendance for Consultancy Day	4
TRB	09.05.2019	University attendance for Consultancy Day	6
TRB	27.07.2019	Attendance. Session with Mark Nesti about Professional Football Culture	3
	24.08.2019	Setting up a “works”, Twitter and Facebook account with full privacy settings are turned on	2

LJMU	05.09.2019	Attendance at International Psychology in Football Conference @ LJMU 9am-4pm	7
Online	24.09.2019-2 6.09.2019	VASPS Online Conference Day 1: Being a Sport Psychologist Day 2: Working as a Sport Psychologist Day 3: Mental Health for Athletes and Coaches Day 4: Sport Psychology in E-Sports	12
TRB	31.10.2019	Attendance at LJMU University	5
TRB	30.01.2020	LJMU Prof Doc session - Peer Mentoring	5
Online	28.04.2020	Mike Rotherham The Missing Chapter	1
Online	30.04.2020	The High-Performance System	1
Online	04.05.2020	Football Academy Group	1
Online	07.05.2020	Mike Rotherham - Coaches Corner	1
Online	12.05.2020	Mike Rotherham - Red Arrows STFC Staff CPD session with Misia Gervis	1 1
Online	13.05.2020	Mentimeter Training	1

Online	14.05.2020	1ST4Sport Learning/Mind Mental Health Awareness for Sport and Physical Activity Course Mike Rotherham - Ethical Dilemmas	2 1 1
Online	19.05.2020	Mike Rotherham - The Training Environment	1
Online	21.05.2029	Mike Rotherham - Competition Support	1
Online	26.05.2020	Mike Rotherham - Help I've got the Yips	1
Online	28.05.2020	Paula Watson Exercise Psychology session SeeMyTutor meeting with Martin Eubank Mike Rotherham - Go Fast and Turn Left	2.5 0.5 1
Online	29.05.2020	Supervision meeting with Martin E to discuss STFC role and MG input	40min
Online	01.06.2020	Workshop discussion with Lorraine Davies from Man City Football Group	1.5
Online	04.06.2020 05.06.2020	AREBT Training - Primary Cert in REBT	14
Online	25.10.2020	LJMU Catch-up day for writing and policies. Write exit strategy draft for STFCA	3

Online	27.10.2020	Meeting with Martin discussing Case Studies and Research Project. Moving to 3-year programme with a Jan 2022 end date.	1
Online	12.11.2020	Uni lecture with Francesca Champ	2
Online	11.01.2021	Meeting with ME about Prof Doc Progress and SR	1
Online	12.01.2021	Loaded and submitted Annual Review via EDOC	1
Online	15.01.2021	Meeting with David Tod around Systematic Review	1
Online	28.01.2021	Pam Watson session - safeguarding logging Annual Review with ME	2 1
Online	05.02.2021	Meeting with DT re Systematic Review	0.5
Online	18.02.2021	<p>Call from CM re FDP Player displaying OCD behaviours <u>Myconcern</u> - update to say OEs parents contacted</p>  <p>The screenshot shows a Facebook post from Yvonne Mathews, who is with Sue Jones and 2 others. The post is 14 hours old and contains the following text: 'Sooooo..... 2 months after starting to ride again post surgery I had my first couple of canters nothing amazing or earth shattering but a massive mental hurdle to overcome. Transitions were scrappy but today was about just seeing if I could do it! Thank you to Sue Jones for the 'mental tools' and hbs Hannah'.</p>	1

Online	21.02.2021	Meeting with JP about audit evidence	1
Online	22.02.2021	MyConcern: LL fractured back - 4 months minimum I make contact and agree to arrange a mentality plan from next week. I have given him time to just process and rest first with my contact details to message if he needs anything	2
Online	02.03.2021	MyConcern: Update re GSD - GP looking into diagnosis of PANDAS	1
Online	24.03.2021	Message CM and RW about training safe practice Stopped from working until paperwork is completed	1
Online	25.03.2021	4pm meeting with ME RW and JP to discuss paperwork. I re-sent the Agreement and chase refs. Agreed to return to work Wednesday if refs come back and negotiate work next season	1
Online	07.04.2021 08.04.2021	BASES Student Conference Online: Derek Redmond Zoe Wimshurst Leon McKenzie Troy Townsend	9 9
Online	22.04.2021	Suicide in Sports Training - Tara Hancock SAS	3
Online	29.04.2021	LJMU Session Gill Cook - CBT in action	2
Online	19.05.2021	BASES Psychology Division Conference 2021	8
Online	24.05.2021	Chaos in Sport Seminar - Mindflick, Andrew Strauss	2
Online	27.05.2021	Uni Session David Tod - Person Centred Therapy	2

Online	07.06.2021	Finishing The Attack Workshop with David Guinan	1.5
Online	09.06.2021	Developing footballers - BASES	1.5
Online	11.06.2021	Webinar Doing football in academies and first team BASES/BPS	2
Online	17.06.2021	First Aid at Work training 9-4	7
Online	11.09.2021	Suicide Awareness Summit	12
Online	28.10.2021 29.10.2021	Advanced REBT Course	14
Online	08.12.2021	WADA Clean Sport Advisor	2
Online	28.03.2022 29.03.2022 05.04.2022 06.04.2022	Mental Health First Aid Full 2-day course	8
Online Webin ar	15.06.2022	Choosing an Intervention in Psychology with Richard Keegan	1
Online	04.07.2022	Using Improv in Practice (Julie Flower)	2
Online Works hop	15.07.2022	Assisting with QSEP Trainee Tsvetelina Ivanova's presentation to Hockey coaches and fellow trainees re psychology training pathways	2

Zoom	21.07.2022	Meeting with martin re research and consultancy	1
Zoom Call	26.07.2022	SEPAR Trainee meeting to share my experiences of consultancy (from 15th Hockey Workshop)	1
UOB	03.08.2022	TASS Conference	6
UOB	04.08.2022	TASS Conference	6
Emails	15.08.2022	Email received from a former client, threatening legal and conduct action. With Martin on AL and Dr Champ unable to help, I contacted the BPS for further advice and sought support from my line manager.	2-3
Online	24.08.2022	Transitioning Athletes	2
Online	19.09.2023	WADA Clean Athlete Advisor training	3
Online	10.02.2023	Competency question at programming series of personal sessions for SS. No presenting mental health symptoms, factors around performance anxiety and if taking a mental break from competing is useful. Past experiences of illness and injury but not trauma-based needing specialist intervention. Also email ME for advice and talk via Teams.	1
Online	10.05.2023	BASES Psychology conference day – Online	5
UOB	31.05.2023	Suicide First Aid Lite – in person 1 day suicide first aid course	6
Online	15.06.2023	Peer supervision meeting with Dr Nick Wadsworth around 1:1 feedback with line manager	1
Staffs Uni	21.06.2023	Helping athletes deal with pressure – a guide for coaches - workshop morning with Mat Slater	5

Online	26.06.2023	City and Guilds confirm successful completion of Level 4 Module on Suicide First Aid	8
Online	03.08.2023	Peer supervision meeting with Alex Feary around delivery to high performance teams	0.5
Online	03.08.2023	Peer supervision meeting with Dr Rich Sille around delivery in a multi-sport environment	0.75

Consultancy					
Client details	Location	Date(s)	Nature of the activity	Contact Hours	Placement Host details
YM Eventor	Telford	21.01.2019	Initial informal chat about support for show jumping. Will send me videos of performances to email. She would like to stop anxiety at	0.5	N/A

			show jumping as in cross country is fine. Have received videos for both performances. Will sort contract next and begin case formulation		
YM Eventor		28.01.2019	Meeting with YMS to look at initial strategies and intervention. Went through training sessions and scheduled for competition. Through client lead discussion we discovered the main barrier to success is the initial canter distance to the first jump as after this the horse will sort out the distance themselves. At the moment the client is using 2 training poles to guide the distance into the jump and has set these out for every jump. Plan Phase 1: Take out the guide poles on the last jump. This will aid confidence after having jumped 5 successfully previously with the help of the guides.	0.5	N/A
			Plan Phase 2: Practice jump 1 only and the client will count the number of strides in their head on approach. This will aid distraction from anxiety and help to keep focus on the speed and line-up accuracy. We have set a time of 2 weeks to try initial interventions. 1st Competition April at height of 70m - finalised 2nd Competition End of April/Early May (Affiliated) starts at 80m – debating	1	N/A
YMS Eventor	TPS	26.02.2019	Meeting with YMS - training day went well. Pole guidance worked well for confidence. Re-booked in training day for Saturday 9th March	1	N/A
YMS Eventor	TPS	9.03.2019	Cancelled training day with YMS due to Laryngitis	0	N/A
YMS Eventor	Email	12.03.2019	YMS Informs me she has enlisted a new performance coach who is supportive, and I will seek to work together with this coach in developing our pathways.	0	N/A

LI Rower	Grosvenor Rowing Club	02.04.2019	Assessment session with LIL (Rowing). Alternate Tuesdays going forward. Issues are around confidence on day of races	2	N/A
YMS Eventor	TPS	12.04.2019	Session with YMS Postponed due to funeral admin - re-arranged for Tuesday	0	N/A
YMS Eventor	TPS	15.04.2019	Session with YMS Postponed due to Car Clutch Flywheel issue (Also moved IIL's (Rowing) session tomorrow as will have no transport. Have rearranged for next Tuesday and then continue as alternates.)	0	N/A
YM Eventor	Client Home	26.04.2019	Session with YMS Postponed as horse has picked up lame. Farrier to assess and the meeting arranged for Monday 29th April.	1	N/A
IL Rower	Grosvenor Rowing Club	30.04.2019	Session with LIL. The first race of the season is Sunday 5th May. She has been using the positive intervention sheet and feels this is going well.	1	N/A
IL Rower	Grosvenor Rowing Club	9.05. 2019	Eye tracking meeting with Joe Causer to discuss use with YMS	1	N/A
IL Rower	Grosvenor Rowing Club	7.05.2019	LIL Contact - LIL came 3rd / 20 in race Sunday. Reported having a great day, using the mindfulness approach in terms of presence and enjoying it. It helped her feel relaxed and not worried about competing and her finishing place.	0.2	N/A
IL Rower	Grosvenor Rowing Club	21.05.2019	Meeting with LIL 6pm on arrival had been rescheduled until 6.45. Reports feeling good. Competing in 2 races before the big race. Wasn't able to do her 2k as thyroid levels have increased and her meds need to change	1	N/A

Shawbury Utd (SUFC)	RAF Pitches	3.06.2019	Team meeting to discuss pre-season	1	Dec Allen
SUFC	RAF Pitches	20.06.2019	First Pre-season training session. Meet squad and help Physio with health checks/measurements	2	Dec Allen
SUFC	RAF Pitches	18.06.2019	First team training session	2	Dec Allen
IL Rower	Email	22.06.2019	LIL wins her heat and qualifies for finals on Sunday.	0	N/A

SUFC	Poynton Pitches	25.06.2019	Shawbury Utd training night. 1 feature of psych with a mini game with tired legs booting the ball, i pull him and ask about the focus of the session and tell him to keep this in mind for the next phase.	2	Dec Allen
SUFC	Poynton Pitches	27.06.2019	Shawbury United training session. Assisted NG in assessing players Glutes, Rec Fem, Hamstrings, TLF, IT Band and Squat tests. Data to be drawn up and kept centrally between NG and myself. Also explained to players the PPM mentality, how to do it and asked them to think about theirs before game Tuesday	2	Dec Allen
SUFC	Away	02.07.2019	Preseason match 1 v Birmingham Tigers.	5	Dec Allen
SUFC	Away	06.07.2019	Preseason matchday 2 v Church Stretton	5	Dec Allen
SUFC	Poynton Pitches	09.07.2019	SUFC Training LW reveals some personal issues to be followed up at a later date.	2	Dec Allen

SUFC	Away	13.07.2019	Preseason matchday 3 v Feckenham FC	5	Dec Allen
SUFC	Ludlow FC	16.07.2019	Preseason matchday 4 v Newport FC	5	Dec Allen
SUFC	RAF Pitches	18.07.2019	training. Conversations with DA regarding personal observations on players and thoughts. (See case file) All squad players given PPM booklets with physical assessments as well.	2	Dec Allen
SUFC	Shawbury Park	20.07.2019	Shawbury United Family Fun Day	4	Dec Allen

SUFC	Ludlow FC	23.07.2019	Preseason matchday 5 v Pegasus FC	5	Dec Allen
SUFC	Away	27.07.2019	Preseason matchday 6 v Boldmere St Michael's U21s	5	Dec Allen
SUFC	RAF pitches	30.07.2019	Training. Final conversations with DA regarding player mentality. I suggest HF as club captain and JR as matchday captain. Highlighting that SN is causing issues between players. JP also difficult.	2	Dec Allen
SUFC	Away	03.08.2019	Matchday 1 v Wolverhampton Casuals A. 1.30 6pm. 0-0.	5	Dec Allen
SUFC	RAF Pitches	08.08.2019	Training match 11v11. Including 4x U17s players. 6.30-9pm	5	Dec Allen
SUFC	RAF Pitches	15.08.2019	Training SUFC. 6.30-9pm 121 With HF regarding widening perspective and decision making	5	Dec Allen

			*6 players completed the Psychometric Test. Sleep slide shared with players in the Players group WhatsApp in prep for matchday		
SUFC	Ludlow FC	17.08.2019	Matchday 2 Worcester Raiders H. 1.30-6PM (2-1 W) (See Reflective Practice for Review)	5	Dec Allen
SUFC	RAF Pitches	22.08.2019	SUFC Training 6.30-9pm	2.5	Dec Allen
SUFC	WhatsApp	23.08.2019	Message to JY regarding creating a confidence script	0	Dec Allen

SUFC	Away	24.08.2019	Matchday 3 Littleton A 1.30-6pm (2-1 L) DA messages me team sheet to fill in at 11am (See Reflective Practice for Review) 121 Messages with CW, TH, LT and JR afterwards	5	Dec Allen
SUFC	Away WhatsApp	31.08.2019	Matchday FA Vase v Coton Green A 1.30-5.30pm (3-0 W) 121 Messages to TH, LT, JA, and JY after	5	Dec Allen
SUFC	RAF Pitches	05.09.2019	SUFC Training 6.30-9pm	2.5	Dec Allen
SUFC	Away	7.09.2019	Matchday 4 v Shifnal Town 1.30 - 6pm. (3-0 L) Rif Ata double broken arm (25 minutes) SJ concussion at full time No 121s done this week as concussion meant a week off work DA Unhappy at 5/14 players returning for hospitality, called team meeting for Thursday	6	Dec Allen
SUFC	RAF Pitches	12.09.2019	SUFC Training 6.30-7.30 (left early as floodlights affecting concussion)	2.5	Dec Allen

			Team meeting discussion player attitude		
SUFC	Away	14.09.2019	Matchday FA Vase Gornal Athletic FC (3-0 W) 1.30-6.00pm (Lift to match with HF as Doctors ruled me out of work another 10 days for concussion recovery)	4.5	Dec Allen
SUFC	Ludlow FC	21.09.2019	Match Day 5 v Wem Town (1-0 Win) 1.30pm - 5.30 (Match Physio duties) - LT ankle sprain / JM and RA attend so do a mentality catch up)		Dec Allen
LIL (Rower)	Grosvenor Rowing Club	27.09.2021	Photo post on social media from LIL who has won her second trophy of the year. I send a congratulatory email		N/A

SUFC	RAF Pitches	26.09.2019	SUFC Training 6.30-8.30 Game v U18s as Matchday 6 Postponed (Sporting Wolves). Meeting with DA discussing CW	2	Dec Allen
SUFC	WhatsApp	1.10.2019	4 x Player 121s via WhatsApp, phone and text messages (RC, CW, NT and TD)	1	Dec Allen
SUFC	RAF Pitches	3.10.2019	SUFC Training 6.30-8pm (Left early as ill from antibiotics)	1	Dec Allen
SUFC	WhatsApp	4.10.2019	Message to JR about missing training to “bad news” - turns out this is a relationship breakup. Messages exchanged.		N/A
SUFC	Away	5.10.2019	Matchday 6 v Smethwick Rangers (2-2 D) 1.30-6.00pm DA asks for an update regarding JR availability - I cannot confirm until speaking face to face but he is later ruled out. (Has to come on at 77 mins for the injured LT) (see Reflection)	5	Dec Allen

			SE red carded at full time for dissent to the assistant referee. We agree to meet to discuss future conduct options.		
SUFC	Ludlow FC	08.10.2019	Matchday 7 v Dudley Town (Rearranged fixture from FA Vase) (3-2 W) 6.30pm-11pm DA messages early to say CW has been dropped from the travelling squad for this game. I will follow this up tomorrow. Message to JR who seems ok. (See Reflection)	5	Dec Allen
SUFC	RAF Pitches	10.10.2019	SUFC Training 6.30-8.30pm No 121s to catch up with this week as game recovery took precedent. Light session due to performance Tuesday and upcoming game Saturday	2	Dec Allen
SUFC	Ludlow FC	12.10.2019	Matchday Vase v Uttoxeter Town H (1.30-6pm)	6	Dec Allen
SUFC	Away	15.10.2019	Matchday Vase v Uttoxeter Town A (6.30-10.30pm) - See Reflections	6	Dec Allen
SUFC	Stanton Arms	17.10.2019	Shawbury United Training / Social @ The Stanton Arms	1	Dec Allen
SUFC	Ludlow FC	19.10.2019	Matchday 8 v Bilston 1.30-6pm (1-0 L) No player 121s this week whilst I'm prescribed rest for concussion	5	Dec Allen
SUFC	WhatsApp	24.10.2019	Missed training due to family occasion. Message from HF (see reflection)	0.5	n/a

SUFC	WhatsApp	30.19.2019	Jack Marston had left the club so was contacted in relation to this - additional support offered. Andy Hartlebury and George Burlsem signed for the club and were also contacted NG also intent on leaving the club after relationship with SE breaks down, she has an option to sign for a club a division above and looks intent on taking this option	1	Dec Allen
SUFC	Poynton Pitches	07.11.2019	SUFC Training 7.30pm-9pm	2	Dec Allen
SUFC	Away	18.11.2019	Cup match v Malpas A 1-4 L	5	Dec Allen
SUFC	Poynton Pitches	28.11.2019	SUFC Training 7.30pm-9pm	2	Dec Allen
SUFC	Ludlow FC	30.11.2019	Matchday 13 H Wolves Cassies 0-5 L	5	Dec Allen
SUFC	Ludlow FC	3.12.2019	Matchday 11 v Darlaston H 3-4 L	5	Dec Allen

SUFC	Poynton Pitches	5.12.2019	SUFC Training 7.30pm-9pm	2	Dec Allen
SUFC	Away	7.12.2019	Matchday 14 Bridgenorth Abandoned - Player Injury Helped physio stabilise ankle until ambulance arrived (2 hours!)	3	Dec Allen
SUFC	Poynton Pitches	10.12.2019	SUFC Training 7.30pm-9pm	2	Dec Allen

SUFC	Poynton Pitches	19.12.2019	SUFC Training 7.30pm-9pm	2	Dec Allen
SUFC	Poynton Pitches	2.1.2020	SUFC Training 7.30pm-9pm DW joins the club on loan	2	Dec Allen
SUFC	Ludlow FC	4.1.2020	Matchday 18 v Pershore H (4-1 L) Very much like a pre-season game as players get back into match day sharpness. Players are disappointed. JG signed.	4	Dec Allen
SUFC	Ludlow FC	7.7.2020	Matchday 16 v Littleton H (1-0) L Players buoyed by second half performance. Mood enhanced	5	Dec Allen
SUFC	Away	11.7.2020	Matchday 19 v Wem A (2-1) W Ends a 10-game run without a win and seals the double over our local derby rivals. My mood is very enhanced. Needs to be taken forward now.	5	Dec Allen
SUFC	Poynton Pitches	16.1.2020	Training 7-9 RG signed from Shrewsbury on loan	2	Dec Allen

SUFC	Away	21.1.2020	Matchday 20 Cradley Town A (4-0)	6	Dec Allen
SUFC	Poynton Pitches	23.1.2020	SUFC Training. SN is absent from this session, mood, effort, camaraderie, banter all noticeable improvement which is passed onto DA.	2.5	Dec Allen
SUFC	Away	25.1.2020	Matchday 21 v Wednesfield FC A (4-1) L 11 First Team players "missing" CW claiming a hamstring injury, it then surfaces he has played for Shrewsbury Town FC Away Team this morning and we have photographic evidence. DA wants the player released as with immediate effect. * SN had also been	5	Dec Allen

			approached by Wellington Amateurs and 7 days triggered, however player failed to inform us of this. Again, the mood in the dressing room buoyant despite the result. *(However due to current player shortage this may not be possible)		
SUFC	Away	28.1.2020	Matchday 22 v Dudley Sports FC A (2-1) W SN is still absent (7 days put in by WAs). CW drafted on retention due to again poor numbers (Unavailable).	5	Dec Allen
SUFC	Away	01.02.2020	Matchday 23 v Wolverhampton Sporting A (3-1W) (First back-to-back wins since September)	5	Dec Allen
SUFC	Away	4.2.2020	Matchday 20 v Bridgenorth A (3-1 L)	6	Dec Allen
SUFC	Poynton Pitches	6.2.2020	Training 7.30-9pm	1.5	Dec Allen
SUFC	Away	8.2.2020	Matchday 24 v Bilston FC A (2-0 L)	5	Dec Allen
SUFC	Ludlow FC	11.2.2020	Matchday -- v Bewdley H (2-1 W)	5	Dec Allen
SUFC	WhatsApp	13.2.2020	Training 7.30-9pm RG and DW leave the club after loan extensions are denied. Follow-ups done NT re-signs after moving back into the County.	1.5	Dec Allen
SUFC	Poynton Pitches	20.02.2020	Training 7.30-9pm	1.5	Dec Allen

SUFC	RAF Pitches	27.2.2020	Training match v RAF Team	2.5	Dec Allen
SUFC	Ludlow FC	07.3.2020	Matchday H Black Country Rangers (D 1-1)	5	Dec Allen
SUFC	Poynton Pitches	14.03.2020	Matchday V Darlaston A (L 2-1)	6	Dec Allen
SUFC	WhatsApp	19.03.2020	Shawbury United FC Quarantine Games is launched	1	Dec Allen
SUFC	Email	30.04.2020	Emailed DA the Player Pen Portraits and U18s Psyc Academy Booklets for feedback	2	Dec Allen
Shrewsbury FC Academy (STFCA)	Phone	7.05.2020	Offered STFCA Internship		Rob Williams
STFCA	Zoom	12.05.2020	Induction meeting with AD DF and RJ	1	Rob Williams
STFCA	Online	18.05.2020	Initiate Mentimeter links for researching new Academy taglines and behaviour policy Coaches: https://www.menti.com/cab59ucwo7 Players: https://www.menti.com/x3mtunftgj Parents: https://www.menti.com/uiyr5v88hb	1	Rob Williams

			Test Menti questionnaire also gone to DA for approval- https://www.menti.com/gt16tjy663		
STFCA	Zoom	20.05.2020	STFC Team Zoom meeting 7.30-8.30. Feedback on Menti Questions	1	Rob Williams
STFCA	Zoom	29.05.2020	Meeting with STFCA for Tagline feedback and next steps 10.45 - 11.20 (I am to process and contextualise over the weekend with an action plan then to be discussed next week)	1	Rob Williams
STFCA	Zoom	03.06.2020	Meeting with RW and DL to discuss Tagline feedback and next steps from action plan Emails EID Covid19 document to SUFC and STFC Head coaches	1	Rob Williams
STFCA	Zoom	17.06.2020	Meeting with DL and RW to Finalise Academy Development Plan - taglines SJ to create and finalise Coach Resilience CPD FDP Psych Intro YPD Psych Intro Also created the Psych Development Plan template sent to DL and RW	2	Rob Williams
STFCA	Zoom	22.06.2020	Meeting with RW & DL and full-time coaches (CM/AR/GC) for feedback on Resilience CPD	2	Rob Williams
STFCA	Zoom	09.07.2020	Meeting with RW to discuss final prep for Parents FDP session & Coach Question strategies 4pm	1	Rob Williams
SUFC	Email	14.07.2020	SUFC lockdown restrictions eased for training outdoors of groups of no more than 6 with coaches present. Friendlies may start in August.		Dec Allen
SUFC	Poynton Pitches	16.07.2020	SUFC Training Group 1 6.30-7.30 Group 2 7.30 - 8.30	2	Dec Allen

STFCA	Online	01.08.2020	FDP and YDP Data analysis and frame creation	1	Rob Williams
SUFC	Ludlow FC	04.08.2020	SUFC Friendly v Stourport Swifts H 6.30-9pm	3.5	Dec Allen
SUFC	Poynton Pitches	06.08.2020	Training Group 1 6.30-7.30 Group 2 7.30 - 8.30	2	Dec Allen
SUFC	Away	08.08.2020	SUFC Friendly v Uttoxeter Away (4-1 loss) 2.30-5pm	4	Dec Allen
SUFC	Away	22.08.2020	SUFC Friendly v Welli Ams (1.30-5pm)	5	Dec Allen
SUFC	Poynton Pitches	25.08.2020	SUFC Training 6.30-9pm	2.5	Dec Allen
SUFC	Poynton Pitches	27.08.2020	SUFC Full Training Group 7.-8.30	2	Dec Allen
SUFC	Away	29.01.2020	SUFC Friendly v Heath Hayes A	6	Dec Allen
SUFC	Shrewsbury Fitness Club	01.09.2020	SUFC Fitness training 6.30-9pm	2.5	Dec Allen
SUFC	Poynton Pitches	03.09.2020	SUFC Training 6.30-9pm	2.5	Dec Allen

SUFC	Away	05.09.2020	Dudley College A Friendly	5	Dec Allen
SUFC	Poynton Pitches	08.09.2020	SUFC Training 7-9	2	N/A
SUFC	Poynton Pitches	10.09.2020	SUFC Training 7-9	2	Dec Allen
SUFC	Away	12.09.2020	Gornall Town A Friendly 1.30-5pm	5	Dec Allen
SUFC	Away	19.09.2020	Abbey Hulton A FA Vase match 1.30-5pm	5	Dec Allen
SUFC	Poynton Pitches	22.09.2020	SUFC Training 7-9	2	Dec Allen
SUFC	Poynton Pitches	24.09.2020	SUFC Training 7-9	2	Dec Allen
SUFC	Away	30.09.2020	Matchday 2 Bilston A - (L 4-1) 6.30-10pm	5	Dec Allen
SUFC	Ludlow FC	03.10.2020	Matchday 3 v Dudley Sport H (W 2-0) 1.15-5PM	6	Dec Allen
SUFC	Away	06.10.2020	Matchday 4 v Wem A (W 4-2) 1.30-5pm	6	Dec Allen
SUFC	Poynton Pitches	08.10.2020	SUFC Training 1:1s with Juan Trialist, TH and HF 8-9.30	3	Dec Allen

STFCA	Shrewsbury College	09.10.2020	STFCA 1:1s with HA and other FDP 5.30-7pm	2.5	Rob Williams
STFCA	Zoom	15.10.2020	STFC Meeting with DL, GC, DS, and RW talking through planning interventions for 6 U18s players and the YDP lads. 3pm-5pm	1	Rob Williams
SUFC	Poynton Pitches	15.10.2020	SUFC Training 8-9.30 Good session, some are reporting tiredness though from long day	1.5	Dec Allen
STFCA	Shrewsbury College	16.10.2020	STFCA 1:1S with HA and other FDP 5.30-7pm	2	Rob Williams
SUFC	Ludlow FC	17.10.2020	SUFC Matchday 5 Littleton H (L 3-1) See Reflection 1.30-5pm	5	Dec Allen
STFCA	Online	18.10.2020	STFCA writing Mental Health Policy	2	Rob Williams

STFCA	Shrewsbury College	20.10.2020	STFCA U11s Training. 1:1s with HA and other FDP 5.30-7PM	3	Rob Williams
STFCA	Zoom	21.10.2020	STFCA U18s 1:1s with LL and CC 4.00-5.30	2	Rob Williams
SUFC	Poynton Pitches	22.10.2020	SUFC Training 8-9.30pm	1.5	Dec Allen
SUFC	Away	24.10.2020	Matchday 7 SUFC v Wolves Casies (A 2-2) 1.30-5pm	5	Dec Allen

SUFC	Phone	26.10.2020	Phone Call from HF - Left out of tomorrow's match squad. Had 6 weeks out through injury. Paid for double private physios and had suction cup treatments. Back in full training unaided for 2 weeks, was told to play U23s Saturday and see how it went in terms of inclusion Tuesday. Played 90 minutes for U23s and still left out. Reports being fuming, f*****off elsewhere, being disrespected and held back. After 20 minutes, he is left with 2 questions to ask DA when he calls him. I tell him to say tonight he wants a call from him tomorrow as he can't tonight because he is out but not to leave it as DA needs to know there has been a reaction. He will ask him to explain the decision and what he needs to do this week to be included Saturday.	0.5	Dec Allen
STFCA	Shrewsbury College	28.10.2020	STFCA U18s training session and 1:1s with LL / JA / CW / NW		Rob Williams
SUFC	Phone	31.10.2020	SUFC all activity suspended due to new Lockdown restrictions commencing on 5.11.2020		Dec Allen
STFCA	Phone	02.11.2020	STFCA is still awaiting guidance from EFL on restrictions to follow...	0.5	Rob Williams
STFCA	Phone	03.11.2020	STFC Call with DL re Youth Cup game and player attitude etc. I agree to look at Performance Environments to help move them from comfort to performance zone	1	Rob Williams
STFCA	Phone	06.11.2020	STFC Call with RW ref next staff CPD (linked to DLs call	1	Rob Williams

STFCA	Online	14.11.2020	STFCA work on Reflections Questions, Exit Strategy and U18s work - sent to DL along with the points game for players: start on 5 and lose a point for every goal you concede.	2	Rob Williams
STFCA	Online	16.11.2020	Facilitate STFC - Town Guest Speaker Session Lee Naylor 5.30-6.30 STFCA Appeal to Government successful - all players allowed back into full training	1	Rob Williams
SUFC	Email		SUFC - Reviews sent to DA and SE Mentislide on player feedback sent to player group	0	Dec Allen
	Whats App		JY Messages to say he is set to undergo intravenous treatment for colitis. He does not want management to know about this. We discuss options. (See Reflection)	1	
SUFC	Zoom	30.11.2020	SUFC Zoom fitness session 7-8, player check in	1	Dec Allen
SUFC	Zoom	01.12.2020	SUFC Zoom fitness session 7-8, player check ins JY was told to self-isolate until 5th Jan (after treatment round 3). He will talk to management after session tonight	1	Dec Allen
SUFC	N/A	03.12.2020	BACK IN TRAINING!!!!!! - Postponed Waterlogged pitch Message players for training focus for this period	0	Dec Allen
SUFC	Away	05.12.2020	SUFC Friendly v Wellington FC (Hereford) JY set up with ChW for fitness sessions / mental support until 5th Jan	5	Dec Allen

STFCA	Phone	06.12.2020	STFC RW calls about a student interested in Education Psychology work - sends me contact details and a quick bio which I agree to look at and contact	1	Rob Williams
STFCA	Phone	07.12.2020	STFC: Call to JT student. Is looking at doing QA of coaches for Psychology skills around learning and skill-aq. As this does not interfere with working 1:1 with players or coaches delivering psychological interventions then it is a coaching direction and not a BPS ethical concern. I agree to help him set up an observation session and he will draft me a QA form for things he might look for. I will observe and check this to make sure no potential BPS ethics are violated. We talk about him potentially offering this to schools when he has tested and refined his approach.	1	Rob Williams
SUFC	Away	12.12.2020	SUFC Friendly - Stafford Town (L5-1) 3 X 30-minute game with squad of 16 difficult to get rhythm (HF back playing minutes)	5	N/A
SUFC	Ludlow FC	26.12.2020	Matchday 9 v Bridgnorth D (1-1) See Reflection HF Has forgotten match shirt which I run to retrieve from dressing room on 68 minutes GB gets red carded in the 70th minute I return to pitch side as JR leaves with Concussion and then leave pitch side at to observe in dressing room HR call the next day as well as GB	6	Dec Allen
ALL	N/A	04.01.2021	8pm Government announced full UK lockdown		N/A
SUFC	N/A	05.12.2021	WMPL announces no suspension of all leagues and training until 19th Feb at earliest		Dec Allen

STFCA	Home		STFC Lockdown booklets updated and prepared for all phases and sent to phase leads DL and RW for approval STFC Updates for January - all coaches (6pm-7.30pm)	3 1.5	Rob Williams
STFCA	Zoom	11.01.2021	Meeting with JP regarding exit strategy formulation at STFCA and plan to create Future Me sessions to teach about exit and transitions. 12.30-2pm Draft of both documents sent at 3.30pm	2	Rob Williams
SUFC	Zoom	19.01.2021	SUFC Wellbeing check ins 1:1	2	Dec Allen
STFCA	Zoom	20.01.2021	1:1 Call with JB 5.20pm-6pm	0.6	Rob Williams
STFCA	Zoom	22.01.2021	STFC Player Exit Strategy Meeting with DR and JP 3-5	2	Rob Williams
STFCA	Zoom	23.01.2021	Create Action Plan, Google Form, Protocol and Strategy folder and shared with JP and DR Asked CM if he would like to do the Guest Sport - he remains unconvinced at the plan	2	Rob Williams
STFCA	Zoom	24.01.2021	RW sends all staff their review templates for completion		Rob Williams
STFCA	Email	25.01.2021	Wake up to email from DL regarding Manager illness and his transition to 1st team on an interim level - with a view to this potentially being made permanent. MR is incoming to take over as Academy lead.	0	Rob Williams

STFCA	Zoom	27.01.2021	Update meeting with RW 3.30-4	0.5	Rob Williams
STFCA	WhatsApp		Message from CW U18 regarding composure on the ball - agree to follow up in 2 weeks	0	Rob Williams
STFCA	Zoom	09.02.2021	Player Exit Meetings along with JP 5-6	1	Rob Williams
STFCA	Zoom	16.02.2021	Follow up with U18 about composure ->	1	Rob Williams
STFCA	Zoom	19.02.2021	1:1 with DR re mental health 1 hour call	1	Rob Williams
STFCA	Phone	22.02.2022	News that LL has a stress fracture to his back - out 4 months minimum I made contact and agreed to arrange a mentality plan for next week. I have given him time to just process and rest first with my contact details to message if he needs anything Update Myconcern: OE reply - meeting arranged for Wednesday to discuss review feedback Message sent to DR to check in on mental health	2	Rob Williams
STFCA	Zoom	24.02.2021	1:1 OE 4.30 1:1 with LL to check in	0.5 1	Rob Williams
STFCA	Phone	25.02.2021	DR calls to see if there's anything I need before he officially goes off, leaves me a list to see if I can get through but no issues if I can't I lead the Multidisciplinary meeting to support LL 8pm-9pm	0.5 1.5	Rob Williams

STFCA	Zoom	26.02.2021	Future Me with KK - only one to join the session so 1:1 was done as well	1.5	Rob Williams
STFCA	Zoom	01.03.2021	Future Me 1:1 action plan with BR Assist in PFA ran life skills session FDP 6-7	1	Rob Williams
STFCA	Zoom	03.03.2021	1:1 Future Me Action Plan with DR Assist in PFA-ran life skills session YDP 6-7	1 1	Rob Williams
STFCA	Zoom	04.03.2021	Future Me - 4 exit players 5.30-6.30 - Reflection	1	Rob Williams
STFCA	Zoom	08.03.2021	Engage in Parents Forum 6-7	1	Rob Williams

STFCA	Zoom	09.03.2021	NK1:1 STFC Women DR 1:1	1 1	Rob Williams
STFCA	Shrewsbury College	10.03.2021	CW 1:1 re-injury STFC Training - 9s/10s/11s/12s/13s/14 @ SCAT	.5 2	Rob Williams
STFCA	Zoom	11.03.2021	Jayne meet 6.30-5 re Future Me planning Future Me Workshop x2 players- 5.30-6.30	0.5 1	Rob Williams
STFCA	Zoom	15.03.2021	Future Me action Plans x 1	0.5	Rob Williams
STFCA	Zoom	16.03.2021	Future Me action Plans x 1	0.5	Rob Williams

STFCA	Shrewsbury College	17.03.2021	Parent 1:1 u8s mum U18s Training 5.30-8.30 2nd years PFA Zoom 6-7	0.75 2 1	Rob Williams
STFCA	Shrewsbury College	18.03.2021	3 x 1:1s Pre-training: WM 3.30-4 U9, N (U12s) 4.30-5.30 TH 6-6.30 (U16s) Updated Myconcern with WG	3 0.25	Rob Williams
STFCA	Zoom	22.03.2021	LL 1:1 re JB session tomorrow / attendance at games Future Me Action Plan 1:1 4.30-5 Future Me Workshop 5.30-6.30 x 2 players	0.5 0.5 1	Rob Williams
STFCA	Email	23.03.2021	Paperwork issue from STFC Audit halts my provision to carry out work	0	Rob Williams
SUFC	Ellerdine	01.04.2021	SUFC training at Ellerdine 7-9	2	Dec Allen
SUFC	Away	03.04.2021	SUFC Friendly A v Wrockwardine Wood (2-1) W News of LH's attack – REFLECTION	5	Dec Allen
SUFC	Ludlow FC	06.04.2021	SUFC Friendly H v BC Fusion (7-0) W	5	Dec Allen
SUFC	Poynton Pitches	08.04.2021	SUFC Training 6.50-8.30	2	Dec Allen
STFCA	Zoom	09.04.2021	1:1 NR STFCW 3-4 - as she is +18 and not part of the Academy this is ok to do	1	Rob Williams
YV Eventing	Zoom		Catch up with YMS, 1st comp Wednesday with T, fell and a&e visit - is ok	1	N/A

SUFC	Ludlow FC	10.04.2021	SUFC Matchday H (Allscott Heath) Cup Game L 4-0 – REFLECTION	5	Dec Allen
SUFC	Phone	13.04.2021	Contact LH and break media ban to share the media posts around his attack SUFC Matchday Shifnal (Was H but snow means fixture has been reversed) L- 2-0	1	Dec Allen
STFCA	Zoom		Meeting with RW and CM at STFCA 3.30-4.30 - can now work again but CM is clear that Psych should not cover “football related activities” - REFLECTION!	1	Rob Williams
STFCA	Shrewsbury College	14.04.2021	STFCA Training 5.30-8	2.5	Rob Williams
SUFC	Shrewsbury College	15.04.2021	SUFC matchday A (Haughmond) Cup Game L 2-0 LH first game back 0- head injury - sent to A&E	5	Dec Allen
SUFC	Poynton Pitches	23.04.2021	SUFC training 6.30-8 1:1 with HF and LW	1.5	Dec Allen
SUFC	Away	25.04.2021	SUFC matchday A (Allscott) Cup Game L2-0	5	Dec Allen
SUFC	Away	27.04.2021	SUFC Match Away I run over a cone picking up a new laptop and miss the game. I followed it online LW first red card in over 8 months. I call him after the game to reflect	1	Dec Allen
SUFC	Away	01.05.2021	SUFC Matchday A Billbrook 1.30-5 (W 7-1)	6	Dec Allen

STFCA	Shrewsbury College	05.05.2021	STFC Match U16s 5.30-8	2.5	Rob Williams
SUFC	Poynton Pitches	06.05.2021	SUFC Training 6.30-8	1.5	Dec Allen
STFCA	Shrewsbury College	11.05.2021	STFC U16s Training 5.30-7.00 (Obs RS)	2	Rob Williams
SUFC	Wem		SUFC Matchday A Wem Amateurs 7.45-9.00 L (9-1) -REFLECTION	5	Dec Allen
STFCA	Shrewsbury College	12.05.2021	STFC Training 5.30-8 (Obs RW)	2.5	Rob Williams
STFCA	Shrewsbury College	19.05.2021	STFC Training 5.30-8.30 (1:1 U13 ZH) (Obs DR/DB/OE/T?)	2.5	Rob Williams
STFCA	Shrewsbury College	21.05.2021	STFC Training / Obs LE/JT	2	Rob Williams
STFCA	Shrewsbury College	03.06.2021	STFC Training 5-8 U13s 1:1 catchup	3 1	Rob Williams

STFCA	Shrewsbury College	08.06.2021	STFC Training U15s 5-8	3	Rob Williams
STFCA	Shrewsbury College	16.06.2021	STFC training 5.30-8.30 U13s - see reflection	3	Rob Williams
SUFC	RAF Pitches	21.06.2021	SUFC 1st night of pre-season training	2	Dec Allen
STFCA	Shrewsbury College	23.06.2021	STFC training 6-8.30 - U11s with OE feedback program sent	2	Rob Williams
STFCA	Shrewsbury College		Contract at STFC Terminated - CW promoted - does not want a Psych involved in football matters	0	Rob Williams
SUFC	RAF Pitches	24.06.2021	SUFC training 7-8.30 fitness testing and new player inductions	1.5	Dec Allen
SUFC	Shrewsbury Fitness Centre	28.06.2021	SUFC: Assisting in Gym Spin session at SSV 8-8.45 - DID SPIN CLASS WITH PLAYERS Supporting injured players as I am taking them for rehab this week (LW/SE and ME) 1:1 Check In with JR	1 0.5	Dec Allen
SUFC	RAF Pitches	01.07.2021	SUFC Training 7-8.30pm ahead of 1st preseason game Saturday Rehab assisting SE LW and MW	1.5	Dec Allen
	Online		Call JB, CC, TB and LL re STFC 1st team preseason recall	1	Rob Williams
SUFC	RAF Pitches	08.07.2021	SUFC training 7-8.30 - rehab assistance for the injured players (SE/MW) Observation and check in with RA	1.5 1	Dec Allen Dec Allen

SUFC	Ludlow FC	10.07.2021	SUFC Preseason game 1 v Staffs Town H (L4-2)	5	Dec Allen
SUFC	Shrewsbury Fitness Centre	13.07.2021	SUFC gym session spin bikes 8-9	1	Dec Allen
SUFC	Poynton Pitches	15.07.2021	SUFC Session 15 lads turned up Signed this week (not yet announced) DG, GM, CF, DJ. Left the club: RT, JP (both to Haughmond) HF turned up is training and playing at Witton Albion at this moment trialling elsewhere	2	Dec Allen
SUFC	Zoom	19.07.2021	SUFC Meeting with RB regarding Psychology provision and GD attitude 7-8	1	Dec Allen
SUFC	Away	20.07.2021	SUFC A Welli Ams Preseason (W 3-1)	5	Dec Allen
STFCA	Phone	21.07.2021	Call at 7.30am from BBC Radio Shropshire to be on at 8.10 to talk about Simone Biles Olympic record. Recording on Drive.	1	N/A
	Zoom		Zoom at 2pm with RW and JP from STFCA releasing me from placement for the season as "they don't know what they're doing so decided to do nothing".	1	Rob Williams
SUFC	Poynton Pitches	05.08.2021	SUFC training 7-8.30	1.5	Dec Allen
SUFC	Ludlow FC	07.08.2021	1st League game Wednesfield H 12.30-5pm (L 3-1)	5	Dec Allen

SUFC	Away	10.08.2021	Matchday 2 v Dudley Sports (L 3-1)	5	Dec Allen
SUFC	WhatsApp/Phone	11.08.2021	1:1s with team via communication, responsibility, positivity DJ - very little / agree to disagree JC - swayed a little All others fine	2	Dec Allen
SUFC	Poynton Pitches	12.08.2021	SUFC training as normal 6.50-8.30	1.5	Dec Allen

SUFC	Away	14.08.2021	Matchday v Heath Hayes FC. DA away. RB in charge. MW no-show. LW tells me he's injured in warmup. Me RB and B? Redo the team sheets and formation. None gives set piece info so RH stands and does it for the team. BR on site but does nothing. AR warms up keepers then sits with BR and committee away from staff & team. Bad loss 5-1. Shambles of a day. DA not happy. BR and AR subsequently leave their roles at the club. I have bad tonsillitis/flu. I apologise to DA for the mix up re LWs injury. Liaise with CW so it will not be a problem in future.	5	Dec Allen
SUFC	Ludlow FC	07.09.2021	Matchday H to Chelmsley Town FC (L4-0). Feisty as always and last-minute winner for Dudley lads worked very hard and well together for the first time.	5	Dec Allen
SUFC	Ludlow FC	11.09.2021	FA Vase tie v Romulus (L4-0) Lots of arguments and falling out on pitch during the game after the 2nd goal. Message on group chat after the game with warning (reflection!)	5	Dec Allen
SUFC	Ludlow FC	14.09.2021	Matchday H to Bridgnorth (WON 4-0!) FINALLY!!! (Added to reflection!!)	5	Dec Allen
SUFC	Ludlow FC	18.09.2021	Matchday to Wolves Cassies, Lost 4-1 after 2-1 halftime - second half collapse	5	Dec Allen

SUFC	Away	21.09.2021	2-1 last minute loss to Bilston (DA informs staff of 4 game mutual club decision to change management) SE back - attitude pre-game is good	5	Dec Allen
SUFC	Poynton Pitches	23.09.2021	SUFC training (SE back) Better attitudes all round	2	Dec Allen
SUFC	Away	25.09.2021	Lost 7-1 after penalty start 2-1 down at half time 2nd half collapse	5	Dec Allen
SUFC	Ludlow FC	28.09.2021	SUFC Cup Game v Whitchurch Alport Lads do well 2-1 loss pull as goal back can't quite find equaliser	5	Dec Allen
SUFC	Poynton Pitches	01.10.2021	SUFC Training - DA not present as at a work function. SE and RB take session	1.5	Dec Allen
SUFC	Away	03.10.2021	3-2 L A Bilston FC (from 2-0 down) Good game can't quite find equaliser at the end End of game DA announces to squad he has resigned his position - see reflection	5	Dec Allen
SUFC	Zoom	05.10.2021	Staff meeting with SE to outline vision and staff roles	2	Dec Allen
SUFC	Poynton Pitches	07.10.2021	12 players attend training.	1.5	Dec Allen
SUFC	Ludlow FC	09.10.2021	H v Coventry Copsewood - 2-1 win - see reflection LW upset at full time a fiend died yesterday (Dawley Town captain - support is offered)	5	Dec Allen
SUFC	Poynton Pitches	14.10.2021	SUFC Training	1.5	Dec Allen

SUFC	Ludlow FC	16.10.2021	Matchday v Darlaston L 2-1	5	Dec Allen
SUFC	Phone	20.10.2021	Phone call from DW - Sacked by Shawbury over phone after Interview at Uni of Birmingham - see reflection	0.5	Dec Allen
UOB	Phone	25.10.2021	Verbal offer from UOB for Performance Psychology position	0.5	N/A
Cefn Druids	Facebook	07.11.2021	Messages from Andy Taylor re. work at Cefn Druids	1	N/A
SJP	Phone	08.11.2021	Call from OT Shifnal U15s to come int tonight to work with them £20 a hour 6.30-9	2.5	N/A

Cefn Druids	Phone	10.11.2021	Call from Andy Taylor to come in tomorrow night with First Team and meet staff	.25	N/A
Cefn Druids	The Rock Stadium	11.11.2021	Meeting with the Chairman about work, expectations, and requirements. Met with JB current Psych intern. 6.30-9. Agreed £130 per week	2	N/A
Cefn Druids	The Rock Stadium	13.11.2021	Cefn Druids first day with new trialists	6	N/A
Shifnal U15s	Shifnal Sports Club	15.11.2021	Shifnal U15s 6.30-7.30. 2x 1:1s	2	N/A

Cefn Druids	The Rock Stadium	16.11.2021	Cefn Druids First Team Training 7.30-9.30	2	N/A
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Cefn Druids	The Rock Stadium	17.11.2021	1st session with EDS (u19s) - Matchday	4	N/A
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Cefn Druids	The Rock Stadium	19.11.2021	EDS Session 6.30-8.30	2	N/A
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Cefn Druids	TNS	21.11.2021	EDS U19s Game A TNS (L2-0) Communication observed, and doc send to coaches	4	N/A
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Shifnal U15s	Shifnal Sports Club	22.11.2021	Shifnal U15s 1:1 Lealan and Owen	2	N/A
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Cefn Druids	The Rock Stadium	23.11.2021	Druids First Team training - Visualisation with JF/NF/B?/BW - JB lead	2	N/A
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Cefn Druids	The Rock Stadium	24.11.2021	1:1 with DM	1	N/A
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Cefn Druids	The Rock Stadium	25.11.2021	Druids Trialist game 7.45-9.45	3	N/A
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Cefn Druids	The Rock Stadium	26.11.2021	EDS Training 6-8 1:1 with MC	2	N/A
Cefn Druids	The Rock Stadium	04.12.2021	Druids game v Haverfordwest - I learn that Welsh games kick off at 2pm! (L 4-1) 1:1 with HF on confidence	4 1	N/A
UOB	UOB	06.12.2021	Began work at University of Birmingham - Performance Psychologist 0.6		N/A
Birmingham Athletics (Hub)	Costa	08.12.2021	Extension to work with British Athletics Birmingham Hub with LG 0.1 (HUB)		N/A
Cefn Druids	The Rock Stadium	03.01.2022	I present observations on culture and standards to Druids coaches and facilitate meeting about this in discussion format - accepted and I send out notes and action points to staff WhatsApp 1:1 with JF on returning to play 1:1 with RN on being told he can leave the club 1:1 request from NF on confidence	3 3	N/A N/A
Cefn Druids	The Rock Stadium	07.01.2022	Friendly D 1-1 (NF scores) 1:1 NF on confidence and goalscoring target 3 shots next games	5	N/A
Cefn Druids	The Rock Stadium	10.01.2022	Informal catchup with the chairman re Psych.	2	N/A

Cefn Druids	The Rock Stadium	12.01.2022	Deliver workshop to EDS/19s on confidence 1 x EDS 1:1 on back of this	2	N/A
Cefn Druids				1	N/A
Cefn Druids	The Rock Stadium	13.01.2022	1:1 with HF on not being paid and his options - self ethical vs moral dilemma 1:1 with JF on not being paid, resigning from coaching and options I book to go away for the weekend to think and distance myself from the club as now 3 weeks with no pay and chairman's behaviour is unacceptable	1 1 1	N/A
Cefn Druids	Email	15.01.2022	I did not attend the game, but NF scored 2 in 4-1 win! JF calls to say he was an unused sub and wishes to cancel his contract at club <u>Notification from FAW to say league is restarting early</u>	0 0.5	N/A N/A
Cefn Druids	Phone Zoom	16.01.2022	1:1 CM Hammer - Initial contact for support	1 1	N/A N/A
CEFN DRUIDS	The Rock Stadium	17.01.2022	AT contacts me regarding pay. I submitted 2 invoices. I tell JH this and that I will be in as normal pending these payments JF - gets 3 formal offers to leave the club and we discuss the options and his thoughts / emotions1	0.5 0	N/A
UOB	Costa	18.01.2022	1:1 LP Athletics re Injury return to run	1	N/A

UOB	Costa	19.01.2022	1:1 SM Athletics re Anxiety	1	N/A
UOB	Costa	24.01.2022	1:1 IB Athletics re Chunking	1	N/A
UOB	Costa	25.01.2022	1:1 with ET - re Organisation 1:1 with HK - re Sleep	1	N/A
Cefn Druids	Phone call	29.01.2022	I speak to GF about Friday's 5-0 result. He asks me what they should do in prep for Tuesday v top of the league.	1	N/A

Cefn Druids	Phone call	30.01.2022	An impromptu staff meeting occurs at 6pm where AT tries to call me out on a few things, but I hold my own, He agrees to speak with players tomorrow.	2	N/A
Cefn Druids	The Rock Stadium	31.01.2022	AT addresses all the players in the dressing room. He apologises he's not been in training but it was January so what could he do. Reiterates his door is always open.	2	N/A
Cefn Druids	Park Hall	01.02.2022	1st team A game at TNS. There are 7 direct slides from AT towards me and comments such as "I know you don't think I like you but I'm telling you I do if someone can note that down". Team loses 5-1	5	N/A
UOB Cefn Druids	Costa The Rock Stadium	02.02.2022	1:1 SM Athletics re Anxiety check in Meeting with JH and CA. They have prepared notes based on the report notes. DW is clearly not happy about this. Their meeting takes place in the glass fronted cabin where all their players can see them. At 10pm I am called into the meeting room. Everyone else has gone home. CW stays in his position at the head of the table. AT comes and sits behind me on the arm of the sofa. I hold	0.5 3	N/A N/A

			<p>my own DW tries to get me to ‘out’ staff by naming them and giving his view on what they told me. I say nothing. I am told “I can sit and watch people get fired now when they don't live up to my recommendations”. DW is very happy about this.</p> <p>I decided I will resign on Sunday as I don't want them to think this scare tactic worked. I will give the reason being getting more work through UOB and TASS.</p> <p>I spoke to JH on my return home, and we talked through the 2 different meetings whereby DW had tried to get them to out me as a liar as he had with me, trying to tell them the lies CA and JH had made. JH tries to convince me to stay however I am firm I will be going.</p>		
UOB	Costa	03.02.2022	1:1 AS and AG Initial meetings to discuss support	1	N/A
Cefn Druids	Phone		CA and JH both still try to get me to remain at the club until the end of the season. However, I am clear my time is up and that I will resign on Sunday.	1	
UOB	Costa	06.02.2022	I formally resign my position. I cannot stay where my name will be held in association to these people. From teaching, “what we let go, we condone”.	2	N/A
Cefn Druids	The Rock Stadium	07.02.2022	1:1 ET Athletics re- Beliefs	0.5	
			I tell the remaining staff and players of my decision. All 20 of the U23s send me messages as do 4 of the staff. I only talk directly with 4 first team players, all of whom understand my “real” reasoning.	2	

UOB	Costa	08.02.2022	1:1 AQ Athletics - re severe anxiety. Lots of history on this case -REFLECTION	1	N/A
UOB	Costa	09.02.2022	1:1 LR Athletics - Background and general info	0.5	N/A
UOB	Online	13.02.2022	1:1 CM Hammer - Visualisation script (zoom)	1	N/A
UOB	Costa	15.02.2022	1:1 AQ Athletics check in on previous week's work challenges - going well	1	N/A
UOB	Costa	16.02.2022	1:1 MG Athletics - re confidence 1:1 SM Athletics - check in pre-BUCS 1:1 SS Gymnastics – confidence	1 1 1	N/A
UOB	Costa	21.02.2022	1:1 IB Athletics check in	1	N/A
UOB	Costa	22.02.2022	1:1 MG Athletics check in	0.5	N/A
UOB	Costa	23.02.2022	1:1 AQ Athletics check in on previous week's work challenges - going well	1	N/A
UOB	Costa	28.02.2022	1:1 ET Athletics - check in on organisation and beliefs work	0.5	N/A
UOB	Costa	02.03.2022	1:1 CA Athletics - initial contact re medical history 1:1 AQ athletics - check in on previous week's work challenges - going well	0.5 0.5	N/A

UOB	Online	05.03.2022	1:1 CM Hammer (Zoom) catch up and additional visualisation details	1	N/A
UOB	Costa	07.03.2022	1:1 AQ athletics - check in on previous week's work challenges - going well	0.5	N/A
UOB	Costa	08.03.2022	1:1 HH Boxing - initial meeting for support and motivation for training and uni. Balance	1	N/A
UOB	Costa	16.03.2022	1:1 MG Hockey - initial session to look at confidence and leadership pre-World Cup 1:1 HH Boxing - review of challenge and support 1:1 HC Athletics (zoom) Initial support strategy	1 0.5 1	N/A N/A
UOB	Costa	17.03.2022	1:1 AG athletics - check in on confidence work	0.5	N/A
UOB	Costa	21.03.2022	1:1 ET Athletics - check in pre- altitude camp 1:1 AS - initial contact re confidence	0.5 0.5	N/A
Private Client (from Druids)	Phone Call		1:1 JF target setting for new season 5 assists / 3 goals	0.5	N/A
UOB	Costa	22.03.2022	1:1 MG Athletics - self efficacy and esteem 1:1 LP Athletics - parent engagement and beliefs	1.5 1	N/A
England Athletics	Loughborough Athletics Track	24.03.2022	Camp Throwing Day at Loughborough 6 x 1:1s	6	N/A

Birmingham City Womens Academy (BWSL)	Training Ground	28.03.2022	Training 1:1 AC Confidence and Goal setting	2 1	N/A
BWSL	Training Ground	04.04.2022	Training 1:1 AC and LH	2 2	N/A
UOB	Costa Online	06.04.2022	1:1 LP check in on work progress 1:1 email check-in with HC Athletics	1	N/A
UOB	Online	08.04.2022	1:1 MG check in (zoom) after group stage of world cup - re camp life and training load	1	N/A
BWSL	Clubhouse	11.04.2022	Training - advice chats and talks	2	N/A
UOB	Costa	13.04.2022	1:1 LP progress and return to run progress	0.5	N/A
Kaahjiin Haka	Phone call	13.04.2022	1:1 JF- Progress and settling into new team	1	N/A

UOB	Phone call	18.04.2022	1:1 AQ Athletics (phone call) struggling on camp illness and injury	1.5	N/A
BWSL	Club House	21.04.2022	1:1 LH Football release and homelife	1	N/A
UOB	Costa	25.04.2022	1:1 AC Update 1:1 LH Check in and support	1 1	N/A

UOB	Costa	27.04.2022	1:1 SS Athletics initial chat re history and personal challenges for this year	1	N/A
UOB	In person Online	04.05.202	1:1 CA Catchup progress and medical results 1:1 LP (zoom) Strategy talk for weekends first race back	1 1	N/A
UOB	Online	06.05.2022	1:1 LP (zoom) Review race strategy and next steps	1	N/A
UOB	In Person	10.05.2022	1:1 MG Hockey Review of World Cup and next steps 1:1 AQ Athletics Injury recovery and strategy 1:1 ET Athletics Review camp and next phase of work	1 1 1	N/A
UOB	In Person Online	16.05.2022	1:1 ET Athletics Review of challenges going well 1:1 CM Hammer re Performances and Motivational factors	0.5 0.5	N/A
Kaahjiin Haka	Online	18.05.2022	1:1 JF - progress, pre-season, cup games, relationship issues and next steps	1	N/A

UOB	Online	31.05.202 2	1:1 TK Athletics Self talk strategy in race 1:1 AQ Athletics Injury continuation and review	1 0.5	N/A
UOB	Online	07.06.202 2	1:1 SS Athletics strategy and confidence for British Champs (Bronze medal) 1:1 SS Gymnastics - catch up pre-Portugal comp	1 0.5	N/A
UOB	Online	27.06.202 2	1:1 LP Athletics (zoom) Review	1	N/A
UOB	Online	05.07.202 2	1:1 AQ Athletics (zoom) - MDT discussion around Nutrition and Physiology	1	N/A

			1:1 ZS Athletics (zoom) - new client from HUB steeplechase CWG and next year	0.5	
UOB	Online	06.07.2022	1:1 CA Hockey (zoom) new client support with confidence in fitness testing	0.5	N/A
UOB	WhatsApp	8.07.2022	MDT text regarding SM - concern at potential eating disorder traits		N/A

UOB	In Person	11.07.2022	1:1 JB Athletics new client HUB support looking to invest motivation and focus plan	1	N/A
Kaahjiin Haka	Phone call	12.07.2022	JF Check-in, last weekend got 1st assist for new club and voted POTM. Feeling positive and high - discussing next season.	1	N/A
UOB	WhatsApp	15.07.2022	MDT text regarding SM - hospitalised due to kidney infection - inc. concern at potential eating disorder traits		N/A
Kaahjiin Haka	WhatsApp	19.07.2022	JF messages after watching the podcast he'd guest interviewed on		N/A
UOB	Consult Room	20.07.2022	1:1 AQ check-in all fine. Has disclosed details of former eating disorder to S&C coach	0.5	N/A

UOB	WhatsApp	21.07.2022	Check in with SM - has been released from hospital. I contact the MDT to arrange an update meeting about next steps.	0.25	N/A
SJP	Zoom	29.07.22	17-year-old footballer initial session to gauge need - potential anxiety and confidence	0.5	N/A

UOB	Phone call	05.08.2022	Issue with national coach not arrived and team have no kit, practice session time or court session time booked. Sister still in Kenya covid test results are delayed so has bought a ticket and is flying anyway. No trains due to strike so is Uber-ing her from Gatwick to Birmingham. Also had a message from former training partner re old coach would be proud (who passed away last year) Client is distressed and overwhelmed. We sort logistics as we can and talk. (Both lose their opening game so enter into the plate competition)	2.5	N/A
UOB	Zoom	08.08.2022	Men's Hockey induction re culture	1	N/A
UOB	Zoom	09.08.2022	Womens Hockey induction re culture	1	N/A
UOB	Zoom	11.08.2022	LP Athletics 1:1 via Zoom all ok	1	N/A
UOB	Zoom	11.08.2022	HC Athletics 1:1 all ok	1	N/A
UOB	UOB	12.08.2022	Athletics Away Day to discuss last year and formulate new actions for 2023	6	N/A
SJP	Phone	13.08.2022	JF 1:1 Football assists going well and heading	1	N/A
UOB	UOB	19.08.2022	AQ 1:1 catchup on summer - all ok	1	N/A
SJP	Zoom	21.08.2022	RP 1:1 football - some anxiety and work life balance	1	N/A
SJP	Phone call	26.08.2022	JF 1:1 – progressing	1	N/A

UOB	UOB	31.08.2022	LP 1:1 Catchup - PCT around progress	1	N/A
UOB	Call	03.09.2022	JF 1:1 – progressing	1	N/A
UOB	Online	03.09.2022	Teams access and setting up a TEAMS account and channels for the performance centre	2	N/A

UOB	Meeting Rooms	05.09.2022	Profiling MDT for new EDCAP Scholars x3	4	N/A
UOB	Meeting Rooms	12.09.2022	Profiling MDT for new EDCAP Scholars x 4	5	N/A
UOB	COSTA	15.09.2022	AQ Athletics 1:1 Psychological Development Plan form profiling	1	N/A
UOB	COSTA	20.09.2022	EA Hockey 1:1 Psychological Development Plan form profiling	1	N/A
UOB	Meeting Room	21.09.2022	MDT - Discussion on Elite performers - Myself, 2 x Scholarships, 3 x S&C coaches, Nutritionist, Physiotherapist, Physiologist, Lifestyle advisor	1	N/A
HUB	COSTA	27.09.2022	IB 1:1 Athletics New Season goals and intro SS 1:1 Athletics New Season goals and intro	1 1	N/A
UOB	Online	28.09.2022	Assigning scholars and students into Teams channels	2	N/A
HUB	Zoom	30.09.2022	HC 1:1 Athletics New Season goals and intro	1	N/A

UOB	Courts	03.10.2022	Visual Assessments of dominant eye and training methods - squash team x 4 players	1	N/A
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UOB	COSTA	04.10.2022	OD Athletics 1:1 Psychological Development Plan form profiling	0.5	N/A
UOB	Meeting Rooms	05.10.2022	Profiling MDT for new EDCAP Scholars x 2	3	N/A
UOB	Costa	18.10.2022	1:1 AQ Athletics - Continued work from summer ahead of Liverpool XC	0.5	N/A
UOB	Costa	20.10.2022	1:1 EA Hockey - confidence and EDP goals	0.5	N/A
UOB	Costa	02.11.2022	1:1 AQ Athletics re injury	0.5	N/A
UOB	Costa	16.11.2022	1:1 AI and AVC Athletics both confidence and race planning	1.5	N/A
UOB	Meeting Rooms	16.11.2022	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Athletics scholars and actions	1.5	N/A
UOB	Costa	18.11.2022	1:1 AQ Athletics injury and nutrition management	0.5	N/A
UOB	Meeting Rooms	23.11.2022	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Netball scholars and actions	1.5	N/A
UOB	Email	29.11.2022	Alerted to FN Swimming who has provided concerning info into the British Swimming weekly health monitoring form. Feeling very low. Has a previous history of eating disorders. I decided to arrange a chat.		N/A
UOB	Costa	30.11.2022	1:1 AVC Athletics Post Liverpool reflections and Euro XC planning FN arrives and discloses a lot of information. She is already under GP referral and medication and had a therapist for anxiety. We create a self-care plan, and she gives me direct permission to disclose to the MDT for their awareness. She	0.5 1.5	N/A

			is due to compete this weekend and wants to. We work out ways of hiding her injuries from potential cameras. Daily contact continues.		
UOB	Meeting Room	30.11.2022	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Squash scholars and actions	1.5	N/A
UOB	Call	01.12.2022	FN competes in comp. She feels bad about eating unhealthily but I assure her this is symptomatic of the eating disorder, and we rationalise her feelings. British Swimming are contacting her tomorrow.	1	N/A
UOB	Zoom	01.12.2022	1:1 IB Pre-Manchester planning and prep for course	0.5	N/A
UOB	Costa	02.12.2022	1:1 AQ Athletics Confidence going in post xmas training 1:1 FN Swimming comes in with new self-harm injury, I apply first aid and ask her to arrange a new GP call asap. I check in with her that she has done this. British Swimming's consult is on Friday	0.5	N/A
UOB	Meeting Room	03.12.2022	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Miscellaneous scholars and actions	1.5	N/A
UOB	Zoom	04.12.2022	1:1 FN. Has a GP appointment and they revise medication. British Swimming have also been in touch and are arranging a specialised eating disorder consultation. Self-harm is continuing, and FN returns home for an extended break. I am in daily contact to monitor this, and we have emergency plans in place if parents are unsupportive where she can call Birmingham Uni Out of Hours student support.	1	N/A
UOB	Costa	06.12.2022	1:1 AVC Athletics Pre-Euro XC	0.5	N/A
UOB	Meeting Rooms	07.12.2022	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Squash scholars and actions	1.5	N/A

UOB	Zoom	08.12.2022	1:1 FN Swimming Self Harm and Eating Disorder. She is feeling better but there are good and bad days. Self-harm is less regular but still occurring.	1	N/A
UOB	Costa	14.12.2022	1:1 AVC Athletics Post Euro XC 1:1 AQ Athletics Pre-Xmas training	0.5 0.5	N/A
UOB	Zoom	16.12.2022	FN calls to discuss the swimming consult. They are arranging a bursary to cover the costs of a 6-month specialist eating disorder therapy program for her. She is 3 days without self-harming	1	N/A
UOB	Zoom	03.01.2023	1:1 AQ Athletics prep for the next set of races. Aim to qualify for World XC but needs to show form.	0.5	N/A
UOB	Costa	05.01.2023	1:1 AVC Athletics - Returning to Denmark next season. We plan our rough estimation for this summer.	0.5	N/A
UOB	Costa	06.01.2023	Check in calls with OD, IB, EA, MG, FN, OM, AI,	3	N/A
UOB	Zoom	06.01.2023	AQ 1:1 race planning for Elgiobar - confidence and keeping calm focus (Finishes 11th)	0.5	N/A
UOB	Costa	09.01.2023	Meeting with KG Netball to discuss confidence	0.5	N/A
UOB	Costa	11.01.2023	AQ 1:1 race planning for Valencia- confidence and keeping calm focus (Finishes 11th with 16th all-time GB record)	0.5	N/A
UOB	Meeting Room	11.01.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Hockey scholars and actions	0.5	N/A
UOB	Costa	17.01.2023	KG Netball 1:1 re confidence and planning for next year Super league	0.5	N/A

UOB	Sports Lab	18.01.2023	Athletics MDT - Head Coach, Lead Coach, Physiologist, Nutritionist, Lifestyle, S&C Coach planning for BUCS XC, BUCS Indoors and Training Camp	1	N/A
UOB	Meeting Room	18.01.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Netball scholars and actions	1.5	N/A
Private Client	Home Address	20.01.2023	1:1 U15s Squash Player - looking at focus and resetting strategies	1	N/A
UOB	Costa	25.01.2023	1:1 with MA XC A Team -will be her 1st race in 2 years - race environment looked at. (Team Gold at BUCS XC)	0.5	N/A
UOB	Costa	25.01.2023	1:1 with EP XC A Team -nursing an injury - confidence, warm up prep and planning discussed. (Team won Gold at BUCS XC)	0.5	N/A
UOB	WhatsApp	25.01.2023	Send SM XC A Team info for planning for the weekend. (Team Gold at BUCS XC)	0.2	N/A
UOB	Meeting Room	25.01.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Squash scholars and actions	1.5	N/A
UOB	Costa	30.01.2023	1:1 AQ about BUCS XC planning and prep (had been selected for the World GB XC team today). (Individual Silver and Team Good at BUCS XC)	0.5	N/A
UOB	Phone	30.01.2023	1:1 FN relapse - get support in place from Students Union, scholarships and update MDT	2.5	N/A
UOB	Costa	01.02.2023	1:1 IS Hockey player around confidence	0.5	N/A
Private Client	Zoom	01.02.2023	1:1 U12 NFC football player parents re attitude and frustration	1	N/A

UOB	Meeting Room	01.02.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Miscellaneous scholars and actions	1.5	N/A
UOB	Costa	05.02.2023	1:1 AC Athletics re Injury and spring/summer	0.5	N/A
UOB	Costa	07.02.2023	1:1 AW Hockey re future me plans and next year	0.5	N/A
UOB	Costa	07.02.2023	1:1 SF Hockey re confidence	0.5	N/A
UOB	Meeting Room	08.02.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of Elite scholars and actions	1.5	N/A
UOB	Consult Room	13.02.2023	1:1 SS Athletics re history and mental exhaustion. Agree a block of sessions to look through self-identity and skills gained. Looking for acceptance of medical issues and motivational factors if continuing in sport as well as coping tools	1	N/A
UOB	Meeting Room	14.02.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of updates and MDT bookings	0.5	N/A
UOB	Costa	15.02.2023	1:1 AI Athletics pre-UK Indoors re confidence and challenge (Bronze Medal)	0.5	N/A
UOB	Gym	15.02.2023	Catch-up with IB pre-UK Indoors re current psychology strategy maintenance - all fine (Gold Medal)	0.5	NA
UOB	Online	16.02.2023	1:1 AQ Athletics Pre-Worlds chat around prep /mentality/physiology (25th place)	0.5	N/A
Private Client	Email	19.02.2023	U15s squash player wins English Open U19s self, coach, parents, and fitness coach report better focus and closed out game well	0.2	N/A

UOB	Consult Room	20.02.2023	1:1 SS Athletics: Session 1 of identity/history counselling	1	N/A
UOB	Gym	20.02.2023	Quick catch up with IB Athletics re strategies pre-UK Indoors at the weekend (Gold Medal)	0.5	N/A
UOB	Meeting Room	21.02.2023	Athletics MDT, Head coach, Physiologist, Lifestyle, Nutrition, S&C and myself. Discussing actions pre-altitude camp in March and provisions needed on site for approx. 44 athletes	2	N/A
UOB	Email	21.02.2023	Communication with netball captain re lack of coach input to team and training pre-BUCS 1/4s. Focus on play and controllables	0.2	N/A
UOB	Costa	22.02.2023	1:1 AI Athletics, nerves, sleep, and race planning for UK Indoor Champs (Bronze Medal)	0.5	N/A
Private Client	Costa	27.02.2023	1:1 RH UOB Netball re anxiety and goal setting for 1st team selection in Super league. (Debut made 04.03.2023)	0.5	N/A
UOB	Consult Room	27.02.2023	1:1 SS Athletics 2nd Counselling session	1	N/A
UOB	Meeting Room	28.02.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of updates of Elite Scholars	1.5	N/A
Private Client	UOB	01.03.2023	1:1 U14s footballer released from academy - Future Me action plan made	1	N/A
UOB	Consult Room	06.03.2023	1:1 SS Athletics 3rd Counselling session	1	N/A
Private Client	Zoom	06.03.2023	1:1 U12 NFC player parents update and next steps - improved frustration, next steps / goal setting for progression up	1	N/A

Private Client	Home Address	07.03.2023	1:1 U15s Squash player - review of 1st meeting and prep for weekend tournament	1	N/A
UOB	Meeting Room	08.03.2023	MDT Scholar progress MG Hockey - S&C, Nutrition, Lifestyle and Psych present. Plan to reduce workload	1	N/A
UOB	Meeting Room	08.03.2023	MDT: Scholarships, Physiology, Physiotherapy, Nutrition, S&C x 5, Lifestyle and myself - Discussion of updates of Talent Scholars	1.5	N/A
UOB	Consult Room	13.03.2023	1:1 SS Athletics 4th Counselling session - meeting with her coach afterwards with permission to discuss with me	1	N/A
UOB	Consult Room	15.03.2023	1:1 OM Swimmer - info from coach about relationship breakdown and struggle sleeping. Interventions and recommendations for going forward	1	N/A
England Athletics	Loughborough University	18.03.2023	Full day of 13x 1:1s for throwers on England Talent Pathway camp. Items explored: Anxiety, Identity, Sleep, Organisation, Transitions and Future Planning	8	N/A
UOB	Consult Room	20.03.2023	1:1 SS Athletics 5th Counselling session with coach present. Has decided and is confident about taking an indefinite break from sport.	1	N/A
UOB	Consult Room	20.03.2023	1:1 IB Athletics and Nutritionist re menstrual cycle planning and interventions	1	N/A

UOB	Costa	21.03.2023	1:1 with LG new PC Manager around strategy planning	1	N/A
UOB	Squash courts	21.03.2023	Time with scholar athletes casual catch ups	1	N/A

UOB	Meeting Room	21.03.2023	Performance Team meeting re Edcap progress and recap of individual MDTs	1	N/A
UOB	Office	27.03.2023	MDT: AI Progress: Physiologist, Nutrition, Coach, Psyc, S&c and Lifestyle. Psyc focus after camp on taking training form into competition1	1	N/A
UOB	Costa	27.03.2023	1:1 WS Squash - resetting between points to focus on the game.	1	N/A
UOB	Costa	27.03.2023	1:1 AK Squash - emotional control	1	N/A
UOB	Gym	27.03.2023	Gym time with scholar athletes casual catch ups	1	N/A
UOB	Gym	28.03.2023	Performance Team meeting on Term 3 planning	1	N/A
UOB	Costa	28.03.2023	1:1 EW Hockey - goals and prep for EDP camp	1	N/A
UOB	Meeting Room	28.03.2023	MDT: Physiologist, Nutrition, Psyc, S&C x 5 and Lifestyle. <ul style="list-style-type: none"> • Discussion of Squash players 	1.5	N/A
Private Client	Online	28.03.2023	1:1 HC Athletics (former HUB athlete) looking to advance confidence now back running and fully fit	1	N/A
UOB	Brookes Meeting	03.04.2023	Annual Review with Line Manager re processes installed and personal development to be undertaken next year	2	N/A
UOB	Gym	03.04.2023	Gym time with scholar athletes casual catch ups	1	N/A
UOB	Meeting Room	04.04.2023	1:1 CF Squash re resetting and confidence	0.5	N/A
UOB	Gym	04.04.2023	Performance team meeting discussing networking	1	N/A
UOB	Watsapp	04.04.2023	Chat with OM Swimming after 50m Gold medal at British Champs (Reflection)	0.2 3	N/A

UOB	Meeting Room	05.04.2023	LG details his findings of team culture review undertaken and principles in place to guide future team work	1.5	N/A
Athletics HUB	Online	05.04.2023	1:1 LP Athletics re new mentality now back in full training and aiming for Olympic selection	1	N/A
Athletics HUB	Office	05.04.2023	1:1 ZO Athletics re anxiety and pre-comp routine	1	N/A
UOB	Watsapp	06.04.2023	Chat with OM Swimming after 100m Gold medal at British Champs and with GH coach (Reflection)	1	N/A
Athletics Hub	Online	06.04.2023	1:1 BW Athletics re visualisation	1	N/A
UOB	Watsapp	09.04.2023	Chat with OM and GH coach after 200m Gold medal at British champs. Arrange media training and social media review with OM and to arrange MDT with the team to support OM at Worlds Champs (if selected) (Reflection)	1.5	N/A
Athletics Hub	Online	13.04.2023	1:1 BE re startline of races and focus	1	N/A
Athletics Hub	Online	14.04.2023	1:1 LR re reflection on races and reducing RPE anxiety of exertion post-injury	1	N/A
UOB	Gym	14.04.2023	Performance team meeting discussing coach proforma ideas	1	N/A
UOB	Costa	15.04.2023	Meeting with the new Head of Hockey MM to discuss philosophy, game plans and team identity. Mentimeter options likely.	1	N/A
UOB	Squash Courts	15.04.2023	Time with scholar athletes casual catch ups	1	N/A
UOB	Online	17.04.2023	1:1 OM re social media review and interview strategies pre Worlds (now selected)	1	N/A

UOB	Watsapp	17.04.2023	Messages sent to athletes on camp to check-in and those on Easter breaks AQ/MG/EW/EA/TB/FN/AI/HI/WS	1	N/A
UOB	Costa	24.04.2023	1:1 TB Steeplechase pre-BUCS this weekend. Sleep is better, plan in place for the start strategy for heats and final	0.5	N/A
UOB	Lab	25.04.2023	Athletics MDT: Physiologist, Nutrition, S&C x2, Head coach, Lead Endurance coach <ul style="list-style-type: none"> • Post camp reflections • BUCS Outdoors this weekend • Summer planning 	1	N/A
UOB	Gym	25.04.2023	Performance Team meeting re Summer Planning, pre-seasons, strategy etc	1	N/A
UOB	Gym	25.04.2023	Gym time with scholar athletes casual catch ups	1	N/A
UOB	Costa	25.04.2023	Meeting with Head of Hockey MM around scholar players selected for international camps and squads	1	N/A
UOB	Squash Courts	25.04.2023	Time with scholar athletes casual catch ups	1	N/A
UOB	Lab	26.04.2023	Led OM MDT for World Champ preparation. S&C, Head Coach, Nutrition, Physiotherapist, myself and Lifestyle Issue around housing presented - Myself and Lifestyle to take lead on sourcing changes required	1	N/A
UOB	Meeting Room	26.04.2023	Led this week's MDT: Physiologist, Nutrition, Psyc, S&C x 5 and Lifestyle and PC lead plus new colleagues 1 x Physiologist and 1 x Performance Analyst <ul style="list-style-type: none"> • Discussion of Hockey players 	1.5	N/A
UOB	Office	26.04.2023	Myself, Lifestyle lead and Scholarships Lead discuss options to relieve OM housing issue	0.5	N/A

UOB	Phone	26.04.2023	Meet with OM to disseminate housing options and next steps. Agree to meet again next Tues/Weds with any updates. (Lifestyle advisor on leave over next 2 days and bank holiday)	0.5	N/A
UOB	Gym	02.05.2023	Gym time with scholar athletes casual catch ups	1	N/A
UOB	Gym	02.05.2023	Performance team meeting discussing coach proforma ideas	1	N/A
Athletics HUB	Online	02.05.2023	Hub lead AP call with myself, physiologist and nutritionist to discuss next planning stages	1	N/A
UOB	Costa	03.05.2023	1:1 MR Para-Triathlete 1:1 around anxiety of not training / injury etc	1	N/A
UOB	Meeting Room	03.05.2023	MDT: Physiologist x2, Nutrition, Psyc, S&C x 5, Performance Analysis, Lifestyle and Performance Centre lead <ul style="list-style-type: none"> • Discussion of Athletics Endurance 	1.5	N/A
UOB	Corridor	03.05.2023	1:1 BT Squash Chance conversation after seemingly quiet in the gym. Has been left out of the national squad despite communications and has a dissertation next week clashing with an appeal date. Will keep in contact to support.	0.5	N/A
UOB	Costa	03.05.2023	1:1 with NS second year student - feedback and guidance around items she has created for teams	0.5	N/A
UOB	Costa	09.05.2023	1:1 EW Athlete around first summer of steeplechase and retaining focus	0.5	N/A
HUB	Online	09.05.2023	1:1 CM Hammer around new regime, goals for summer and better using distraction methods	1	N/A
HUB	Online	12.05.2023	1:1 BW Hammer visualisation and counting technique review - 1st comp this weekend UPDATE: went really well at weekend	1	N/A
UOB	Online	12.05.2023	1:1 WS Squash visualisation and resetting review into weekend tournament - (lost in semi-final)	1	N/A

UOB	Gym	15.05.2023	1:1 WS Squash - review of weekend and next 2 weeks of comps	0.5	N/A
UOB	Meeting Room	15.05.2023	Hockey MDT with MM, CD, PL and FR around culture review in hockey. 2 questions to be sent out by mentimeter and culture review undertaken	1	N/A
Private Client	Online	16.05.2023	1:1 with AS and mum looking at potential support for anxiety and sport specialisation in next 12 months	1	N/A
UOB	Online	16.05.2023	Hockey Culture Review meeting - questions to go live tomorrow for responses	1	N/A
UOB	Costa	17.05.2023	1:1 BW Hockey looking at consistency of performance and EDP trials	1	N/A
UOB	Meeting Room	22.05.2023	1:1 MM Head of Hockey on culture Review data	0.5	N/A
UOB	Message	22.05.2023	1:1 WS Squash - tournament communication (Lost Final)		
UOB	Meeting Room	22.05.2023	1:1 CD Assistant Head of Hockey on culture Review data	0.5	N/A
UOB	Gym	23.05.2023	Team meeting re Strategy as sent by LG last week in prep for tomorrow	0.5	N/A
UOB	Lecture Hall	23.05.2023	Culture review data shared with Hockey staff and Performance Centre Team for review	1	N/A
TASS	Gym	23.05.2023	1:1 SJ Skier - anxiety and living at hotels for 6 months of the year	0.5	N/A
Private Client	Online	23.05.2023	1:1 with AS looking at potential support for anxiety and sport specialisation in next 12 months	1	N/A
UOB	Online	24.05.2023	Meeting with JT and NC from Changing Minds who work with GB Hockey to streamline psychological support	1	N// A

UOB	Online	30.05.2023	Meeting with JR from GB Boxing discussing HH case and new psychologist for academy athletes	1	N/A
UOB	Online	30.05.2023	1:1 CM Hammer - season opened at 71m aiming for 74m and back to gym working. Operation due September. Lifestyle changes going well	1	N/A
UOB	Online	30.05.2023	1:1 IB Athletics Overwhelmed. Counselling session on personal issues and planned strategies to help alleviate concerns and help maintain healthy habits	1.5	N/A
HUB	Online	01.06.2023	1:1 LP now injury free and wanting to return to “feeling elite”. Strategy planned for next race	1	N/A
TASS	Online	01.06.2023	1:1 AE Squash Help to maintain focus and regain emotional control	1	N/A
TASS	Online	05.06.2023	1:1 AC Athletics - Life events and managing time - athletic based work to begin later in season. Scholarship application sought and arranged by me today.	1	N/A
UOB	Office	06.06.2023	1:1 OM Swimming. General catchup on athletic stressors and injury progress	0.5	N/A
UOB	Gym	06.06.2023	1:1 AQ Athletics - Catch up on injury progress, RedS and healthy habits - is communicating well with nutritionist	1	N/A
UOB	Costa	06.06.2023	1:1 KI Athletics. Injury progression and prepping for European Trials next weekend, mild anxiety and self talk in warm up to maximise confidence (Bronze medal - but missed qualification time)	0.5	N/A
UOB	Costa	13.06.2023	1:1 FN Swimming - Catch up on Eating Disorder Therapy, returning to university and general life. Is much improved.	1	N/A
UOB	Costa	13.06.2023	1:1 SS Athletics update on running, injury and job hunting. Potential return to low level competition in winter for XC season	1	N/A
UOB	Online	13.06.2023	1:1 LW Athletics. Focusing on the start of the race. Point of reference and kick cue	1	N/A

UOB	Online	13.06.2023	1:1 CA Athletics. Traumatic event impacting performance anxiety (4 DNFs) referral to previous counsellor advised. European trials this weekend - given anxiety breathing, self talk and reminded of safety plan in place with coach -IF she chooses to compete. (Bronze medal)	1	N/A
UOB	Online	14.06.2023	1:1 MP Athletics. Competition this weekend, advice sought on keeping focus and cueing (Hit barrier - injury support)	1	N/A
UOB	Online	15.06.2023	1:1 CAP Athletics 1:1 on European trials this weekend on prepping, motivation and anxiety reducing breathing techniques (Gold medal, 200m)	0.5	N/A
UOB	Online	27.06.2023	1:1 BT Squash Performance frustration and motivation to continue	0.5	N/A
UOB	Costa	27.06.2023	1:1 WS Squash Unexpected tournament entry this weekend on top of a satellite he wants to win after last 2 misses. Talk through mental strategy. (Won satellite)	1	N/A
UOB	Office	27.06.2023	MDT Lifestyle and Nutrition re. launching a RedS support/info group for next year. Preliminary plans of topics/format and invitees	0.5	N/A
UOB	Gym	27.06.2023	Catch up with OM Swimming re Rome competition and training camp. Actions to pack additional protein snacks for overseas camps and sought a European sim card.	0.5	N/A
UOB	Office	27.06.2023	Admin for British Champs (over two weeks) checking in with athletes for appointment bookings and sourcing provisional timetable of events to help inform 1:1s (n=16) -BC Results: CM: Bronze, ZO: Bronze, BW: Gold, WB: Gold, IB-7th, KI-4th, CAP-4th, DQ/AC/AI-DNQ for finals Also brief meet with OM before departs for Worlds in Japan on event and prep (9th in 100m Back + PB)	8	N/A
UOB	Online	10.07-16.07 2023	1:1s Post British Champs: IB - Disappointment and regaining momentum for Madrid 22nd July (PB at sub 2 mins/world+olympic qualifying times) . AI - Disappointment and prepping for Euro U20s, CAP/TB Prepping for Euro U20s/U23s (TB 9th with fall) . KI- Positives and next race planning.	4	N/A

UOB	Online	14.07.2023	1:1 OD Athletics. Issues with coach and illness prevented running British Champs. Worked through next steps and likely return to run issues	1	N/A
UOB	Online	23.07.2023	1:1 message with WS after winning second satellite tournament	0.5	N/A
UOB	Online	24.07.2023	1:1 LP Athletics next steps planning after winning 1st race and PB this weekend - first time since return from injury	1	N/A
UOB	Watsapp	24.07.2023	1:1 OM World Championship post 100m race (9th+PB) (0.55s from final). Feeling positive and relaxed. Enjoying the challenge. Races 200m on 27th	0.5	N/A
UOB	Costa	24.07.2023	1:1 OD Athletics post-GP appointment and talking through development plan for 2024 season and Olympic qualification	1.5	N/A
UOB	Zoom	25.07.2023	1:1 LP Athletics post PB and 1 st place last weekend. Looking to build on marathon anxiety pre-marathon season in winter	1	N/A
UOB	Lab	25.07.2023	MDT (Head of Performance, S&C x 4, Nutrition, Physiology, Scholarships, Lifestyle. Planning and preparing for new year profiling needs of scholarship athletes	1.5	N/A
UOB	Park House	25.07.2023	Athletics Away Day, Endurance Head coach, Power Head Coach, Head of Performance, 2 x power coaches, 1 x endurance coach, 4 x S&C Coaches, Lifestyle, physiology. Review of the season successes and planning to improve for next season. Addition of Para provision and use of Park House as an Athletics base	4	N/A
UOB	Online	27.07.2023	1:1 OM World Championship post 200m race (9th 0.22s from final). Feeling gutted to miss out on his second final – especially given the margin but overall happy with progress and received very good feedback from GB Coaches. Is likely to compete in the men’s relay Sunday TBC (if does wants a medal!)	0.5	N/A
UOB	Call	27.08.2023	1:1 GH Swimming head coach – planning OM immediate next steps post Worlds and plan for placing in GB Olympic Squad and competing next summer	0.5	N/A

Private Client	Zoom	28.07.2023	1:1 RM Cricket. U17 on cementing place in academy squad end of this year and college transition support	0.5	N/A
UOB	Consultancy Room	01.08.2023	1:1 Athletics – referred by coach due to race anxiety /dropped out at the weekend. 1:1 with athlete discloses suicidal thoughts, physical self-harm, and use of alcohol to medicate emotions. Suicide safety plan devised with referral to GP (which I help support in the form of a letter, so the athlete doesn't have to re-tell a new person who she isn't comfortable with). Is happy for her coach to come on board as part of support plan as well which is a great step and she would like me to do this for her. I contact the coach after the session with details and arrange to meet as a 3 within 24 hours.	1.5	N/A
UOB	Consultancy Room	02.08.2023	Three-way meeting with athlete and coach. Parents have come to collect her as they have had concerns to welfare. This causes further distress as athlete wants to remain at university. Coach agrees to call parents as he has a good relationship with them, and I devise a “parent-acceptable” version of the support plan to be shared with them – these actions are to hopefully help reduce their anxiety and allow the athlete choice of steps. Athlete concerned parents will also want to inspect her body. Have asked her to share the amended support plan and deflect with the proactive actions she has already taken e.g. making GP appointment etc. She has my contact details for concerns, and I include them in the plan for parents to contact me as well so I can reaffirm patient confidentiality if she does not want to disclose any details. I agree to check in by phone on 04/08 and coach will do so on the 6 th . She will then return on Monday for another appointment with me.	1	N/A

Research		
Date(s)	Nature of the activity	Contact Hours
19.02.2019	Research Day to put items into EndNote and set up spreadsheets for Systematic Review	5
16.04.2019	Research day planned. LJMU Account locked so launched a call with LJMU Helpdesk Whilst waiting on call-back will update notes and continue with LIL Rowing Case Formulation	2
19.04.2019	Research day, looking at Archery	6
23.04.2019	Research day looking at Rowing	6
19.05.2019	Eye tracking meeting with Joe Causer to discuss use with YMS	1
28.05.2019	Read and annotated Dan Abrahams Soccer Tough book. Taking key ideas on Focus, Mindset, squashing ANTS and controllable features of football	2
30.05.2019	Read an annotated Dan Abrahams Soccer Brain book. Key ideas on coaching words, individualised plans etc	2
12.08.2019	Download psychometric tests and gather initial research for Research Project 1	2
13.08.2019	Completed LJMU Ethics Training Online (email)	1
14.08.2019	Continued research and begin ethics forms for Research Project 1 emailed a copy to M Eubank for feedback to submit	2

16.08.2019	Data Analysis of 6 initial player responses Create pressure training drills and matchday recommendations for these players	4
17.09.2019	Player Psychometrics analysis 2	2
01.10.2019	Writing up Intro / Method for Ethics Form 1 / Research Paper 1	5
04.10.2019	Revising work for Ethics Form 1 / Research Paper 1. Emailed these to M Eubank.	3
06.02.2020	Player Midseason Reviews distributed	4
23.02.2020	Ethics form revisions (from M.E this morning) No football due to covid for months so work on research stops	2
04.01.2021	Return to day job and so begin work on initial ideas around Systematic Review assignment	4
05.01.2021	Work continues Systematic Review RB Contacted about Review for insight / ideas (PFA Lead)	3
06.01.2021	SUFC Players outstanding for data are emailed the Personality Profiles	2
29.01.2021	Meeting with DT re Systematic Review 10am	1
01.02.2021	Meeting with Tom Buck PhD student re Systematic Review 3pm	1
08.02.2021	Meeting with Fran re Case Study 1 - Culture and Dissent. From this we decide to split into 2 case reviews Chat with JP about exit interviews - turns out these are tomorrow!	1

12.02.2021	Meeting with DT Re Systematic Review Send Fran split case studies for ideas on structure even though revisions still need doing	0.5 1
17.02.2021	Work towards Systematic Review Research project 1 Teaching and Learning case study formulation / plan	3 1 2
18.02.2021	Work towards Systematic Review Research project 1 Teaching and Learning case study plan sent to ME	4 2 1
19/02/2021	Message from Martin E that teaching case study is a goer!	0
22.02.2021	Meeting with DT SM review Booked a consult with ME for how to use PICO, initial bits of “review started”	1 0.5
23.02.2021	Stay late at work looking at systematic review papers and drafting	3
24.02.2021	Stay late at work looking at systematic review papers and drafting	2
28.02.2021	Drafting SR	2
05.05.2021	Drafting SR	1
05.07.2021	Paperwork and tests redistributed for Research Paper 1 after covid	1
08.08.2021	Analysis for Research Paper 1	3
05.09.2021	Initial data point for Research Paper 2 Add bits to case studies and start case study 3	2 4

10.10.2021	Adding / amending case studies Look into preliminary ideas for Research Paper 2	4 2
11.10.2021	Disseminate drills for pressure training	2
02.11.2021	Send draft proposal/ ethics draft to ME for Research paper 2	3
03.12.2021	Review pressure training scores with players	3
16.12.2021	Analysis of data Draft questions for Research Paper 2	3 2
17.12.2021	Writing drafting research projects	4
21.01.2022	ME meeting re Research Paper 2	0.5
27.01.2022	Meeting with RE Research Paper 2	0.5
04.02.2022	Ethics confirmation from ME - contact league chair for dissemination	1
01.03.2022	I follow up league emails with clubs directly via League Website contact details - 20 replies	2
01.04.2022	I follow up known contacts personally - up to 26 replies	2
05.04.2022	Start transfer of log into template	2
06.04.2022	Continue transfer of log into template	2
07.04.2022	Continue transfer of log into template	2

01.05.2022	Meeting with ME to discuss forming a qualitative side of research	1
02.06.2022	Emails drafted and sent out to contacts viable to assist	0.25
03.06.2022	Interview with TA from Birmingham FA Safeguarding and Welfare team	1
27.06.22	Message sent to TH from SAS regarding interview set up prior to AL in which she had covid	
15.07.2022	Interview set up with SM for Paper 2 research	1
18.07.2022	Case Study 3 drafting	4
19.07.2022	Teaching case study drafting	3
20.07.2022	Teaching case study drafting	2
25.07.2022	Research Paper 1 drafting and formatting	3
26.07.2022	Research Paper 1 drafting and formatting	2
02.08.2022	Research Interview NA	1
10.08.2022	Research Paper 2 drafting and formatting	2
12.08.2022	Research Paper 2 drafting and formatting	3
13.08.2022	Research Paper 2 results analysis	4
14.08.2022	Research Paper 2 results analysis	2

20.08.22	Submit drafts of systematic review, Research Paper 1, and Paper 2 for Martin to review	0
22.12.22	Feedback received for Paper 1 and Paper 2	0
10.01.2023	Rework of Paper 1	3
11.01.2023	Continued research for Paper 1 and Paper 2 revisions	2
14.01.2023	Rewrite and draft Paper 1	4
15.01.2023	Rewrite and draft Paper 2	3
17.01.2023	Formatting of whole portfolio begins	2
18.01.2023	Formatting of whole portfolio continued	4
20.01.2023	Reference formatting check 2	2
21.01.2023	Redrafting of SR completed and sent to MR for feedback	4
06.03.2023	Redrafting of SR from MR feedback	4
08.03.2023	Redrafting of SR from MR feedback	6
10.03.2023	Portfolio formatting, spell check and read through	4
20.03.2023	Meeting with ME around first draft submission and philosophy writing	1
20-23.03.2023	Research around Ontology and Epistemology and tidying portfolio draft	8
23.03.2023	Submitted first full draft of portfolio for feedback	1

10.07.2023	Meeting with ME around portfolio feedback. Viva and examining team discussion and completion deadline discussed.	1
10.07.2023-14.08.2023	Reworking of portfolio with ME feedback	15
01.072023-22.07.2023	City and Guilds Suicide First Aid (L4 module) research around measurements	8

Dissemination				
Client details	Location	Date(s)	Nature of the activity	Contact Hours
Telford Priory School (TPS)	In person	21.03.2019	Y7 Workshop on Resilience Skills	1
LJMU	James Parsons Building	26.06.2019	Lead a breakout session regarding consultancy at MSc Student Conference	3
SUFC	WhatsApp	15.08.2019	Some players received their A Level results today, so I share the Science and Football degree link with all players in the Player WhatsApp group.	0
TPS	3.44	26.09.2019	Run staff wellbeing presentation - Barriers to good mental health and wellbeing	1

STFCA	Home	13.05.2020	Completing slides for an Intro to Mentimeter session and Staff presentation to discuss Academy Branding Slogans - Teaching Planning (Slides in Appendix of Shrews FC folder)	2
STFCA	Online	09.06.2020	Ran Initial Survey tagline feedback meeting for FT Coaches Monday 15th June 2020 Sent follow- up text to AD/ CM and RC for informal chat and feedback	1.5
STFCA	Online	15.06.2020	Designed Resilience CPD for Coaches - emailed to DL and RW for feedback	1
STFCA	Online	23.06.2020	Deliver Resilience CPD to all coaches	1.5
STFCA	Online	13.07.2020	Delivering Psych Intro to YDP Players and Parents Deliver further Psych content in breakout groups to FDP and YDP coaches	3.5
STFCA	Online	14.08.2020	STFC PDP Psych intro	1.5
STFCA	Online	14.09.2020	STFCA CPD Psych Updates	1.5
STFCA	Online	11.09.2020	Run staff meeting re Performance Environments and ways to hold accountability more for players. DL, RW, AD, GC, AR, PS and CM.	2
STFCA	Online	25.11.2020	Run TPS Staff CPD – Resilience	1.5
STFCA	Online	30.11.2020	STFCA Staff CPD on Performance Environments	1
TPS	Online	02.12.2020	Run TPS Staff CPD - Sleep/Mindfulness	1.5

Telford Priory School	Online	08.12.2020	6 Sessions drafted for NBR and send across Identity / Emotional Regulation / Relationships / Exam Anxiety / Future Me	4
Telford Priory School	Via email	09.12.2020	NBR Approves sessions and says she would like a booklet to accompany the sessions for staff regarding the science behind the sessions	0
TPS	Via email	11.12.2020	Booklet is finalised and sent to NBR as are resources for all sessions	7
STFCA	Online	07.01.2021	STFC 6.30-8pm Parent Induction Evening - presenting my section on Sport Psychology outline at STFCA	2
STFCA	Online	19.01.2021	Facilitate STFC Kick it Out session with YDP	2
STFCA	Online	20.01.2021	Facilitate Social Skills Session PDP via LFE	2
STFCA	Online	21.02.2021	Feedback given to PDP players on the Psych element of their BTEC Presentations me and DR	3
STFCA	Online	25.01.2020 05.02.2021	Run/Facilitate BTEC Mock presentations for U18s Taught part 1 of LFE Psych course - Motivation with PDP	3 1
STFCA	Online	11.02.2021	Controllables sessions with U14s (LE and CW assisting)	1

STFCA	Online	16.02.2021	Follow up with U18 about composure -> Leading FDC Communication session 5-6 YDP Player values assisting	2.5
STFCA	Online	19.02.2021	PDP LFE Session 2 – Concentration	1.5
STFCA	Online	05.03.2021	SEP Psychology - Confidence 1:1 TP meeting - Playing time	1 1.5
STFCA	Online	12.03.2021	SEP – motivation	1
Uni of Newcastle	Online	23.06.2021	Conference Talk: Delivering: Creating Resilient Players	0.6
Shifnal U15s	in Person	08.11.2021	Session regarding Professional standards	1.5

Cefn Druids EDS	Clubhouse	12.01.2022	Presentation on Confidence	1.5
UOB	Small Meeting Room	31.01.2022	Assist in developing and delivering Athletics Power MDT workshop	1
UOB	Small Meeting Room	07.02.2022	Rugby Workshop for pre-performance routines	1.5

Shifnal Girls 15s-18s	Shifnal Clubhouse	24.02.2022	Workshop re Womens football confidence and Psych skills	2.5
UOB	Meeting Room	01.03.2022	Athletics workshop Pre-Performance Routines	2
Lightmoor Boys U15s	Park Hall Industrial Estate	05.03.2022	Workshop around confidence and psychological skills	2.5
England Athletics	Loughborough	26.03.22	Advice workshop on mental prep for comp /6 x 1:1s for Throwers Camp	5
UOB	Meeting Room	26.04.2022	Athletics Endurance workshop on Champions Mindset	1
Kajaanin Haka	Online -	17.06.2022	Team Workshop on Psychological basics for football performance	2
UOB	Online	01.08.2022	I got permission to create a Microsoft Teams platform for the Performance centre. Adding all scholars and club team members and coaches. Install S&C, Nutrition, Lifestyle, Psychology and Physiology folders to save information and videos into.	3
UOB	Online	02.20.2022	Video filmed about organisation and planning for university training and fuelling alongside lifestyle and nutritionist officers - uploaded to TEAMS	1
UOB	Online	03.12.2022	Video filmed about periods, eco-friendly products and reducing anxiety of menstruating at competitions alongside nutritionist - I have secured products to demo and upload video to TEAMS	2

Newtown FC	Online	15.02.2023	Workshop on resilience targeting confidence and emotional control, 80 players from U8s-U15s and 10 coaches	1
UOB	Infographics	19.02.2023	2 Infographics on controllables and using 3s sent to netball squad pre-BUCS quarterfinals	1
UOB	Meeting Room	06.03.2023	Ran TEAMS workshop for performance practitioners in how we use now and what we could improve	1
BCU	Online	17.03.2023	Asked to take part in a Birmingham University student documentary regarding football academy culture and mental health	1

Reflective Diary

To structure and inform my reflections during the Professional Doctorate, I adopted Ghaye and Lillyman's (2010) model of reflective practice, which I had previously encountered and used in my teacher training and development. Their model follows the steps of plan, action (teach), observe, reflect, and then revise the plan for future practice. I found this model useful when reflecting on ethical, consultancy and research (as well as teaching) scenarios, and I found it helped me to gain confidence in my work, by drawing on my knowledge and experience and reflecting on how I was putting that into practice with clients. The reflection was done via both self-analyses, and in consultation with my supervisor (peer reflection) during meetings, to evaluate the actions I had put in place, the relationships built during the process, and resultant amendments to future practice or opportunities to further enhance actions. This included not just key performance markers / indicators that were included in the outcome reflections, but also on how I felt clients had responded to the action plans or interventions I had put in place. Ghaye and Lillyman (2012) discuss empowerment as a key element of reflective practice, and this resonates with me as a practitioner for whom client empowerment and autonomy represent key parts of my philosophy of practice. Therefore, gaining perspective on how my work has influenced clients on a personal level, more widely than just performance outcomes is important for me to capture and evaluate as part of my reflective practice. The model allows me to take a holistic approach to reflect from and on the athlete's perspective, which also aligns congruently with my consultancy philosophy. As I developed my reflective practice throughout the doctorate, I began to add more challenge-based reflections and actions into my reflection process (Larrivee, 2000) to accommodate the idea that good practice should challenge our normal thoughts and behaviours, as well as those of the world around us to best improve practice in the field.

Ethics and Professional Standards

Date	Summary of Activity	Reflection (Plan, Action, Observation Reflection, Review)
23.01.2019	Setting up business cards and admin to recruit potential clients and research participants.	<p>The business cards that were ordered have now arrived, however, in reading chapters from Ingham (2016) “How to Support a Champion”, which detail the case of a young trainee who failed to prepare properly for the scenario of accepting client calls and sharing information and consequently gave out her personal mobile number in her early exchanges for work placements and experiences, I decided to hold out on the distribution of the cards. Ingham goes onto describe the effects of this boundary blurring for work and personal information, whereby the trainee received calls at all hours and that these, in one scenario had even become violent or threatening. This greatly resonated with my current position, therefore, to demonstrate both understanding of organisational and systematic issues around the practice of Sport and Exercise Psychologists, and in the interests of Data Protection and maintaining Professional Standards, I decided not only to shelve the cards in their current draft but have also set up a new email address and phone contract purely for Sport and Exercise Psychology clientele. Using guidance from enrolment day at LJMU, I have ensured the new email address does not conflict with legal limitations of HCPC and BPS entitlement (suejonesperformance@gmail.com) and the new business cards feature the main title as “Performance Psychology”, however also include, “Sport and Exercise Psychologist in Training” at the bottom, for transparency for clients. Furthermore, I have also now updated my contact details on my professional LinkedIn profile, to accommodate the new, ethically secure details, as this is a platform, I have previously used in recruiting participants in research, and may well also explore gaining professional practice work. These details have also been transferred to my CV and on my client consent sheet, detailing the hours of reply for phone being 8am-8pm and within 24 hours for email. The voicemail greeting also states for potential clients to leave a contact number, name, and best</p>

		time for me to call them back, to help deal with other issues brought about by Ingham (2016).
25.05.19	After holding initial talks with Shawbury United I learned the club wanted to process an official press release of my appointment.	After the meeting I quickly followed up a text message to show that the title must reflect Performance Psychologist rather than Sport due to the legality of BPS guidelines. To ensure the process was stringent the club suggested I write my own interview transcript for the press release that they would then add to, only using language I had used to not cause me any potential issues. This was then sent to me for approval before going live.
16.07.2019	Witnessing unprofessional and unacceptable behaviour by officials at a match	<p>As I am assisting NG in setting up the physio table outside the away dressing room, we overhear the referee telling his officials about a complaint made against him the previous Saturday. I have paraphrased this response below:</p> <p>Referee: “So this lad was getting in my way as I was trying to book another lad for a foul, but they were all around me Assistant 1: “Yeah”? Referee: “I asked him what his name was, and he was like “Who me”? And I said “No the P*k* lad that made that tackle. Like how do I get in trouble for that? What am I supposed to call them, God that was never an issue, but they were then all over me like, “You racist c*nt etc. I mean he was being booked regardless; you can’t play a racist card to get out of a booking! I just told them to f*ck off or I’d sin bin them all for dissent! It’s ridiculous what you can say to players now “If they’re P*** they’re P***, what else can you say? They just think they’re invincible some of these kids”.</p> <p>It was at this point I walked away as I was shocked. Unfortunately, I could not be 100% sure whether this event was in fact true or not. On speaking to NG, she said he is known for stirring up players and being “a difficult” ref. I mentioned my concerns to DA and SE who weren’t particularly surprised or interested, which I found rather odd. I reflected on it myself for a couple of days and decided to try and file an official report however limited and vague it would be. However, I could not find details of the officials in any of the matchday records</p>

		with this being a friendly. Had I been further into my training, and had higher self-confidence at this time, I would have asked the official for his FA number to file the report directly.
17.08.2019	Shawbury United matchday in a heated local derby match where officials have been inconsistent with decisions.	<p>During the second half, an opposition player is not happy with a decision made by the assistant referee, right on the edge of our technical area. He goes over (about ½ meter away to voice his displeasure), however the assistant referee appears to step into the players personal head space, shouting that “he will not be intimidated by a player”, and he calls over to the referee. The player is incensed that the assistant has seemingly squared up to him and displays lots of anger and aggression in return. The referee waves the player away and heads a way down the touchline with his assistant to discuss the incident. We are completely stunned by what we have just witnessed, however, as a team focus on keeping our lads moving around so as not to become stiff and giving out individual instructions where needed. Some come over for water, but we throw the bottles out to them to avoid them encountering the angry opposition players and coaching staff on our touchline. I ask the bench players to sit down rather than crowding on the edge of the technical area and becoming involved with more verbal interactions than need be. I am very aware LT and LW may get into trouble if they allow themselves to be drawn into the arguments. After approx. 6 minutes the game finally restarts. The opposition player is given a 10-minute sinbin plus a yellow card. Our boys keep themselves focused and with the 10 men and the Raiders players completely losing their heads at the officiating, begin kicking out at our lads wherever possible. We are given a (very soft) penalty and then even go on to win the game. I notice the Raiders coach keeps them on the field for debriefs for around 22 minutes after the match to avoid confrontation with officials. Whilst our lads have cooled down, done their interviews, and are mostly showered and heading up to hospitality by the time they finally came off. I have put this in as a reflection as I am already planning our approach to the return fixture in March, where I fully expect our lads to be approached and coerced into retaliation from this. It is something I will want to speak to DA about in the weeks leading up to this fixture but my current experiences of officials at this level is poor at best in terms of conduct. However, I am pleased that my calm and professional nature</p>

		and approach to this incident protected our boys from altercations and allowed the team to perform well and get the points needed.
24.08.2019	As BR and AR are busy with the Juniors Tournament, we are very short of matchday staff and are taking on more roles. DA therefore emails me the team sheet at 11am to fill out. This is the only time I will know the team before the players and other staff, as I do not believe I can work effectively if I were to have this prior knowledge.	However, I am highly aware I am taking LK and JA to the game, therefore ensuring that the team sheet is securely packed into my personal kitbag, within a “match pack folder”, in the boot of my car underneath the rest of the kit and water bottles I am also taking. I also place the players’ bags into the car to further ensure it is kept confidential. On arrival at the game, I unpack the car, give the players the kit and water bottles, and retrieve my bag containing the team sheet. Once inside the changing rooms I give the whole folder pack straight to SE to take charge over and hand in to the match officials room. Whilst this was a minimal task in essence, I was aware that any conversations on the 2-and-a-half-hour drive down to the game that occurred needed to be kept away from giving any details away. Luckily very little to no conversations occurred between the players. Other than me joking that JA was in fact the only Goalkeeper we had available for this game, substitute, or starter; and so, I said I, “had packed extra bubble-wrap and pillows to ensure his safety”. However, I deemed this appropriate as it was common knowledge to all players and staff that this was the case, and moreover, the primary intent was to break the ice with me being near two nineteen-year-olds for an elongated time! I learnt there are times where I will be uncomfortable in practice and to plan to accept these in future practice.
07.09.19	Matchday A to Shifnal Town. In good spirits travelling to the team top of the table I excitedly report I have done a Concussion Awareness Course this week and leave resources for medical use in NG’s kit bag. During the match RA sent to hospital with suspected broken arm (25 mins), on handing him	Physical protection of players and their welfare were at play here. My primary concern was for the player welfare and keeping him and his mother calm and focused on the action plan to get him medical attention as quickly as possible. In the effects of client relationship, I texted RA throughout the afternoon with updates which he was very grateful for as he waited in A&E, bored and in considerable pain. I checked in on him later that evening and the following day to affirm my concern and pleasure at his being seen and treated quickly and effectively. We discuss a plan to meet to discuss injury concern once the initial few days of recovery have passed. RA is keen to attend training and games when he can to maintain social contact with the group and speed of recovery in

	<p>over to his mum to drive him, we were met with the words “Are you still going to be able to drive your car home?” In a mix of shock and urgency, both RA and I respond very briefly along the lines of, “He aint driving anywhere!” She continues to sort herself out and retorts she will therefore drop him off at A&E then go and collect his brother to drive his car home. Trying not to reveal further shock, I keep taking to RA that we’ll sort the car - that it isn’t a problem, keeping him calm and not to focus on the pain too much. I must continue to inform RA’s mum that he has had 2x paracetamol and that this needs to be passed onto the team at Royal Princess Hospital.</p>	<p>processing speed of play etc. This is something we will then create at timeline of return to play, with regular welfare check-ins along the way. RA has been thankful for my input, and I am pleased my proactive approach to recovery has made him feel secure and positive about his return. This is something I will continue to do for injured athletes and look to improve the content in these timelines both from a psychological and other multi-discipline areas to maximise recovery opportunity and experience.</p>
	<p>At the end of this game, I get up to give out water to players, shake hands etc and haven’t gone quite far enough to accommodate the very low roof. I hit my head, very hard, and ended up on the floor of the dugout with NG over me. Next thing I remember I am on the</p>	<p>By the time I felt ready to stand again most of the kit was packed away and staff were getting ready to leave. I go through my bag to find my car keys (I’m in a hire car whilst mine is being fixed from the car accident at least week’s fixture!) and by the time I find them (I feel this has only taken a few seconds at most) literally everyone has gone from the carpark! Dazed, in a position where I probably shouldn’t be driving, unable to ask anyone at the opposition club for help, as they have been far less than empathetic to any of our plights today, and my phone on low battery, I blindly follow Shifnal’s captain, in the hope he will be heading to the hospitality rendezvous. Luckily, he is, and I meet up with the</p>

	<p>pitch NG is trying to stand me up, but I am very dizzy and dazed. Players come over to try and help me up (in between fits of laughter), but after a few seconds I return to the ground. CK then comes over to ask about the wellness of RA and in trying to explain to him I raise my arm out in front of me and utter the following, “Its bad, he’s broken his...his...not his wrist... the other bit...not his leg...um...he’s gone to A&E”.</p>	<p>team for debriefing. In hindsight I should have called a taxi home from this game. However, there were no friends or family nearby as my parents were on holiday, I had lots of kit to take with me. I was dazed and concussed but felt “fine”. I attempted to go into work on the Tuesday, but was sent home early, and was signed off by the GP for 2 weeks. It took a further 10 days for the nausea to stop. I feel a lot of saving face went on in this fixture. Both as I'm new in role to these players, and wanted to appear non-dramatic, but also to our opposition who were very rude about our injured player and lack of staff all day. I now place more self-care protocols in place and would not risk my health for a fixture in future.</p>
<p>05.10.19</p>	<p>JR misses training due to “bad news”. We are aware of his home background and JR, and I have a good working relationship established so I follow up at 12pm the following afternoon. It turns out this bad news is the end of his relationship with his current girlfriend, and he is feeling very low. We exchange messages regarding support, how to deal with feelings of loss and looking at other transitions he is currently facing which may be exaggerating these feelings now. We discuss whether to let</p>	<p>Client confidentiality was paramount in this case. JR has had very significant traumas in life and any small incident can have big emotional impacts therefore his well-being was my 100% prime concern. I felt I handled the selection call from DA well, as it is not in line with BPS guidelines to make performance decisions. Whilst this can be considered an ethical decision on, “who is the client”, my stance is clear that the client is the player. Had JR presented with items such as lack of sleep, under nourishment or other symptoms that may have impacted his general health and wellbeing, then I would have followed procedure in recommending he seek further support as per BPS guidance.</p> <p>JR seems relieved to have “everyone now knowing that he has to tell”. DA makes the decision to leave him out of the starting XI and JR seems happy with this. He chooses to tell one or two closer team-mates who are coincidentally on the bench with him. Very little is discussed but both players acknowledge JRs anguish and are supportive rather than looking to joke about the situation. I follow up with a message of support a day later to offer 1:1 support if JR wished to talk about his emotions. This was a difficult day for JR and an uncomfortable one at times, however I believe our relationship strengthened, as it did with his</p>

	<p>the management team know about this, but JR insists he wants DA to know so that it's honest, open, and not playing on his mind. DA messages me the morning of the game asking about JR's mental ability to start. I reiterate to DA that this is not my decision but that purely from a physical perspective I feel unable to give advice, as I have not physically seen JR; and whilst JR has told me he has been eating and sleeping OK, I cannot be sure this is correct information.</p>	<p>teammates as he felt more able to talk about his feelings throughout the day. This will always be an individual approach when it arises in future however, I will be aware of the social support in place and use that where appropriate as it was very powerful in making JR feel in control of his decisions today.</p>
<p>19.10.19</p>	<p>Matchday H to Bilston. Players are dropping like flies to injury with muscle injuries. We are playing too many games and the player's bodies are not giving long enough to recover. This is something both me and NG have pointed out to the coaching staff but are being ignored. At half time NG patches up HF, I specifically tell SE he won't last the full game to which the response comes, "he's fine, just playing on it cos he's having a shit game!". I decide to keep</p>	<p>I am clear that my role is to work with both players and staff when I am in a club environment as described by Nesti, (2012). This situation was caused through communication and poor trust and value in professional conduct and boundaries. As a Sport Psychologist in training, I have a duty of care to protect my players from psychological harm, and this overtraining, fatigue and stress could mean they then miss work, which causes financial strains and results in not playing for longer.</p> <p>SE being oblivious to this is frustrating and his relationship with NG seems to be deteriorating which I feel could be a contributing factor to him dismissing her professional concerns. NG messages me about her own mental wellbeing and her relationship status with SE. I signpost her to her GP for assessment and suggest she spend her day off doing something she enjoys helping alleviate symptoms. As to SE I suggest she take a break from messages for the day whilst she recovers better mental health for herself, taking the time to be relaxed before engaging in conversation that is likely to cause anxiety. This occasion showed</p>

	<p>this information to myself, but don't feel its justified. I have a quick word with him at half time to use the 1 mistake= 3 simple next moves approach. He says the mistakes are coming "cos he can't concentrate when my legs are dead".</p> <p>Post-match I go into the dressing room. This is not normal practice, but I am keen to hear SE's response. He is clearly angry with them, berates them for their performance and fitness. Once he is finished NG intentionally tell the boys that the next 4 days, she wants them to do nothing but rest, carb load and basic stretches. As NG and SE are in a personal relationship, this causes tensions.</p>	<p>some questioning of practice as Larrivee (2001) had suggested, whereby I was suggesting multiple things she could try even if I wouldn't necessary have come up with them myself, I know there are things I have heard useful for others. Not detailing any action specifically here but handing suggestions over for NG to chose from were key to empowering her in her decision making and making sense of her feelings. I was keen from a psychological perspective to give her opportunities to make decisions at a time where emotions had subsided and thoughts were clear, even though I was unable to suggest what and how that might look.</p>
24.10.19	<p>Club captain HF messages me to say he rules himself out of training and matches. Medical team assumes this is due to still being injured from the weekend however I know this is due to him wanting to be fit for his MMA fight and he is missing</p>	<p>This is a major ethical issue for me personally as it is not acceptable club standards to lie to management, or at least not inform them about reasons for being missing, especially from the captain. HF is very blasé about this saying, "nah it'll be fine, I've only missed one session all year!" I point out that he is missing a game to be involved in something in which he could sustain injury and if he were to get injured, explaining to management would then become more difficult. DA finds out about the fight and wants to drop HF. However, due to numbers he does start the next game. He gets sent off after 4 minutes for a bad</p>

	from the match because he must be at the venue by 3pm.	tackle on another player. HF is later diagnosed with concussion from the fight; however, the players are not happy he “let them all down” and “cost them the game”. HF remains quiet about the incident despite me trying to get him to use it as a useful self-reflection experience. Something I will do more proactively from now on.
08.11.19	CW messages me asking for a chat. This is the first time a potential mental health issue has been raised. I begin by covering the basics of self-care (sleep, eat, hydration) and look to establish the client’s normal behaviour patterns e.g., work, and social schedules.	I am confident there is not a need for clinical intervention, but instead that CW is nervous about his ability to fit in with his teammates. We work on anti-anxiety self-talk routines for his drive home and to training. I keep up regular checks with CW over the coming days and offer him support before training if he feels this would be useful. CW is upbeat and communicative for the first few days then contact wanes. I offer a message before training which yields no reply. I am unsure how else I could approach the player at this time to offer further support and decide I will drop in early to training to see if personal contact is better.
15.01.2020	Communication with CW has been poor. I then receive a communication from DA showing a picture of CW playing for a different team that morning, accompanied by the words, “I think CW should be released with immediate effect”.	I am unhappy about the report, as I had invested time and effort into helping him with his anxiety, which seemingly is ok if he has approached a new team on his own and played. However, I am calm and measure and reply just saying that that decision is out of my remit. I reply to confirm there are no further mental health concerns we need to follow up with as far as I am aware, and that if the decision to release does occur then I will send CW a follow-up invitation for talks about future directions, but that club-based psychological support will cease. This is something I would offer any player, despite the means of them leaving a club in effect to ensure good mental health and wellbeing.
31.01.2020	Phone call from HS at UOB informing me I was second at interview and it took “a long time to deliberate”, I missed out because the other candidate had 1 more placement of performance sports, however	This helps my confidence and I feel proud at my attempt as this was my first interview experience. His offer to reapply if the job becomes readvertised after the temporary contract is up, is also a nice thing to hear and I'm happy that I seem to come across well in interview situations. HS also says that this role is a fixed term contract, and they would welcome me to re-apply if/when the job goes out permanently in future. He recommends I should go and get more experience to help me next time. I am sad about this but

	my presentation and athlete engagement role play was the best of all considered (80 applicants, 8 interviewed).	take his word on board and re-double efforts in attaining new placements. I also note down his interview feedback for use at whenever the next occasion arises.
23.03.2020	In one of my frees in my teaching timetable a student comes into my room very upset, crying, and unable to talk. I quietly retrieve some tissues for him, wait a few minutes then sit down with him. I am aware this student has recently started school counselling due to some difficulties but I'm unsure as to the details of these.	I feel it within my remit to be able to explain the ABC model of thoughts, cognitions and behaviours as Ellis and Rogers researched. We put together a cycle of positive and negative current patterns for him to take with him to the counsellor on his next appointment. We also arrange to help him work through his homework in school to alleviate the feeling of it being too much at home. I also print off information fact sheets from the Mind website about depression and anxiety, with a list of local phone numbers for if he feels like this away from school and needs further help. I checked with ME the following day that this was ethically sound, as even though it comes across clinical symptoms, the child was already engaging in further support, and I had some previous knowledge which helped them feel calm and more informed about their current experiences.
	On a run of 5 wins out of 6. Shawbury United FC v Littleton at home: Feisty game, both teams getting frustrated by self-performance and with refereeing decisions. 1-0 up going into the final 5 minutes of the half when a penalty decision is not given our way. 9 players make their way into the box and 1 is sin-binned for 10 minutes. 4 minutes later another player is sin binned for a sarcastic comment and gesture leaving	I decide it is not in the players best interests to talk about the incident now the manager is present. As he is talking tactics for the second half, it is clear the players' heads have totally gone. They no longer trust each other, there's bad feeling and no-one is confident in us being a team out there. As a final note before they re-emerge, I decide to give them one final thought. <u>"Go out and make this 45 minutes just about football yeah!"</u> The boys do appear to acknowledge this. Yes, it isn't my job to discipline them, yes, I shouldn't have been alone in the dressing room, still not sure how that happened. But not bringing it up did buy me some trust with the players. There was little I could do to affect team morale in 15 minutes without the manager being present so it was a wait and watch moment for me and whether I should have let them fight it out and not intervene. I could have been injured, but I felt it best to prevent a fight if possible and regain everyone's focus where I possibly had the opportunity. Control and discipline are much better in the second half, but I know the players have lost that trust in each other and some respect in the heat of the moment. One

	<p>the side with 9 men for the remaining 5 minutes or so. Littleton equalise. The manager and his assistant both go to the referee's room before entering the home team changing room. As I walk in, 2 players are having a set to. I have to shout at both and one of the other senior players helps me to separate them and calm the situation. This is when I realise, I am on my own with the players. Very quickly, I make the decision to become authoritarian and I shout, <u>"That is enough! All of you sit down and shut the **** up, now! (It goes quiet). "They're losing their heads out there, we've got them winding each other up, arguing amongst themselves - that's the performance you've put in. Yes, the refs sh*t. We knew that going in cos he's being assessed! Get your heads out of each other and focus on doing your f***** jobs!"</u></p> <p>Only two players join me in giving out encouraging statements. The manager reappears and no-one mentions the incident.</p>	<p>of the lads involved in the fight (A) is subbed about 10 minutes into the restart and he heads straight down the tunnel to get changed. I say to the manager I'll give him 10 minutes then go and talk to him. As I am later doing this, the other lad involved gets subbed (B). I radio BR to not let him back into the dressing room and to keep him on the bench until I call her. After chatting with player A, I understand more about why the incident occurred. B (new player in) was given the captaincy for this game, having been to 2 training sessions and played 30 minutes. It appears he is very aggressive in nature, and instigates a lot of conflict with the referee, opposition, and uses direct outing tactics at getting his teammates "prepped". This is a change of the positive attitude and determination strategies that have been employed in the past. I check player A is ok and go back to the bench.</p> <p>End of the game a third player gets frustrated with his teammates, refuses to cool down and walks into the dressing room. After the normal, manager talk. I chip in by calmly and flatly saying, <u>"Anything that anyone needs to say, conversations that need to be had, happen now. They do not leave that door. Tuesday, we go again, as a group. Understood?"</u> I walk out leaving them to shower/change. Very few stay for hospitality, which is the first time in a season. I am aware I need to review my practice to ensure the next few days/weeks are handled professionally and that I don't miss any opportunity to positively affect team dynamics.</p> <p>I will ensure I am never entering the dressing room alone in future where at all possible and if I have to will put the microphone on so other staff can hear.</p>
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07.09.2021	CM at STFCA gets me to work with HA (Under 11s). This is something that takes me a little bit of pre-planning and consideration and it is the first time I will have worked with an U16 player. Due to Covid restrictions, parents are not permitted at training so this does eliminate some of the potential questions I would otherwise face about conversations and disseminating confidential information.	My normal philosophy around being client-lead in terms of discussion and facilitating as the practitioner, may not be wholly practical for a player of this age group. However, I maintain the importance of the club strategy to improve players emotional control and problem-solving skills, so I decide to still follow a questioning technique whereby I am led by player responses. However, my questions are more direct, with smaller answers required rather than my standard Socratic questioning style. I am also keen to sit on the floor with HA, so I am at his level, and keep things positive, with lots of energy and smiles from him about times he feels “happy” and “why he loves playing”. This was not a comfortable session for me, and I am very grateful my unrelated full-time job is working with SEND children with whom I have conversations in this tone and frame with often, as I'd otherwise have been totally unprepared for this work! I end up working with HA long term during my spell at the club on his severe anxiety and worry about games. I am pleased I have been able to adapt my practice and take notes for future use.
16.11.2020	JY at Shawbury United messages to notify me of a long term medical intravenous procedure starting soon. He is reluctant to let anyone else know about this treatment. We talk about the likely side effects he will experience because of treatment, to which there should be “little to none”.	I completed an Ethical Worksheet from LJMU for advice. My duty of care is to player health and wellbeing, and my relationship with this player is enough so that he trusts me with this information, and I trust he will be honest in terms of his communication with me about how he feels pre and post treatment. This means I do not feel justified to break his confidentiality with other club staff, as his immediate safety and wellbeing is not in danger. The player is happy to withdraw from training and matches if his treatment dates overlap, which we have agreed will be noted as “working commitments”. This will mean management and coaching staff are not aware of the treatment occurring and so they can not consciously or unconsciously factor this into match day selection processes. Once treatment is occurring and we have more information on any side effects etc then I will encourage the player to speak to the manager and coaching staff if I feel this is appropriate.
03.12.2020	The Education and Welfare Officer at my place of employment has asked for	This being the case it is not felt that my skills overlap any key role 1 competencies, and I am keen to keep all report logs of all conversations with students on the CPOMs school network which are shared with the EWO.

	<p>some support picking up certain students for minor psychological issues. These include things like managing anxiety, diffusing feelings of anger etc. This is not a replacement for counselling but a bridging method to help whilst waiting or if counselling is deemed unnecessary, but students need support in self-awareness, sleep, anxiety management and having a point of contact.</p>	<p>However, certain cases I am asked to support on, are difficult to manage given that they are often given to me without warning and need immediate action. For example (10th December 2020) the EWO brings me a student to look after whilst she makes a phone call home to their parents. The student is very tearful and is clearly in distress. I can calm the student and she openly gives me some of the details of the problem and that she made a suicide effort last night. (I learn the effort was not likely to have caused her any harm as she took 3 paracetamol but did not give this away in any form to her.) However, she discloses that she has told the EWO a lie saying that mum knows about her overdose when in fact she doesn't. She asks me to tell the EWO this later as she doesn't want the EWO to be "mad at her", instead of arguing this or trying to convince the student otherwise I agree to do it when she returns from the phone call, in her office, so no-one else will hear. Further conversation reveals issues with her brother, (also a student at the school) openly talking and joking about her experience, and I offer to mediate an educational conversation with him as he is a pupil I teach. Student is firstly upset by this as "she doesn't want to get him into trouble", but I explain that it is not about trouble, only about educating him in a safe space and what he needs to do to help support his sister, and that ridiculing is unkind and hurtful. Student is happy about this and asks if she can be present to explain things herself and I meditate. Again, this I agree to. I pass all information onto the EWO immediately and agree to hold the conversation between brother and sister in an educational capacity later that day.</p>
12.01.2021	<p>Kick it Out Session with Shrewsbury U14s. I also respond when players are asked to type in their favourite music genres, "I must be getting old, never heard of half of these...drill :/ ???" This was picked up by the presenter and used to facilitate the next session. No player wanted to</p>	<p>This session was useful to me as a practitioner as the KIO team were using examples of how music can give people stereotypes about us. This was a key learning indicator for me as I was unaware of this genre, but with learning how popular it was with players 12-15, it was something I felt useful to note for future use about their experiences and how it made them feel. I will also look to talk about this more with players in future practice.</p>

	<p>explain to me what drill was, so the presenter did, and they gave a y/n response to if they felt his description was accurate. I was stunned, probably by my naivety, but learnt a lot and wrote a lot of notes about language.</p>	
<p>03/04/2021</p>	<p>Matchday with SUFC at Wrockwardine Wood. HF comes in and seems very agitated. The only words he says to anyone is, “You know about LH yeah”, he dumps his bag and walks into the middle of the pitch alone. I slowly follow, cautious and observe his</p>  <p>body language. He tells me LH was attacked last night in Shrewsbury Quarry by 5 men and needed emergency surgery to his skull.</p>	<p>This is the first time I am posting online about a player's welfare. As the attack could have been fatal, and the police are still appealing for witnesses, I share the case on my personal and professional pages, hoping to attract attention from potential witnesses. This is the sixth-such attack in the last 3 months in our town centre and I am concerned for the safety of other people. LH later states he's fine with this, as he has been encouraged to share the story where he can. His mum also messages me in thanks for checking in with him and offering to help the family to talk about what has happened if they felt it would be useful. I also ensure they have the victim of crime's helpline support number. BPS guidelines state confidentiality can be broken considering criminal activity if asked to do so by police, so a player being the victim of an attack that could have ended his life or caused life-altering injuries was deemed necessary to help bring any perpetrators into justice. West Mercia police posted on their social media, so this was the post I shared. No personal details were given about the client, and I didn't name him in the post which helped the confidentiality issue. I hope I never have to repeat this action again but if I do, in any context I will ensure the confidentiality and legal protocols are followed as they were here.</p>

13.04.21	<p>RW calls and still wants more records of me seeing players. His suggestion is that I send out weekly paperwork of who I am booked to see. I say I am not happy about this ethically, but I figure I will just send out 2 x U13s and then I will take them out of sessions, but no details are recorded.</p>	<p>I emailed ME as we have already both had this discussion with the club, and I thought they had understood our job.</p> <p>I have already told the club the reason why this creates ethical issues even though no details of their meetings are recorded is that coaches do find themselves questioning why players are seeking on-going support - this can then influence how they watch sessions and has been used in terms of progression / selection conversations e.g., little jimmy sees the psych a lot that must mean something.....</p> <p>After more discussion I set the following 2 ways I will be happy to allow this type of information.</p> <ol style="list-style-type: none"> 1. I see every player on a two-week rotation for 5 minute 'check-ins' which can be recorded centrally as to Y/N if they have had their check-in yet. Coaches will not see any further information. 2. I will put I have seen 3 x U9s this week on a log for example, so the coaches are aware of the squads accessing support but no names. <p>UPDATE: The club did not renew my contract in June citing, “they do not know how to manage a psychologist's ways of working.”</p>
28.01.2022	<p>I have had enough of the rubbish at (Football Club) with the chairman’s unprofessionalism, volatility, manipulation, and narcissistic traits.</p>	<p>I was asked to come in and help increase the organisation and professional standards at the club. After 3 months of witnessing several abusive communications with staff and players, bullying of staff and players, and manipulating behaviour by the chairman, I handed in my professional report and decided to resign my post. I do not want my name to be associated with this football club and its bad practice. “That which we ignore, we condone”, was part of my teaching practice and so I need to remove myself from this environment. I also remove all evidence of working at the club from my social media profiles as I am very aware of the chairman’s presence online and do not want any connections to remain standing. Leaving a set of players and good coach working relationships is difficult, but I must look after my own self-care and professional image, and this club will do nothing to enhance my capacity for that. I am relieved at no longer having to be around the chairman or the manager but my</p>

		offer to support players 1:1 until the end of the season stands firm such is my relationship with them. I can't believe how calm and professional I have held myself in this situation and that I even approached it so forcefully.
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Consultancy

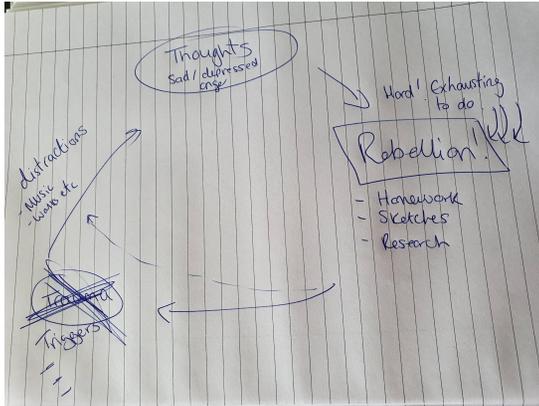
Date	Summary of Activity	Reflection
16.06.19	<p>First week at Shawbury United Noticed letters have been put on and made a note to self about the “tracksuit wearer’s” mentality at LJMU. Absolutely buzzing after this session! Realised how I had missed the football environment and enjoyed the chance to return to a bit of S&C work.</p> <p>Absolutely buzzing after this session! Realised how I had missed the football environment and enjoyed the chance to return to a bit of S&C work</p>	<p>I realise the importance of using this to build rapport with players and help to support their buy-into the psychological work to start next week.</p> <p>I did take this opportunity to hand out my contact details, explaining confidentiality and the hours of contact-ability. Some players were disinterested however some I have seen keep these in their wallets/ phone cases.</p>
16.07.2019	<p>Matchday away at Newport FC: during the warmup, I run back to the dressing room to pick up another foam roller for HF, three lads in the crowd, on noticing our earpieces, shout down, “Its non-league for f*** sake”, and then when I emerge, “For f**** sake they’ve even got foam rolls”. I smile and say hello as I run past them.</p>	<p>We won the game 3-1. Their coach and referee come over at full time interested in the very young team we have and how organised we are as a unit and staff. This is news to me that our professional image is beginning to show through to our rivals. I will maintain our professional image and promote it as much as possible!</p>
17.08.2019	<p>Matchday Home to Worcester Raiders. This is the first time I have experienced “match day bench tactics”. I feel very unprepared at the level of</p>	<p>Reflection in Action: During the second half DA notices a match ball has been returned to one of the touchlines by a spectator at half time and signals JJ to retrieve it as we are</p>

	<p>competitive psychology tactics the players and staff are aware of, and I clearly make a few mistakes! I pass a new match ball to an opposition player to take a throw-in, this was pointed out by JJ as being “too quick and too near him”. I pass our subs board to the opposition as DA has approved, they could use it, but they “should have come and found it - not asked”. I regain a little of my status with the players by involving myself in their half time games and keep ups (badly!).</p>	<p>under pressure but are in front. As JJ disappears, I move our match balls from their current position on the left-hand side of the bench, next to the opposition dug out, to our right-hand side, meaning that their coaches can’t get quick access to one if needed either. JJ returns and gives me a thumbs up in acknowledgement of me learning. My focus has been on our players and team, and I now need to expand this to opposition tactics as well for the future.</p>
07.09.19	<p>Matchday A to Shifnal Town. DA is not happy with CW in response to this game. He was not in a match shirt, did not have his socks, shin pads or boots on, and as a result it took him 6 minutes to get ready to substitute RA, leaving the team with 10 men for this period. On Monday I received a text from SE saying he has had an apology from CW which he forwards to me. I then contacted CW separately to talk about his motivation, expectations, settling in period and personal targets for this season. We do a lot of positive work over the next few days exchanging messages. We set a personal, team, and club target and we discuss him playing a lead role in training, of corralling the younger strikers to get more of a bond between them all as a lack of time together and communication would enhance the team, club, and CW’s individual performances. Due to injury (to DJ) he starts the next game and his response in training and the matchday warm up is very good. He is substituted at 75 minutes in a tactical change for height and immediately switches off to his focus on the club and team goals,</p>	<p>This is disappointing but I am aware it will take time for the discussions to sink in and for him to take effect. I messaged him after the game as normal to ask him about how he felt he adhered to his targets and work from the previous week, and whether he felt there was any difference. This message received no reply. I try again several times with no response, and he also doesn't turn up for training. I discover this is also true of his work life and he has been released from his apprenticeship for non-attendance and poor communication. Personal motivation is going to be the target in this case rather than a performance one.</p>

	focuses on himself and boasting about his FIFA points and his “Sunday league game tomorrow”.	
08.09.19	<p>Matchday away to Dudley Town. LW warned for dissent several times by referee, culminating in one more offence would produce a yellow card and sin bin. Five minutes after this, he is fouled and makes a comment to the offending player who kicks him to the ground. The referee sees this and brandishes a red card for the Dudley player. Several DT players try to get involved but our lads keep their shape and await the impending freekick. LW then gets booked for a foul, which then further incenses DT with players drawing more free kicks. I make a note to DA that LW is probably one challenge away from red by end of first half and the referee may possibly be looking to even things up due to LWs conduct. NG reports that at half time LW approaches DA to say he doesn't want to come off but that he himself feels he is only one mistake away from a red and he doesn't want to let the lads down.</p>	<p>From an 18-year-old this is a very mature revelation and series of self-awareness. DA agreed to give him ten minutes before making a change. He received a lot of threats at half time, towards the end and at the end of the game. I decided we keep him next to myself and NG on the opposing end of the bench and we decide to do the cooldown at the other end of the pitch away from DA staff and players. His family are attending and are standing behind this area and so this way, he can also opt to go jump on the other side of the barrier if any players do approach us as we make our move. This is the first time I have had to think of the physical safety of a player in my role and have allowed myself time away from watching the game and player behaviour to notice exit points and safe spaces for LW to go to. This works well and players, although are looking around, do not physically approach LW myself and NG who immediately start the cool down on the final whistle, and are ushering our players to enjoy their exuberant celebrations in this section of the pitch also, just in case DT players do react as previously experience has told us. I ensure he leaves the premises with his family as cars are parked several streets away in scattered fashion where there is likely no CCTV. Player wellbeing will continue to be my priority.</p>
12/10/19	<p>Matchday H to Uttoxeter in the FA Vase: DA puts a message on the player group chat, “Just to let you know boys the format for today if it’s a draw after extra time we go to a replay Tuesday”.</p> <p>I immediately reply (*assuming this is an FA stipulation), “what muppet made that (rule) up”. To</p>	<p>I privately messaged DA to clarify, and Google the rules! I discovered that it is the choice of the two managers to decide whether, after a stipulated period of 30 extra minutes, they can choose to take penalties or replay the fixture. I am highly emotional and angry at the choice of a replay when we have 6 games already this month, and no warning other than the day of the game as to this possibility. DA volunteers his</p>

	<p>which the next reply from DA was, “that would be me :)”</p>	<p>justification, “I just don't like penalties”. Which I acknowledge makes sense, and I keep things clearly professional; however, in myself I cannot fathom how DA can justify potentially playing two lots of 120-minute spells, for things still to end up in penalties. Moreover, Team B have charged us for their coach for this game, we cannot recoup anywhere near similar funds for a Tuesday fixture as players will be leaving at different times from different workplaces. They also attract large crowds at home games, whereas we would have had the advantage of this at home. The squad have also had no warning, so player availability may be compromised Tuesday, due to them trying to leave work early with so little warning. For club players and staff this is also another 70 miles round trip for fuel, with everyone having work early the following morning and having to find additional funds. Within one sub remaining during extra-time, LW is clearly struggling with a blow to the head and chest issues, whilst SE points this out to DA his response is, “it's only 10 minutes he'll be fine”.</p>
15.10.19.	<p>At the replay Tuesday night feeling is bad between the squad and I have dealt with several messages of fatigue and annoyance at his “not trusting us to take pens and win”.</p>	<p>It's difficult to decide who is the client here as I have to respect DA's decision and work regardless, but I empathise with the players. We lost the game 4-0, with 3 muscle injuries requiring subs and finishing with 10 men as LW can no longer breathe with the demand on his asthma. With tensions high I ask for a session with DA privately to discuss where my input may help alleviate this for the next week.</p>
16.10.19	<p>I decide to suggest to DA that players be given a section of the after-talk to air opinions. I feel we are at the “storming” phase of the group and players should be given an opportunity to air constructive comments. I will introduce the “rules” of this to players at</p>	<p>After keeping it a surprise while they finish their recovery mobility session the boys are very pleased to be given a bit of downtime. From my perspective it is good to see them socialising in different groups to normal and they all decide to shake each other's hands on leaving which is a new behaviour but one I'm pleased to see is growing respect as a group.</p>

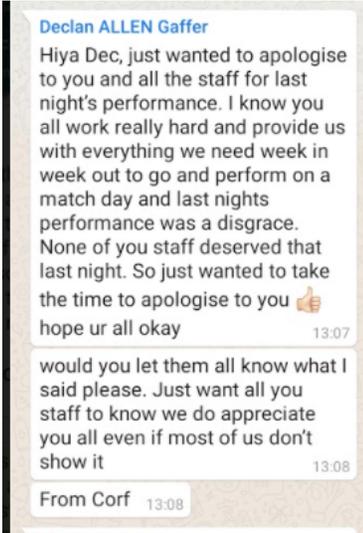
	<p>training on Thursday, but the ideal rules are as follows:</p> <ul style="list-style-type: none"> ● It is not a targeting session, no ripping into individuals instead, “some people” or “some individuals” or if positional, “the midfield” are acceptable. ● Open to comments to players and staff e.g., “we didn't freshen things up quick enough”. “We need more help from the defence”. ● 121 chats requested for personal issues e.g., LM can I have a word”? If these are requested the player who is asked is responsible for ensuring this conversation takes place (in person, phone etc) before the next training session/match. Again, constructive but an acceptable response of OK is fine, just as long as frustrations are aired. <p>DA agrees to this and says the social training session planned will now take place on Thursday night. After the squad being on such a high last week to now being frustrated, I agree this is necessary.</p>	
24.10.19	<p>HF will miss a matchday due to his MMA fight. He asks me for tips on mentality which is a big ethical issue and I politely decline. He is surprised but doesn't question me.</p>	<p>I have a moral issue with physical combat sports designed to cause injury. Boxing is a sport I have already ruled myself out of supporting, and MMA falls into the same category. I do not feel comfortable helping someone succeed in a sport we know causes brain damage and has precursory triggers to dementia. Either way generally injuries both short or long term that would use NHS money and time that I do not feel justified for “sport”. In football the risks of injury are accidental and not a deliberate aim of the sport.</p>

<p>23.03.2020</p>	<p>1:1 with a student at school suffering with depression, seemingly caused by a trauma.</p> 	<p>Whilst not a clinical trainee the student is already under GP and counsellor referral and so this ABC model graphic I drew from Ellis's explanation, allows the student to understand how his current feelings link together, and helps alleviate anxiety in them all being different factors and scenarios to likely to be 1 or 2 things that he can work on with his counsellor.</p> <p>I decide to check on updates with the student where I can, but I am aware I am not part of his treatment plan here.</p>
<p>Thursday 7th May 2020</p>	<p>Offered first internship / experience role with Shrewsbury Town Academy</p>	<p>Massive opportunity. Very excited to show what I can do and how I can help. I am very patient in listening to their requirements and keen to make a start in terms of formulating a plan. I also have (ANOTHER PSYCHOLOGIST) they've been working with to give me specialist advice and support.</p>
<p>Friday 28th May 2020</p>	<p>Meeting with RW and MG as MG has been supporting the coach CPD to date from her position in London via Zoom. She offers to help coach me and invites me down to one of her trainee sessions. I am on the zoom call for her next CPD session, and we have a private chat with RW about a collaboration.</p>	<p>I am very concerned as to how I am going to work well with (PSYCHOLOGIST) considering her approach comes from Positive Psych and I am trying to work Humanist/C-B Psych. I appreciate her questioning me and analysing my work, but this is also leaving me feeling very vulnerable in terms of developing a curriculum, including areas of Resilience I don't necessarily understand or believe in. I am grateful for having a supervision meeting with ME tomorrow to discuss this. I believed my framework and curriculum development was sound and rigorous but am now doubting myself and feeling very out of my comfort with it. She also becomes quite personal in her views on the Prof Doc and ME which I find unprofessional and unhelpful. She invites me down to shadow</p>

		<p>her trainee QSEP students and shows me some of their workshops which I find very samey and all from the same perspective as MG works. Now this is to be expected for students to choose a supervisor which aligns to their philosophies however this is just different to my philosophy and why I like the Prof Doc approach over QSEP.</p> <p>After discussing the process of development with Martin in my meeting e.g., the surveys, to agreeing a strategy plan, working to teach the components and then test it via pressure training ME confirms it is ok. I feel relieved as I had started to worry about how to navigate the internship going forward. That Monday I have a meeting with DL and RW to discuss next steps and I voice my opinion that my program and MGs are very different, careful to explain the value of both, but make a point that if I am delivering and have some control in it, then I would prefer to go my own way, with support and help from ME. DL and RW are both happy to go for this approach and I begin to develop both the program and the first coach education session going forward.</p>
07.09.2021	CM at STFCA gets me in to work with HA who is my first player U16. He is an U11.	<p>My normal philosophy around being client-lead in terms of discussion and facilitating as the practitioner, may not be practical for a player of this age group. However, I maintain the importance of the club strategy to improve players emotional control and problem-solving skills, so I decide to still follow a questioning technique whereby I am led by player responses. However, my questions are more direct, with smaller answers required rather than my standard Socratic questioning style. HA also suffers severe pre-match anxiety, starting the night before games, leading to being sick and crying and shaking before kick-off. An REBT approach was taken to improve symptoms of anxiety.</p>

24/01/2021	Was asked to participate in a podcast with Ryan Pratt	<p>This resulted in me thinking about the last 12 months. Being a psychologist (trainee) at Shrewsbury has been a unique experience. In terms of the podcast, I am dreading it as I hate all that, and so I seek confirmation from both clubs about what is ok for me to talk about and what isn't. For me this is part of key role one and professional standards. It makes me more confident that I won't say anything I'm not assured will be ok to talk about. With Shrewsbury, for a position revolving around building trust and relationships with people, and Covid having meant I have been physically in the Academy building 4 times in my 10 months at the club, I think the relationships I have established with staff has been incredible. I don't like that word, but considering I had to learn the social relations, dynamics, and interactions between a multidisciplinary staff, entirely based on zoom squares, I feel the position I am in now means I must have judged certain things well. The Head of Education allows me to plan and lead Player Care workshops for all age groups and I am part of the 4-person team that now facilitates and reflect on these sessions. I am also called regularly by coaches about ILP advice, asked if I can help their age group by putting on workshops, which I send them to approve, all of which have been. I am part of the Safeguarding conversations and am regularly sent player referrals. Most recently my desire to plan and implement an Exit Strategy for Academy players was accepted universally by the Head of Coaching, Head of Education, and safeguarding Lead and together we have trialled this over the last 6 weeks at my lead. Even with the one staff member that I have felt is probably not fully on board with myself personally and as a Psychology Intern, I recently learned that my suggestions made to the U18s being sent clips to reflect on and provide peer feedback on, has been implemented by this individual is a major positive for me.</p>
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09.02.2021	JP calls me to discuss the evenings Player Exit meetings. I realise I have no idea which parent has selected which times on the google form I sent out as I didn't realise you had to "select" the option for them to leave a name or email address. Therefore, I panic and get JP to email out 1 zoom link to everyone and just ask them to login at the time they selected! This also means I must pay for a Zoom subscription as we will need the link to run for over 3 hours!	The session itself runs very well and I am pleased with the interactions we have. JP will call the other 3 players and families this week to re-offer appointments just in case it was my error at the google form rather than them choosing not to take part.
10/04/2021	SUFC H to Alscott Heath - Shropshire Cup. We are very short of players, especially leaders with positive mental attitude and professional behaviours. However, LW has been doing lots of work with me on these things and when DA approaches me about the armband, LW is suggested, and I point out the features of work he has been doing. LW has improved in discipline massively and from the intervention work and this would be a good test for him to demonstrate those skills.	<p>LW concedes a pen 5 minutes into the game - I watch his reaction - very positive.</p> <p>LW concedes a second penalty 20 minutes into the game! This is saved by the goalkeeper however not one of SUFC runs in on the rebound and 6 AH players could have been the one to score.</p> <p>Whether the wrong people were targeted for messages considering the players missing or if the messages were wrong. That "I could not take no responsibility for a lack of mentality when we have a psych sitting on the bench".</p> <p>I have always been mocked for being too calm and collected from the club, but the manner of this defeat really hurt in that there was no fight or spirit or voices from the lads. All things I am responsible for! I do not know what went wrong. I have written notes, looked at who else we could have targeted but I really have no answers for this game. This is the first time I have really struggled to justify or come up with a solution. I am not even sure if I can/should intervene for Tuesday night v a team "better" than us and local rivals- (who broke the arm of one of our players the last time we played them) but decide to let the players time to reflect and think for themselves to assess</p>

		<p>their level of resilience for this one game. If the same occurs, then I will significantly re-think my approach to this league re-start!</p> <p>Update - lost game 2-0 but attitudes and performance were 100% better!!!</p>
	<p>2 weeks later, we are on the end of a 9-1 thrashing from a local team, 3 divisions below us. It is only a friendly been as the league is stopped due to covid 19 however this hurt everyone. All the staff post group messages about our disappointment and not knowing where we go next as there has been little to smile out performance wise. I ask the lads to focus on individual performance factors and send me IDPs reviewing the last 3 weeks.</p>	<p>This response is shared by DA from a player.</p>  <p>I leave it a further week before checking in again with players, other than JA, GD and RA who are injured/in hospital. DA decides to play the game on the 22nd as no-one wants to end the season on a 9-1 defeat to local rivals. However, he sends me a message on Tuesday asking me to check in with all players as he has had very little response. Check-ins go out to all players and 8 replies. This is positive that my relationship with players seems to remain positive and engaging despite the lack of other staff.</p>

17.06.21	<p>Training session at STFC U13s. This is a group I'm still learning as I've only been in with them on two other occasions. DR is leading this session and DS is assisting. It's 25 pitch side. A simple passing drill starts the session off but is flat, players are getting directions wrong, not on front foot and passing the wrong way out. DS talks out loud next to me, "I wonder what it is they're not getting"? My response is to ask them! This is a session where I and DR communicate and manage the session effectively between ourselves. He takes on board my suggestions, I question both him and the players frequently as to how the session is progressing. By the end, we have gone from a flat, disengaged frustrated set of players to ones who have worked incredibly hard both physically and mentally and leave the session proud of themselves.</p>	<p><u>This was the best session I have ever had on the grass.</u> I'm not sure if that was because of gaining validation from DR from the teaching element of my role, but I felt comfortable giving coaches' feedback and asking them questions they could then ask of players. I was actively engaged in the session throughout and was pleased DR continued with my advice to keep the pressure on. I don't normally attend Thursday training but decided to go this week to see how players responded to this session the following day. Players came into training motivated and positive, and mood was good. As session not designed to be heavy and difficult ended up being a key learning experience for these players.</p>
21.06.2021	<p>I am let go from Shrewsbury Town FC. New Academy manager and didn't want psych support. Only RW and JP were in the meeting, it was very drawn out and distant. I am gutted as I'd done so well here, the players had responded, and I'd got great relationships all around the club.</p>	<p>Update: I ran into DL in a supermarket the following week, and after a brief interchange it turns out he had no idea I'd been released and had no answers for me either. In fact, he says he's annoyed as he's just put a document into the FA with how much psych work we've got going on.</p>
15.10.2021	<p>I interviewed for Blackburn Rovers. Morning session psych task (10 minutes with a player, coach, and S&C to establish a case and feedback to the panel. I am selected first to leave after the task. Confidence shot. 1st interview in person since Birmingham. Devastated as it was an ideal role, with good staff at a good club and I felt ready to take the step into full time psych.</p>	<p>I email Dr Andy Hill when I return home who offers me encouragement and a zoom meeting the following week to give me more full feedback.</p>

21.10.2021	I interviewed once again at Uni of Birmingham. This goes well, same panel other than JE who is now in position as Lifestyle Advisor. Talk from Andy Hill helped rebuild my confidence, but I am more nervous for this interview. Have coffee with Will Crossen who is also up for the role which calms me a little.	Confidence increased slightly from where I expected it, but after the Blackburn interview where I “failed” the consultancy task, the only bit of the training so far, I’ve not really encountered a problem with I have no thoughts or expectations on myself. Just want to forget about it and move on with thoughts of Shawbury training Thursday night.
	I get home and shower. As I get dressed the phone goes, chairman of Shawbury United letting me go. No explanation or anything. Mixed emotions. I say a very tearful goodbye to the players through messages and leave it at that.	Confidence and mood slightly increased by the fact every player either calls me, sends me a voice note or message in the next 2 hours as they see me removed from the group chats. This is the lowest point of my traineeship so far as I now have no clients. I’m also facing my first weekend without a football club to work at it in 3 years of games. I go away to Chester for the day to absolve myself of any football!
24.11.2021	I was offered the Birmingham job! Last month of emotion hits. I immediately drafted my resignation letter from teaching.	Realising these last 15 days have taught me a big lesson in myself, resilience, keeping calm and dealing with things as they happen. Not catastrophising situations and more importantly keeping a stronger distance between myself and an organisation. Whilst I have always followed advice from works by Nesti 2011, Richardson, Gilbourne and Littlewood 2009, in full embedment. I now understand that this can still be with personal emotional distance. Seeing yourself as a consultant in an organisation, rather than a fundamental part of an organisation. This is something I will take forward.
30.11.2021	Approached by AT to join Welsh Premier League side as Psychology consultant.	New challenge to employ my new frame of mind with being a professional coming in to help an organisation. I take the first 2 weeks to observe, get involved with players and coach chats during training, just being around as Gilbourne, Richardson and Littlewood (2009) describe. However, I can set myself strict replying hours for messages and stick to only working hours I am being paid for.

<p>05.01.2022</p>	<p>Message from JF from Druids who wants to leave. I agree to be a soundboard, for him to talk through his options and he leaves the club the following week for Finland. He arranges a consultancy agreement with me to continue working with him.</p>	<p>I am glad JF has moved on to a better environment. Confidence is good that he has formerly kept me on for sessions once a month during the next phase of his career. This is some validation that I am doing work that is forming lasting relationships which gives me a lot more belief and confidence in myself as a practitioner.</p>
<p>01.04.2022</p>	<p>1st session with AQ athlete at UOB. This session I am a little nervous of as I know from her records that she can be very challenging to work with, is very quiet and reserved, often ignores advice and lots of my colleagues are very reluctant to work with her. There is a suggestion of ASD, so I take this awareness into the session. This is the 1st time AQ has even agreed to see the Psych support as she DNF a big race in Liverpool at Christmas and last weekend pulled out of her next big race with a DNF and has now been persuaded to seeing me. I plan to meet in the Costa, to assess ASD traits.</p>	<p>AQ leaves the session smiling. I decided to not talk about either of the DNFs as the emotions with these are self-explanatory and I don't want AQ to have to feel upset talking about them again. Instead, I only focus on what we can do going forward. Give her suggestions after questioning her as to her aims for the season, things she'd like to work on and asking her to talk me through how she experiences a race day. Costa was rammed and I could barely hear some of her replies, but this is inconsistent with ASD however, it transpires that crowd noise is a big trigger to anxiety. The intervention I decide to use is systematic desensitisation. Whilst primarily used in the clinical world with phobias I decide to use noise to create pressure environments for AQ when she comes in for her weekly lactate testing on the treadmill. I agree with the physiologist that I can hijack his sound system and he agrees to randomly put my "crowd noise playlist" into his lab for her session. This is an example of where I go away from my traditional client-led approach and use a tangible intervention strategy to help a client. However, as ASD is a possibility, I am not sure AQ would be able to talk through her emotional responses to certain events in a way that would be as impactful. Furthermore, AQ is someone wanting an intervention to take away and try. Given her background of non-adherence I think this is a good way to start with buy-in and build a foundation from.</p>

04/04/2022	Athlete Initial meeting - finally after a lot of encouragement though coaches and her not wanting to engage. Have sat in numerous MDTs about how “difficult” she is to work with. Pulled out of the race last weekend due to a panic attack which is the second one of the year and why she has agreed to talk to me.	I am conscious not to mention last weekend. Only focusing on what comes next. AQ decided to give me details about the weekend voluntarily and we speak about her experiences when she brings it up. The meeting went well, and we established a relationship. I set her 3 challenges which I don't expect her to follow through with. 1 is an MDT approach with the physiologist I set up.
18.04.2022	Athlete Follow Up	Aq has smashed all three challenges spectacularly. She is quiet but smiling and we have a bit of a joke about topics. I am really surprised she took to our meeting so well after hearing others' accounts and am keen to keep on top of this regularly. We decided to keep the same challenges set for another 2 weeks to maintain buy-in and consistency before moving on too quickly.
30.04.2022	Athlete meeting in Costa to catch up	AQ is doing so well and has surpassed her challenges. Running on a lot more public routes, becoming comfortable training with others and is even seen sitting in costa working with other athletes. She is open and chattier with staff and athletes and is positive about everything. Long way to go in terms of “work” as her weight is still worryingly low, but I am happy I have established a good relationship now.
08.07.2022	1:1 Athletics - looking for psych support for next season	Reveals he has cut season short as he is not performing well, and casually mentions he’s also been involved in a car accident and the victim of a serious knife attack earlier in the year. We talk about the possibility of these things being connected and look to expand work over the next few months. The reflection is on his expectation around being stabbed, as a black youth in the area, he is not surprised he was attacked and views himself “lucky it wasn't more serious as an inch lower could have ended his career”. Parents do not know about the incident as

		he wouldn't want them to worry. Cultural and societal pressures around this 1:1 will be monitored and whilst the athlete says he's never talked about it, ends up talking a lot in this session with me so I hope this can be extended as our work progresses.
15.08.2022	<p>I received an email from a former club threatening me with legal action regarding harassment he is receiving because of a report I wrote in the spring. He also says he will be informing the BPS and HCPC about this as “the leaking of a confidential document that is now the source of a legal case” and will hound my career. Unless I retract the document by 12 noon 19.08.2022.</p> <p>I'm angry and confused at this. However, I was not surprised. I ignore the email but want to be prepared in case of any follow through that does come from this.</p> <p>My main concern is that Martin is on AL until the end of the month and so do not know where to go for support. I emailed the BPS conduct email address to inform them of the situation, who kindly offered advice and support if needed until Martin's return.</p>	<p>Martin is away on AL although I do email him in case he picks them up. I also tag Fran as my second supervisor, but she is unable to help not knowing the case. I make no reply to the email or other content with anyone at the club. I know the threat is unlikely to be followed by the claimant however I email the BPS complaints dept for advice in any case to be prepared in case he does so. I also talk confidentially to my line manager who helped me look at the facts of the threat legally and through the eyes of the BPS. I go through every point on the BPS Code of conduct and standards, reviewing the content I wrote in the spring, as well as highlighting that the content was sent to my supervisor and discussed at length before it was given to the club. All behaviour written in the report occurred in public places therefore no confidential information or details were included in the report. It went to the chair, manager, and head of coaching as it was a document around implementing cultural change at the club so was kept inside and only sent to people who needed such information. I maintained that ignoring the behaviours and leaving the club would have meant me not doing my job of trying to implement change for colleagues and players. I hope this will be the last I hear of him and the club. I will arrange to see Martin as soon as I am able upon his return to work.</p>
10.09.2022	Meeting with Martin concerning email	<p>It's been 3.5 weeks since the email with no further response. We re-visit the protocols etc as a precaution and are clear on the protocols. I am relieved he is back in place should anything</p>

		more be said but also happy I was able to navigate support for myself in his absence.
03.10.2022	Part 1: A's new academic year MDT Support meeting discussion. We have previously chatted about goals and 'A' only wants to set them until Xmas not end of year, which I have assured her is fine.	I am so pleased with how this went. A is open, honest, chatty and runs the session with her as the athlete voice. Feedback from physiotherapist and physiologist is that this is the most positive meeting they've ever had with A, and both are confident in her approach and understanding of her coming year. I am delighted at this, as my meetings have all been like this with her since we started work in April, so for others to see it, and comment, show me the steps forward she has taken, both in her personal approach to others and her own understanding of training principles. The physiotherapist also relays this to the Head coach with a nod to my sessions which is very appreciated. For me, the next big target is to perform at Liverpool in November, the site of her first track-based panic attack that caused her to be dropped when the second then occurred in January. This was the biggest issue for AQ at the time and why I so wanted to have input from the head coach in the first place and get on-side with A as early as I could when I started at UOB.
30.12.2022 – ongoing	Eating disorder and self-harm of FN. It is the first time I have experience supporting a case with this level of self-harm. I am confident in my ethical principles that she is already receiving referral support therefore I can act as a mediator between these and her university training. I get her consent to share any details she wishes to her coach and MDT team all of whom are supportive.	I was able to gain the rest of her scholarship funding early to help pay for any treatment offered. I am so impressed at how British Swimming have taken an active role in helping both financially and logistically with getting support in place, and they funded half of the treatment program. FN is progressing very well, and I am happy with her progress both with GP support and how she can communicate to her parents and coach. This model will be useful to take ideas from in getting support in future.

<p>18.02.2023</p>	<p>Part 2. After missing all the autumn races (Liverpool) and (European X) with injury, A is looking to restart her season and still qualify for World X. I have been slightly concerned that one of these withdrawals may have been mentality-based hidden behind a minor injury, however, I still agree to work intensively to try and seal good times early this season for qualification. Personally, this is a big challenge if we can turn it around from 4 DNFs last season in early races and I am confident A is now able to manage her anxiety well enough and can be reconsidered for GB funding by the end of the summer</p>	<p>After disappointment in not competing in Liverpool AQ heads out to Elgiobar early Jan for an 8k unexpectedly as another athlete withdraws. She seemed to cope with this short turnaround of news well after an initial wobble subsiding by the afternoon. She finished a solid 10th in this despite her lack of prep time. The following weekend she competes in the Valencia 10K road race. We chatted the day before about course planning and psychological markers she will use to help minimise distraction and anxiety. She finished 11th and was the 2nd placed GB athlete. This is noteworthy due to organisational chaos on the start line in which barriers collapsed and several athletes were injured and/or fell as the crush that had been created. I expected AQ to have pulled out witnessing these panicked scenes however was delighted when the result came through. We debriefed afterwards and she seemed proud of herself at how she had been able to deal with the crowd emotionally. She then went to Hannut for her final race before World X selection was made. 3/3 races now completed and well she was seemingly more relaxed about this, especially after the Valencia issues. She finished 6th in this and was therefore selected for World X. This would be 18th Feb which gave us 2 weeks prep and had BUCS XC the following weekend. Despite our now 4/4 and World qualifying the Hub coaches were still unsure about her ability to cope with the anxiety of BUCS having pulled out last year. These doubts were probably made worse by the team also being made up of an athlete with a niggling injury to contend with, one who is a dual-career nurse with high demands and an athlete for whom this would be her first race in 2 years due to injury. Therefore, it was vital AQ performed as arguably the most “race ready athlete” for the university. In that week’s MDT where these concerns were raised, along with various talks about how they could help prep her further etc, I took a</p>
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		<p>confident position and documented on record, “on my head be it but she’ll be fine!” such was my confidence at her execution of strategies so far. I also agreed to see the other team members as one-offs who don’t normally receive support, however the importance of the event and experience they were having going in I felt the need was there to go above and beyond in this instance. AQ finished with the individual silver medal and the team came in Gold, with all 4 finishing in the top 10 (2,5,6 and 10th respectively). Proudest day so far for me personally as even from 1 session with the other athletes I was aware of their fears and concerns going in, so to see them excel was an incredible personal achievement. Now we had to get A ready for Worlds, in 2 weeks’ time, for running in 36^o heat. The only time she has experienced this was at Worlds as an U17 where she succumbed to heat exhaustion after not fuelling or hydrating sufficiently. Combined with this having been a problem in more recent times as well, and her current weight having held at 44 kg, this became a job for our physiologist. She was booked in 3x a week for heat acclimatisation. As I had been the one to make the most breakthroughs with AQ’s behaviour, both psychologically and nutritionally, using motivational interviewing techniques, I prepped the physiologist on how to approach and talk through areas such as nutrition and hydration with her during their sessions so it would land and be accepted by her, as I knew being prescriptive would not work, and if she shut off, we’d have no chance of her competing safely. He was able to implement this well and he was extremely pleased with how she prepared herself and organised herself during the sessions, listened to advice and implemented it during the next two weeks. I checked in with her the day before the race, and noted she seemed relaxed, happy and she had even gone on team cycles and activities during the preceding days, something she</p>
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		<p>would never have dreamt of doing a year ago, such were her anxiety levels. Clearly, she took on board the team's plans as she completed the race in 25th place, and as the 2nd European athlete. I checked in after the race, and she reported being tired but otherwise ok. This is a major breakthrough in AQ's journey, and I feel she is able to now apply her psychological skills effectively without the need for me to check in, however, I will continue to do so until the physiological behaviours are also maintained, and her weight remains stable during competition seasons.</p>
21.04.2023	<p>Line manager confusion. My annual review with my line manager takes us 2 x 2 hour attempts as in the first meeting we seem to be miscommunicating things. I feel my 1:1 work had been good this year, I have 70% engagement and have seen improvements from athletes as well as good feedback from coaches. He is wanting the process to become more active than just 1:1 delivery and wants to address more teams and players into delivery. Also wants delivery to be less formal – away from 1:1s and check-ins to a more “friends-based” relaxed approach where progress and updates go in a curved fashion to improvement not stepped as with formal 1:1s. I am uncomfortable laxing my practice in line with BPS guidelines but understand I could be more informal in places. I leave the first set of meetings a little dejected as I feel the engagement and improvement has been good. Personality wise I felt I had a good connection with my line manager, I know he pushes us all to improve our practice and holds very high standards which I both respect and admire. However, I do feel a bit shot on confidence after our first meeting. We then have a</p>	<p>I arrange a peer review meeting with Nick Wadsworth the following week and we talk through me work. He restores my confidence a lot in myself, agreeing that a lot of my practice is sound, and that 70% engagement is ok. I unveil that my manager is an S&C Coach so we look at ways a psychologist might align practice more similarly to S&C and lower some of my ethical boundaries a little where possible. He also suggests a meeting with Dr Rich Sille who works in a similar environment to me. I contact Rich and we agree to meet early August. The psychologist from netball also returns my email as do the Boxing psychologists so I have also had meetings with them to ask about practice and program writing. In July the Performance Director organises an Away Day where we are all completing the Spotlight personality profiles from Mindflick. Whilst I am on annual leave for the day itself, the resulting portfolios make me feel a LOT better about my practice and why my line manager and I were having so many issues. He is a prudent red, and me a confined/expressive Green. Therefore, it is not surprising that practice focus is akin to that of of lifestyle advisor, even once having explained my philosophy of humanistic to my manager on occasions. I then meet 1:1 with the Performance Director (who is a positive</p>

	<p>regular 1:1 in June where I am told I am sometimes too cold and formal in my approach and haven't pushed my practice enough to be of high-performance value and that I essentially doing the same job as the lifestyle advisor at the minute and not the job of a psychologist. He also says I need more mentors and supervisors to help this and that I need to learn off more people doing high performance. I explain I have made contact and held meetings with the GB Hockey psychologists, as well as the ones in Swimming and Netball, who are yet to respond, and that it is a problem systemically in psychology that peer mentorship is encouraged but not always easy to access. I try and understand his points, but it still takes us 2 hours to conclude the meeting. I also take this hard on my confidence.</p>	<p>Red) but I have always had concise meetings with and gained confidence from his praise and encouragement when needed (also a green trait!) He gives me suggestions for where my manager and I can align closer to each other's needs and how I can stand out in meetings which is helpful.</p>

Research

Date	Summary of Activity	Reflection
14.08.2019	Ethics and research around Research project 1	Planning on consultancy-based intervention research is making the process more enjoyable and motivational as it is using evidence based to progress a skill lacking in players in terms of decision making. I plan on reading 2 papers a day to begin the research process as Kearns (2003) and (2011) shows that one of the best processes is setting small steps in research.
	2 months into the process beginning to write up ethics form	The slow and steady process is working in terms of small progressions. Trying minimalism procrastination (Kearns 2003).
23.02.2020	Due to covid I then stopping the season in February, I do pause this research as the interventions can't take place	I welcome the break to start on something new, in beginning to write up the case study from the disciplinary work this season. Kearns, (2003) shows not over committing to one project and perfecting it is a more enjoyable process as I enjoy self-reflection and challenging myself and the methodologies used. I then focus on consultancy as I have 2 placements and full-time teaching for the next few months.
04.04.2021	I return to school-based work after covid and accidentally start the systematic review process.	In a bit of free time, I have a general search around suicide in football research. Only 21 papers come up, and after reading through titles, re-scale my search to discount any mentioning physical causation such as CPE or concussion. This leaves just 2 papers, so I

		<p>expand the search from football to sport. This selects 13 papers. I revisit the LJMU Systematic review guide and believe I have accidentally performed a review process worth pursuing. I arranged a meeting with D Tod to discuss. The meeting leaves me more confused than I started however, as there are very few papers from my initial search, I need to use a process that is inclusive as possible, therefore I read Levac et al (2010), Arksey and O'Malley (2005) and Peterson et al (2017) to learn more about scoping reviews and the processes involved and believe this is the best fit for my research topic. I then revisit the title to make very specific references to my topic. I then re-run the searches in line with the protocols explored and begin work on the systematic review as included in this portfolio.</p>
08.02.2021	<p>Meeting with Fran re Case Study 1 - Culture and Dissent. From this we decide to split into 2 case reviews</p>	<p>Discussing the research with Fran is useful and I gain more insight about what makes a better case study. After firstly deciding to split the cases into 2 with 2 separate focuses', (the first being the first Case Study included in this portfolio). I later decided that the aims of the second one is not strong enough to consider and re-work the base findings of culture and organisation into a new case study based on my new position. This is where I was asked to create a whole psychological development portfolio, therefore has a clear aim and I can clearly link this to my practice and is included in Case Study 2 of this portfolio.</p>
17.02.2021	<p>Systematic Review work and thoughts on extending the current themes into a research proposal for Research Paper 2.</p>	<p>I fully understand Fran's views on practitioners being in-place researchers and for these roles to be more intertwined in future. However, I personally, would</p>

		<p>much rather focus on the practitioner role, as research is a process, I am using a forceful self-approach model to achieve gains in as Kearns (2011) details. Even for a topic such as mental health in football, which I am highly passionate about and driven to do good practice around, doing lots of CPD around suicide protocols, emergency first aid and extending preventative education to coaches, the self-motivation required to complete a research protocol is still incredibly difficult. I still use Kearns (2011) advice for breaking it down and putting research days into my calendar, forcing myself to spend time reading papers and drafting notes, as left to my own devices I would happily procrastinate doing anything else!</p>
08.08.2021	I finally return to research paper 1 after re-running the data collection during interventions during the 2021 season.	<p>Breaking up research days into hours swapping between work on my Systematic Review, writing up Research Paper 1 and starting work on research paper 2 does help sustain more workload as I can switch between different types of research tasks (Bell and Walters. 2018; Wigfield and Cambria, 2010). I maintain this approach for the next few months, with all case studies now started as well, as it does make it easier to feel I am chipping away at everything slowly, rather than getting “bogged down” into 1 project and then not wanting to start another from scratch. Even 10 minutes on certain tasks is progress and means I am less likely to need to re-do massive sections if they're not up to scratch when I review them later.</p>
04.04.2022	Research Paper 2 survey analysis - 29 results	<p>Disappointing considering the League are on board and have had backing from lots of clubs and coaches. I am keen to salvage this topic and project due to my</p>

		<p>interest and want to impact mental health support in grassroots football. Especially as one club in our study have experienced a player suicide since we started. I realise the lack of numbers supports the survey finding of players “not wanting to talk” therefore I spoke to Martin about taking the findings to mental health and football professionals to do a qualitative part about how we best go about impact from this point onwards. I am more motivated to start this process as I have always used research as a way of networking and learning for practitioner development purposes, (both in my undergraduate and MSc empirical papers) and this was another opportunity to extend that networking opportunity.</p>
09.10.2022	Meeting with Martin. Summer Progress and next steps.	<p>During the Commonwealth Games I have been able to be very productive with research work. I have spent 2 hours a day on average writing and formatting paper 2 and conducting the interview etc as necessary. On checking the other requirements, I sought guidance and support from others who had completed them, namely the commentary pieces and the consultancy report for clarification. This helped me discuss any specific details from my training log that we felt needed to be included in these documents and I was able to draft copies over them during the following month.</p>
01.02.2023-24.03.2023	Writing reflective pieces for submission draft. I ask several Prof Doc graduates for advice and support around content and structure as I feel I’m repetitive in my writing and experiences.	<p>I get some really strong support from my peers. Some are kind enough to send me their full reflection pieces and it’s a relief to see that they are mostly written very journal-like with thoughts and emotions rather than formally academic in nature. It also helps to know I’m</p>

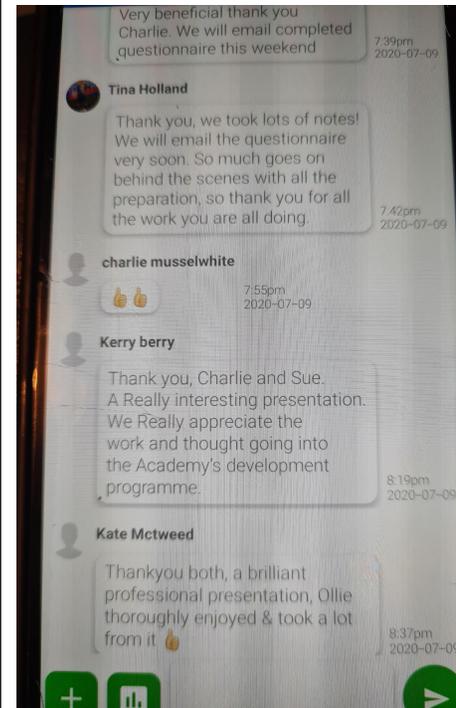
		<p>not the only one that has found this task difficult! I finally can draw a graphic representation of my philosophies, how they integrate and how they look in my delivery, practice, and research work. However, I still really struggle to turn it into a worded article that makes any sense, so I get a call with ME to advise. He (somehow!) can understand what I mean, as my description is apparently ok - he then helps me break it down into paragraph and section headings and I am then able to pull a draft together, although I'm sure it will need a lot of work!!</p>
<p>01.07.2023-14.08.20 23</p>	<p>ME sends back my full draft for amendments. I am highly relieved that no full sections have been rejected! Also surprised that some are signed off as they are. After reading through the comments carefully I estimate there is around 25-30 hours of work needed. I arrange a call with ME to detail a couple of notes I am unsure about and an updated draft completion timeline is drawn up, as is my potential examining team</p>	<p>Unsurprisingly I edited the case studies first! Mostly as they needed the least work but also that I opted to go through the portfolio edits chronologically so I could see where I had missed making links and ensuring a better thread to my work and that my philosophies and values consistently came through. This meant the two empirical papers were the last to be edited. They did take the longest, but after re-reading and referring to my earlier work it was easier to go back and edit than I anticipated. Some of it I maybe even enjoyed seeing come together. I became aware my first paper remains the weakest part of my portfolio. Which is not surprising as it was devised in line with consultancy needs of the club and some elements were changeable as it progressed. It was also the first empirical piece I had produced in nearly 4 years, so processes and diligence to them were a bit ropey in the beginning, not having a clear idea where the research would go either, being a longitudinal based study. I am pleased I was able to join the dots of it together, and it did find some</p>

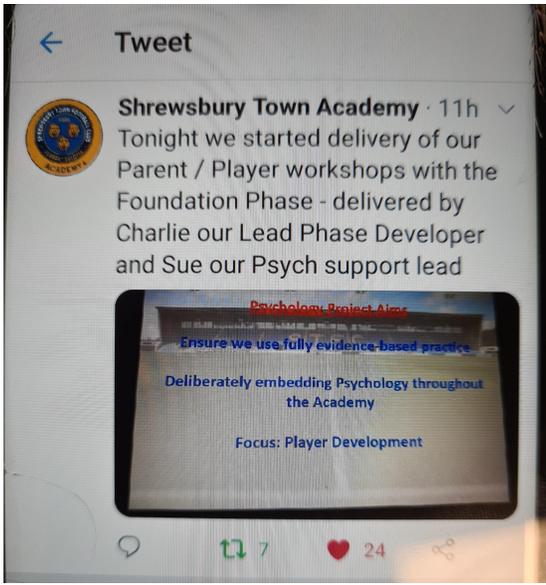
		<p>meaningful results. It also showed me the level I was at in 2019 and how I needed to improve my knowledge and level of planning and detail in research. This is why my second piece was delayed until last, using my systematic review to devise a detailed question, that I could then help support my review piece with. Edits were all submitted on time with the update, and I was pleased with the new draft.</p>
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Dissemination

Date	Summary of Activity	Reflection
23.06.2020	I held my first coach education session with all the club coaches (30). I had a brief session with FT coach leads (CM/AH and GC) as well as DL and RW yesterday which gave me pointers, examples to include as well as some formatting tips. CM is supportive.	The session goes well overall, and I feel good to have got it out of the way! Session feedback comes in quickly from DL and RW and this is all good. I make sure to message CM and AH for their help and support during the session to help build relationships

Tonight, I host this session for Parents and Players of the FDP. I am more nervous than in the coach's session, as I expect parents to be critical and overwhelming with questions and comments as this is totally new to all of them in terms of the Academy's view of running a Psychology program. I am running the YDP session next Tuesday, however I will have tonight's feedback to make improvements before then!!! RW arranges to ring me at 3pm to go over slides and format as last minute prep. I appreciate his concern for the Academy impression and am conscious I want to make a good impression too! CM will be in the session too and has sent a lovely message to parents reminding them how important this session is and to make sure attendance is as good as can be. I do feel a little better knowing I can call on him to clarify or re-explain anything if he feels the need to as we go through. RW and CM both give me a quick call before the session which again helps to settle my nerves. I do feel more confident after this and ready to go with the session.



		
12.01.2021	Assisting in facilitating the Kick It Out session to YDP. My engagement in the session in response to a music question becomes a central topic and none of the U14s seem to want to explain out loud what “Drill” is.	Useful session to me personally in the background and interests surrounding the Drill genre. Will be useful in future with academy players. The hosts cited it as the best session they have ever run as the boys were so engaged and happy to discuss very hot and controversial topics. Overtaking Tottenham’s YDP in their “standings”.
11.02.2021	I was asked to put on a session by the U14s coach as lots of their players are unable to process setbacks and mistakes within matches. During chatting around this LT becomes open about his own experiences and we also set up a weekly chat to help him offload.	I take an opportunity to further infiltrate myself to the group better by inputting a video clip to demonstrate a point about concentration from the weekend's PL fixtures. Telling the players how difficult it was to include, myself being a Liverpool fan, and instigating banter around this for the benefit of the players and coaches. It turns out LP is of the same persuasion which brings some banter into the session as I had planned. LP and CM both chip in their own experiences and examples to the session. Which

		provides gold level discussion from my teaching background point of view! I am more than happy for them to lead and continue these discussions, and I point that out to them when they “return” the session to me.
03.04.2021	DR asks me to help “second mark” the scholars mock BTEC presentations.	This is useful as it allows me some 1:1 time with the players and gives them advice on how they can add to their psychological elements of their work. This crosses into consultancy nicely and gives me good relationships with the players. 2 request 1:1s on the back of this task.
21.5.21	Newcastle Uni get in touch to say they would like me to present at their conference	The session goes well, there are good questions posed which I can answer. I use my experiences at STFC and developing a psychological program to show how I chose to create resilience in players. 
13.06.2021	DR asks me to teach the psychological modules of the SEP program to the scholars.	Excited to bridge the gap between consultancy and teaching. I decided quickly to change the way this is taught, and this can be found in the Teaching Case Study section of this portfolio.
10.07.2021	A new SEND manager comes at The Priory School, and questions why I have been	Immediately allows me to drop my Reading teaching groups and timetables down to 3 slots a week and swaps in

	teaching the Direct Instruction Reading program for the last 2 years and not focusing on student wellbeing given my training and background. I tell her that is a very good question and have been asking the same thing myself since I started!	timetabled slots for each year group for wellbeing check-ins. Finally recognised for doing something worthwhile in my skills. Whilst this could be considered more of a counselling role, I have the schools EWO and Safeguarding Officer to call on if any case needs escalating further and I have set up weekly meetings with them to discuss cases I can help with if waiting lists are an issue for minor cases.
24.11.2021	Offered the Birmingham job and immediately drafted my resignation from formal teaching.	Whilst I have been very grateful and really enjoyed the last 5 months of my work since the new manager came in, I am also very ready to move on from teaching and go into full time psychology work. Nervous to be leaving my comfort zone, both in teaching and this supportive environment, and going into multi sports such as athletics, and hockey where I have never worked but equally excited at the prospect of testing myself.
05.02.2022	I host my first session for athletes delivering pre-performance routines to the rugby squad.	I am weirdly nervous before this session as it is to adult athletes. I deliver the content in a few slides and then make the time a discussion for how they could use the information personally and as a group going forward. Discussions go well and the coach helps, and we come up with a list of 'action-ables' for everyone going forward. Although not what I planned in terms of structure it worked and everyone seems ok with the session.
01.04.2022	I host my first session of athletics delivering pre-performance routines to the endurance squad.	Whilst this session is slightly different to the rugby one, as in it is more structured and aimed at individuals rather than having a team focused, I am still weirdly nervous delivering this session. Whilst I feel I have a good relationship with the head coach by now, I still don't know as many of the athletes as I think would help. I have

		worked with 3-4 of the room, where 28 athletes have turned out. This is probably making me feel the nerves in practice. I also agree that a 5.30 start is probably not ideal for students who have been in lectures all day, therefore this will be brought up when the MDT talks about education formats next year to improve both the current timing and length of traditional education sessions. The session goes OK, 1 or 2 are really struggling to stay engaged.
25.09.2022	Email from TARA Agency about a potential psychology position opening. I inform them I only have 2 non-contracted days available to offer and am not looking for any more than that. I hope this puts them off, however 2 weeks later I receive another email saying the school has covered 3 days a week if I am still able to cover the other 2. I can't really turn this down given the current hikes in living costs so agree. The week I start they tell me they have appointed someone from January so it will only be until a Xmas placement. I have already applied elsewhere for part time posts in the hopes that these can either start in Jan or supersede this place.	I do feel a bit like I have had to take a step backwards in taking a short-term teaching role. Whilst I acknowledge that I can do the teaching "fun" bit, without any of the pressures of exam results, the formal format of teaching and the micro-documenting of every activity to time is dragging as a feeling of returning to rather than running my own work and schedule. I have already looked up half term dates and noticed there is a closed CPD day which I surely won't have to do! 17 days between 10th October and 16th December is ok!
08.08.2022	I got permission to create a Microsoft Teams channel for the Performance Centre at UOB. This is the first time I have taken a lead on a suggestion and followed through. I talk with both my line manager and IT team for help and to set up accounts properly. I feel this is a better way to reach athletes with information	230 Athletes join the Team and content starts going live in October. It is a much simpler way for the practitioners to engage with athletes and get out information at key times of their seasons. There is a general channel with info needed by everyone e.g., the Organisation and Planning video. However individual locked channels are also created for each sport. This means information can be

	than scheduling workshops which are difficult to do with poor coach communication and are not well attended.	targeted for example before the Athletics Endurance squad goes on attitude training camps they can receive videos, infographics, and worksheets relevant to this camp. Feedback from students and coaches has been good so far and practitioners feel it's much more user friendly.
26.01.2023	Attend LJMU all-cohort session including the new 2023 cohort of students. Have agreed to present my Systematic Review process, even though I haven't received feedback for it yet!	I feel the approach I took to this was useful, as I made sure it was brief and basic, as this is what I would have wanted before starting on the SLR process. It was good to hear Dr Wadsworth's approach and process through to publication, but I feel I may have alleviated some concerns in the room that this was not a requirement of the prof doc! I hate presenting to peers, but this was exacerbated at not having received feedback on my SLR at the time, so I didn't know if what I was talking about was any good! I decided to go with it, knowing that approximately it was on the right lines, and as the topic area was a particular area of importance to me. I got some good feedback and questions from the session, and it was nice to be a voice for the lesser experienced cohorts during the day.

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Consultancy Case Study 1

Applying a Psychological Skills Training intervention to reduce incidents of dissent in non-league football players.

Case Background

I began working with Woodland United in March 2019. The football club was in a new stage of development, with a newly appointed manager and assistant in place, who were planning their strategy towards the beginning of the 2019/20 football season. Their idea was to use a young group of ex-academy players to compete in the men's grassroots step 5 league, with the method of quick, energetic football being the main style of play. A scout would be brought in to encourage the addition of a couple of older players with league experience, as well as anyone in youth grassroots who they believed would fit their style.

A key change to the Grassroots FA step 5-9 playing rules for the 19/20 season was that 10-minute sin bins were enforced for dissent, and if this applies to a goalkeeper, they must leave the field for the allotted time but can then only return to play as an outfield player (The FA, 2019). Providing players with psychological support to minimise incidents of squad dissent was identified as a key performance indicator for me to assess, measure and improve (if necessary) as part of my role.

Needs Analysis

I was able to attain the number of incidents of dissent by players in the squad from the previous season. At a squad-level, these data and any emergent patterns would allow squad-wide education sessions to be planned as needed to look at controllable aspects of play and eliminate small acts of

dissent via players becoming more aware of how dissent behaviour can affect a team. This work would form the basis of a squad conduct standard for the new season. In addition, the manager was able to identify two players in the squad who he already knew had high incidence of yellow cards for dissent the previous year. Using pseudonyms for both players, “David” was a left back who was well known throughout the youth leagues for “causing trouble” in the manager’s words; whereas Chris, was “a hot-head centre mid that needs to learn”. This information allowed me to target these individuals for 1:1 work during the season. In the 18/19 season, the current squad had 52 incidents of dissent that generated 4 red cards and 48 yellow cards. Of the red card offences, Chris and John had both received 2 red cards the previous year (both in youth leagues). Of the yellow cards, David had 7 (4 for dissent), and Chris 16 (5 for dissent). This meant that had the new rules been in place over the previous season, then the squad would have lost 90 minutes of playing time from these two players alone.

Case Formulation

As dissent is behavioural, it is something players can control, and therefore the responsibility given to the practitioner in this case was to reduce the likelihood of dissent occurring during the season. The manager requested that some education be put in place for all players in the squad, to bring about behavioural standards, as well as 1:1 work with Chris and David to investigate further their previous experiences of dissent and where we could try and improve their control to not behave in similar ways this season. To this end, it was important for me to understand why the cases of dissent was so high in these players. Dissent is a controllable behaviour, commonly fuelled by frustration, anger or disagreement in sport. Whilst interventions could have taken a prescriptive mental skills direction in reducing the emotional response to whichever stimuli was

presenting itself or redirecting the client's behaviour in a more productive manner, from a holistic perspective I wanted to understand why these emotions might be so present in these players. I felt it was very likely that these emotions are not just experienced frequently on the football field but also in other areas of life. Thus, an approach that was more person-centred, involving some client empowerment, awareness, and collaborative exchanges between practitioner and client was likely to bring about more long-term solutions at a personal level (Cepeda and Davenport, 2006). As Black and McCarthy (2020) suggest, allowing players to gain awareness of their emotions and behaviours means they are more likely to be able to take ownership of those feelings, understand them and alter their perceptions of their own realities in future. Furthermore, as Elliott (2016) reviewed, person-centred approaches have extensively reported positive long-term changes in client behaviour, equivalent to the use of classical CBT approaches in terms of pre-post change effect sizes (Elliott, 2013a).

There are also findings to suggest that person-centred *therapy* is preferable when dealing with interrelation, interpersonal issues or where a traumatic event has occurred (Elliot 2013b). Given the numerous observations I had made of the two players during the preseason training period, and anecdotal evidence and comments from other players and coaches, I understood that Chris had very much experienced issues with anger, frustration and managing relationships for several years. Therefore, it led me to thinking there may well have been a single or series of traumatic events that may have led to this behaviour becoming his default way of coping with conflicts he faces in life. To be effective, person-centred therapy must feel genuine to the client (Mearns, Thorne and McLeod, (2013), as well as being non-judgemental, caring and with an empathic focus from the practitioner (Raskin and Rogers, 2005). Responsibility for driving the direction of

talks should be at the client's control, with the practitioner focusing on future orientations and scenarios for the client, allowing them to explore how exploration now can impact their future and allowing different realities to emerge as the therapy progresses (Raskin and Rogers, 2005; Black and McCarthy, 2020; Capeda and Davenport, 2006; Angus, 2012; Elliott, 2013a). However, while a person-centred *approach* was adopted, person-centred therapy, in a pure Rogerian sense, would have been impractical and not justifiable in this case. Chris was reluctant to fully engage in the therapeutic process, and my relationship with both players were still figuratively new, therefore whilst a good level of trust and empathy had been established the players were still very wary of being too vulnerable at this stage. Therefore, I used an integrated person-centred approach to helping them begin to explore past experiences and how these were likely impacting on current experiences, including the salient cognitions and emotions e.g., frustration and anger and behaviours e.g., dissent, as well as what these may mean for their future. Furthermore, as youth players would be making up the squad, with a target on playing fast, energetic high pressing football, fitness was going to be a big part of pre-season training. A fitness coach was drafted in to help give players tough, aerobic drills during training to help maximise this during the pre-training window. Through discussion with the coaches, it was then suggested that starting some training sessions with the fitness drills would mean players would be fatigued by the time they undertook ball work. This physical and mental stress load would work well as a simulator for later stages of actual gameplay when players had been working hard for a significant time-period and still needed to concentrate. Allowing players to practice passing, shooting, and defending when fatigued had the aim of improving performances over time with eventual transfer into matchday replication during games.

Intervention Planning

Knowing we would target all players in the squad via education meant I could plan a workshop targeting controllable aspects of play to mitigate the behavioural component of performance.

David and Chris would also receive a series of 1:1-person centred based sessions to allow me to further explore the origins of their current dissent behaviours, rather than using a purely prescriptive mental skills approach for emotional management that would only provide a temporary “fix”. The Person-Centred approach would help me to understand more about how frustration and anger during gameplay and dissent as the outcome behaviour for these feelings had become apparent for both players, whether it affected them in other areas of their lives, and ultimately, to change how they internally process emotions into more positive outcomes in future. Whilst self-actualisation wasn't the goal here, as would be the case with traditional person-centred therapy (Rogers, 1951), the client-led principles of understanding impact of previous experience and focusing on the future were embedded into sessions.

Controllables workshop

The interactive workshop allowed players to analyse their current behaviour responses to different emotional provoking game play situations. For example, asking how they had previously responded to not being given a penalty for an injury-causing foul, or being repeatedly fouled in games. Responses included things like, “kicking off”, “head going down”, “fouling back” and “getting booked for chatting back”. The responses were then challenged as to how else they could have dealt with these situations better to cause a more positive outcome on the game, themselves, and their teammates. Players were then asked to lead discussions about characteristic match-play examples of ‘Controllables’ e.g., own thoughts and behaviours, ‘uncontrollables’ e.g., weather

and pitch, and 'influentials' e.g., manager and referee. Socratic questioning techniques, such as "can you give me examples of...", "what benefits would that behaviour likely have..." allowed players to solve issues and think strategically about the consequences and likely outcomes of their suggestions (Carey and Mullin, 2004). Allowing discussions between players as to ways to practically implement / solve these factors rather than being passive participants helped players experience 'Psychology in Action', which can assist players cautious of engaging with psychological intervention (Thelwell, 2008). For example, asking them to answer honestly what the effect of letting your head go down had on themselves, the team, and the game. Dissent was then used as the response for a whole group discussion. Questions were posed as to if something is in their control, what is the effect on themselves, then the team, then the game. The game effects hadn't previously been considered by a lot of the players, but through discussion and questioning they listed four ways that dissent had influence on a potential result; getting wound up and not playing as well as they could, getting booked then having to think about tackles for the rest of the game, potential of the manager taking them off early, the referee being inclined to not give favourable decisions in 50/50 situations. The new rule about leaving the side with 10 men for a period of 10 minutes drove the importance of limiting these specific behaviours, with player agreement established for them to be collectively worked on by the squad. Actions from the workshop included players holding each other more accountable for dissent, and as a coaching group, stating in training that any dissent in small-sided games would mean removal from the session and performing 10 press ups before being allowed back in the session. The key words from the workshop were post in match-day dressing rooms to remind players of the controllable, influential, and uncontrollable factors.

- **Controllables:** Effort, Decisions, Communication, Next Move
- **Influentials:** Referee, Manager's Decisions, Result, Performance
- **Uncontrollables:** Weather, Pitch Conditions, Injury, Crowd, Game Importance

Training for Injury Time

During pre-season, fitness drills were done before ball-work. This imitated the tiredness players feel after 90 minutes, attacking the 'tired legs vs. tired minds' principle and was a feature the manager was keen to exploit during tactical gameplay. From a psychological perspective, players were being physically and psychologically stressed before being asked to perform technical skills. Creating these conditions in training meant players were able to further practice controlling emotions during tired play, which could then transfer to matches more consistently. From the workshop session, players who regularly display dissent described that dissent often occurred when they felt frustrated, sore, or tired, therefore training under emotional pressure e.g., tired conditions, (Baumeister, 1984) helped them to practice this element safely. Frustration was often be attributed to purposeful opposition tactics, such as creating anger or frustration by simulation or off the ball tactics that can't effectively be replicated in training. However, coaches took on this role by making seemingly unfair refereeing calls and targeting certain players for criticism etc as a way of simulating frustration. This continued throughout pre-season and intermittently throughout the season to keep players practiced in terms of keeping emotions in check and verbalisations positive when fatigued or frustrated.

1:1 Intervention with Chris and David

David and Chris were targeted for specific 1-to-1 work by the manager, due their high disciplinary records the previous season. However, in my first meeting with David it quickly became apparent that he was very self-aware of his behaviour and required no facilitative support for any aggressive tendencies. Through our first discussion it was evident that David quite enjoyed the “bad boy” reputation, however prior to this season players had not been liable for paying their own club fines, so there had been no real significance for David in his poor dissent record. This season, however, the club were asking players to pay for each offence. £10 per yellow card, £15 for every yellow card over a total of 5 and £20 for any red card incident. This form of sanctioning intervention was enough for David to engage in behaviour change that meant he choose to not engage in dissent or aggressive behaviour with opposition or referees. As an apprentice in a building firm, he did not have sufficient means to pay up to the costs his previous season’s tally of fines would have amounted to. He instead proposed that he would still use behaviours to antagonise opposition players, but through means of small irritations such as not handing balls back properly or feigning injury, rather than something he could be punished for. In terms of referees, he decided that using over-polite and childish means of communication would be better, so that they understood his point but would allow them to smile; “you silly sausage” became his favourite turn of phrase whenever he didn’t agree with a particular decision. There were no further formal sessions with David because of this initial conversation, however I would check in with reminders and monitor his interactions over the season.

Chris was at first very reluctant to engage in conversation around frustration or personal reflection. He just “lost his head a lot”. I decided not to push too intently on sessions in the first

few months of the season, as I was keen to establish a better rapport with the player first but left the option to talk more at length open. I would check-in before each session with him to see how things were.

Chris's Progress and Buy-In

After a few weeks of chatting with Chris about personal experiences, childhood and current expectations, the question of captaincy arose before a training session. I overheard Chris mention that he'd like to take it on one-day, to which a lot of the other players laughed and commented "only for half a season" or "from the bench when you're suspended". I wasn't sure how Chris would internalise this, but he laughed along with the players. When I next checked in a week or so later before training, I purposely asked him how he felt the captain was doing in terms of getting them working as a group. He was open to talking about this and full of praise for his teammate. I then probed further about future potentials as is fundamental of person centred approaches (Elliott 2013a) by asking if it's something he'd like to aspire to at some-point; he openly agreed but said he "wasn't sure if he'd be any good though". I offered empathy (Rogers, 1951) that it was something we could discuss and that he could learn, and that he could take on some responsibilities this season to gain some confidence to support his future aspirations. This became a useful point of 'buy-in' with Chris, and we chatted weekly about how he could be a voice in training, getting to the warm-up lines first and encouraging other players to maintain effort etc. By me accepting and not judging his thoughts and empathising with them, engendered congruence (Rogers, 1951, Elliott 2013a, Elliott 2013b, Raskin and Rogers, 2005), and allowed Chris to feel safer in our talks. These were small things that he hadn't really noticed before but understood how and why they could be important. Chris clearly got a lot out of this work over the

next few weeks and started to become more vocal on match days in the warm-up about players “switching on”, and “working together” to get results. My relationship with Chris really developed through these interactions; I would pass on when he did positive things which I, or others, noticed to help increase rapport (Raskin and Rogers, 2005). This, in turn gave him more confidence and a clearer identity in the team other than being the “hothead”. Over time these attributes were able to transfer to Chris’s identity as being a proactive player in the squad and something he took pride in doing.

Specific Understanding

In November, three months after the beginning of the season I received a message asking for Chris and me to talk. I realised that incidences of dissent as a footballer was likely a learned response to how he had used aggression as a coping mechanism for difficult situations during his early teens. His father and younger sister had left the family home when he was a pre-teen, with contact only being intermittent with Dad and sister, with whom the player had been very close when in the family home together. After this separation and his sister leaving, life for Chris and his mother was difficult economically, which meant he missed out on certain activities as an early teenager that his friends could go out and do. When Chris was 13, he discovered that his sister had developed clinical mental health issues that he found difficult to understand or support as a teenager himself. He became visibly quiet and put his head down recalling these events. I was calm, measured, and allowed silences to acknowledge reflection and time to think. We ended this session with him telling me how he wanted to learn more about it so he can support her better now as she still has “breakdowns from time to time”, and so I agreed to send him some information on family support services.

In the next session I asked Chris more about his relationship with his dad, who he told me had recently announced is to have a child with his new partner. Chris expressed resentment and anger that his Dad was exceptionally happy about the impending new arrival, but “yet he could never be bothered to ever come and see me play all those years”. This behaviour by Chris’s dad during Chris’ early teenage years seems to have caused feelings of rejection (Harold, 1997), especially considering that this was a time where Chris’ Mum was busy working, so he did not have the same family support on the side-lines that other children may have received (Popenoe, 1996). When Chris was 16, his mum found a new partner, who happened to be his now football coach. From a psychological perspective, it was difficult for Chris to shift his perspective of being the male of the house and to accommodate a new adult ‘father figure’ (Popenoe, 1996; Cooper, Grotevant, and Condon, 1983), especially the coach who was important to him inside and outside the home. This dichotomy of previously knowing his role as a family unit of two, a young man wanting to protect his mum from any harm in a new encounter, and anxiety of his coach making key decisions about his footballing future, meant he became very snappy, irritable, and unsure during any conflicts. He would shout, swear, punch and kick at walls, and shut himself alone in his room after arguments. This persisted for some time, and became his normal way of coping, and how I believe it has entered his normal footballing behaviours. We talked about this but at a very surface level; he was reciting facts rather than wanting to talk in depth about these experiences. I decide to transfer these experiences to his current day behaviours, and we talked about how these experiences could reflect on him being a good leader, and supporter of the squad, after having come through these experiences with a good apprenticeship, decent level footballing career and further ambitions in both. Chris nods when I pose this to him and that he should be proud of himself that he has achieved these things himself, having never spoken about or had

support with any of these feelings before. I assure him that they can be important in changing certain behaviours and that he can use them to give others good advice and guidance in future.

Further on

Chris' coach and Mum did enter a long-term relationship, and he later moved into the family home, and had two children with Chris' Mum in the next 5 years. As mum's new partner was now also his current team coach, there were questions for me around the role and placement Chris saw in this man now. A nurturing fatherhood role was not something he was able to provide for Chris at an early age, as Chris was 16 when his coach's role moved from coach to potential stepfather (Harold et al, 1997). How this had changed now Chris was making the step into adult football I was unsure. However, it was abundantly clear that Chris adores his two young siblings. He is very nurturing around them, playful and caring, always giving them bits of his post-match meal and tickling them. This is behaviour that would be very unexpected of Chris given his aggressive attitudes and behaviours during games and became a clear way of him demonstrating leadership and role modelling in his life. Having been open to discuss these experiences, Chris was not ready to go into more depth about these traumas in terms of how he felt growing up and his experience of match-days without his father. While I reiterate in our conversations the benefit of discussing these situations and their impact further when he feels ready, it is probable that Chris is formulating his traumas into aggressive behaviours on and off the pitch, which with support could reduce over time and help Chris become more prosocial in his approach to the outside world, (Strayer, and Roberts, 1989). Whilst I recognise that formal counselling sessions with another counselling psychologist would benefit Chris, and likely to help him change his perceptions and

negative belief systems (Ellis 1976; Palmer 1999, Dryden and Branch, 2008, Turner, 2016), at this time he was unwilling to engage in this process.

Intervention Work

At this point we integrated a mental skills component to run parallel to the person-centred work. This was to target the performance needs of Chris, in keeping his attention on the correct thing during games rather than letting the emotional responses take over, which were leading to undisciplined behaviours. Whilst it was made clear that the person-centred work would be a long-term solution to this, it was important for Chris to have strategies to help guide behavioural changes on the field. However, I keep a person-centred focus by offering players opportunities to problem-solve themselves rather than being purely prescriptive in my approach. A self-talk script strategy was employed during warm-ups, at half time and during games, where the coaches, me or the physio would remind him of his specific individualised task at regular intervals, and he would tell himself the match objective. These would be things that he had come up with as being important for his game, such as shoulder checking regularly and breaking up play in front of the back four. I would then follow this up post-match by getting Chris to send me his reflections on his performances in these skill areas and talk through any areas for development or improvement the following week. He would send a WhatsApp overview of the game each Sunday, with things like “felt I did ok, made a few silly decisions, should have got back on with the game quicker rather than argue”. We would then converse around how he was going to try again to focus on game aspects such as positioning, scanning and tackles after any incident, rather than engaging with an opposition player, which he agreed to do. We also agreed that I would also use triggers from the side-lines when I felt Chris was getting clouded in his clarity of thinking when trying

this in games, a simple head point meant he knew I was telling him to re-tell himself about his individual target for that game, which helped him refocus. This continuation of offering support and working 1:1 with the player on managing aggressive emotions during games into positive outcomes, had developed my relationship with Chris insurmountably from pre-season, from one of very little trust and contact, to now a highly conducive and trusting one (Sharp and Hodge, 2013). An example of where we worked on this in training is given below. The continuation of reflection for himself, meant that over time he was able to piece together patterns of play and occasions of poor self-control and better prepare himself for them occurring the following week by looking at the triggers. For example, if an opposition player was constantly ‘in his ear’ in the first half, then he took steps to calm his reaction and actively focus on his task rather than focusing attention onto his thoughts and planning retribution. One such example of Chris’s reflections has been described below:

Towards the end of training, in a mini-game, I noticed Chris becoming increasingly frustrated with his performance, starting to boot the ball to the end zone, despite his teammates being open. He was beginning to get more frustrated and swearing to himself. Focus on the task had gone, and his attention was beginning to focus on uncontrollable aspects of performance. At the 30s water break, I gravitated towards him....

Me: “Chris, just a quick question, I know you’re all working very hard tonight, we’ve run you hard, and legs are tired but we’re now in skills. What’s the focus on what you’re doing right now?”

Chris: “Keeping the ball”

Me: "So what are you currently doing?"

Chris: "Booting it everywhere"

Me: "and what is that resulting in on your teammates?"

*Chris: "I'm shouting at them and getting p***** off with myself"*

Me: OK so keep that focus in mind. What could you do better?"

Chris: "Pass it"

Me: "Specifically?"

Chris: "Simple pass into feet".

Me: What then is the likely outcome on the team?

Him: They don't get frustrated and I'm looking at what I'm doing not having a go at them

Me: "OK then off you go, let's make the next 5 passes simple into feet".

This was a deliberate questioning technique taken from educational research on questioning types (Bruner, 2002), as well as Ellis's REBT model (Ellis, 1976; Hannah, 2002; Turner, 2016). As part of my practice approach, I prefer not to impose prescription on clients, but rather to allow players to raise and solve problems themselves, with facilitation from me. I asked Chris to take 2 minutes aside, think about what he was in control of in the session, and then continue the session. I asked Chris about his beliefs of his performance, to which he reported "frustrated from having a bad session", which I considered a positive and healthy emotional response to a one-off poor performance. Manager Steve commented on the player's improved performance during the second phase of this session. The player was more consistent, his team kept the ball better and his frustration decreased, "yeah got better towards the end", showed a development of his calmness.

Continuation

By December Chris had worked out his own strategy for dealing with his anger and frustrations, and that was to deliberately cause to develop them in others. He would overtly feign injury or put down opposition players whenever he could, both on and off the pitch. This almost seemed to become a game to him, and he was able to use elements of the “influencing factors of gameplay” from the workshop in the summer and bring them into game situations. For example, he would smile at any player when he got given a decision he knew he didn’t win fairly, he would thank the referee after every decision given in his favour, and when something did happen that caused him frustration, he would physically turn his back and not engage with the player at cause, which deflected his thinking from them, and wound them up as well. Whilst it could be argued there is a moral and ethical dilemma here in terms of gamesmanship, Vergadueret et al, (2017) noted that for a lot of players, especially males, the ideals of fair play and gamesmanship are deemed OK by teammates when there is no behaviour relating to actual laws of the game. It could therefore be argued that in Chris’s case, his actions are not illegal, but potentially unsporting which would be deemed acceptable by his peers and manager (Vergadueret al, 2017).

Outcome / Effectiveness of Intervention

As a consequence of our brief intervention but largely his own decision-making about future dissent behaviour, David did not receive a single booking during the 19/20 season and was only given one sinbin for dissent. This represented an individual improvement from 16 yellow card bookings the previous season. Although David was followed up with normal chats and messages, as were the rest of the squad, he seldom replied to any of my approaches as, “he didn’t need anything”. As the player had chosen to not pay fines, his behaviour had been modified without

intervention from me. From reading Arnold and Sarkar (2015) in particular, I felt that given the consultancy goal had been achieved, I felt no need to push David further during this time, preferring to keep a positive relationship, albeit more distanced than I would have liked it to have been. This was an important lesson in my practitioner development, as deciding not to intervene with a client is just as important as doing work unnecessarily at times (Arnold and Sarkar, 2015).

Chris maintained a high incidence of bookings, with 8 yellow cards and 2 red cards during the season, however only 2 of these were for dissent and the sin-bin rule was deployed for these as well, rather than anything escalating. Most of these incidents were aggressive reactions towards other players arising from off the ball incidents, where Chris' emotional control of his aggressive feelings were under stress and not well-managed. As discussed previously, the aggression Chris displays is, I feel, largely founded on personal internalisation of previous environmental factors in his early teens. Chris is continuing to receive support for emotional control but is still not willing or able to engage in full re-training of these beliefs at present. Our 1:1 work has continued throughout the 2020/21 season, where I personally sought discussions and self-reflections from Chris after every incident of dissent. By January his self-awareness had improved, and he was able to channel this into his performances in a positive way at times. In one game against local rivals in early February, he was able to use his control well and ended up frustrating opposing players with his seemingly "hurt" or "unequivocal" reactions to their attempts at causing an aggressive reaction in him. Whilst the morality of this has been discussed, this once resulted in two opposing players being sent off, and Woodside winning the game 4-1. Chris's comments to me afterwards were, "(was) that what you meant?", with a beaming smile on his face. This was a demonstration that he could use his emotions more effectively to trigger influential outcomes on

performance whilst maintaining rules of the game (Vergaduer et al 2017). However, I remained very aware this was a very fine line between his being in control of it (and only using it for gamesmanship and gaining self-advantage), versus losing control. In preparation for games where clubs would target him for an aggressive response, we would recall this game, and I would remind him of where the line was and his responsibilities to his teammates and the team's aim for that game. At the end of the 2020/21 season, Chris had reduced his yellow card tally to just 1, with no sin bin incidents of dissent. No other sin bins were issued to the playing squad during the 19/20 season. A total reduction of Chris's dissent behaviour in 2 seasons was credited to his ability to engage in at times difficult self-reflection, honesty, and willingness to alter his patterns.

Chris's Reflections

This year I started by talking to people I know in the league which helped me a lot. I have struggled with the physicality of the league and keeping myself focused, and several times I have been booked because of physical challenges and reacting to players when I shouldn't. At times, this has meant I have been sent off and put the team in danger of losing games. I think I have got better during the season, and I know that I want to become a senior player in the squad and so I have worked a lot off the field about my emotions and understand where I can use my strength and emotions to be better.

(2019/20)

"I've become more responsible this season and changed how I act on the field. Especially as I have only been booked once this season in comparison to 8 or 9 in the first season at [the club]. I'm trying to become a leader of the team even though I'm not the captain".

Practitioner Reflection

During my inaugural season at the football club, forming relationships and trust between players to facilitate intervention buy-in across the squad and individual players showed positive results. Player relationships have developed consistently even with Covid related impacts. During the Covid 19 outbreak 1:1 player check-in was done via phone call or WhatsApp on a 4 weekly basis to monitor their mental wellness. Although it is not ideal from a practitioner's perspective, conversations on this platform are at least encrypted, allowing a level of safety and security from breaches of confidentiality. These messages are only sent from the practitioner's designated client phone, having a separate number to personal phone communications with friends and family, and is password protected. It also allowed me to see when players have accessed communications, and to follow up with information if necessary. As a remote client interaction modality that upholds BPS ethics and professional standards, chat content is retained so that players may refer to them later. Moreover, when chats occur and players are aware that details may be used in write up later, it allows players to see that no conversations have been amended or typed up incorrectly by me, as they are transferred from the phone app directly to an encrypted Google Document. They can freely check these against their own phone's records and mine (if they have deleted conversations themselves) and can sign to say that these are accurate.

Whilst David left the club in the second season, my relationship with Chris remained strong, both in formal interventions and in general interactions. One player was added to the 1:1 management intervention list for the 2020/21 season after witnessing Chris' progress and gaining his feedback.

This provided positive feedback for me as the practitioner as it demonstrated trust and support for the work undertaken throughout the time of this case.

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Case Study 2

Implementing psychological systems to develop professional culture, coaches, and players in a Cat 3 Football Academy.

Background

The aim of this case study is to outline how my personal practice and philosophies were able to shape, create and successfully embed a psychological development plan in a category 3 football academy, who were seeking psychological input for the first time. The importance of psychologists understanding the professional culture in elite football has been well documented over the last 20 years, both through research and in personal case reviews (Nesti 2017; Nesti and Littlewood 2011; Gilbourne and Richardson 2006). On entering my first Cat 3 football academy experience at Sandhurst Town several academic papers had informed my understanding of what to expect a football academy environment to be like, all-be-it based on Premier League Academies. In reading the work of Nesti (2017), Ravizza (2002) and Gilbourne and Richardson (2006), I was prepared to expect distance from players and staff, a lack of initial engagement and overt support for ideas from key stakeholders in the first few weeks. Here, I was entering my first professional role with key stakeholders as a trainee, and as sole psychological practitioner within the club. I was the first Sport Psychology support provider the club had invested in, and some of my initial questions around clarifying my role and responsibilities were met with some vague responses from the Head Coaches. From my reading of the literature, I knew that I would firstly have to establish buy-in with all stakeholders, the multidisciplinary support team, and parents, as well as players, before anything I might subsequently do in my role had even a possibility of being taken on board or considered for implementation (Nesti, 2017). My overarching role was to

support the club in implementing psychological support to players and providing CPD to coaching staff. This would require the integration and implementation of psychology into the mainstream culture of the Academy, and to develop some of the organisational policies and practices of the club. This case study focuses on the first phase of my work, which was to implement psychological systems to bring about professional culture.

Practitioner Alignment

To understand the club's needs and wants around developing new taglines and a psychological development plan I first had to understand the culture and philosophies already held by the club, and more importantly, how these aligned to my own practitioner principles. Nesti (2010), Nesti and Littlewood (2011) and Relvas et al (2010) describe the importance of staff having clear roles, and the positive effects of good communication and consistency between organisational departments in maintaining effective working practices. As a new practitioner, I knew from this research that not establishing clear role expectations from the top early on, would mean I'd have very little impact during my time at the club. Therefore, I decided to take a bottom-up approach, first understanding the culture already in place, what my role would be, and the expectations on me and psychology in general. From there, I then openly discussed developments with the key stakeholders about their thoughts and directions as well as my own, giving more club autonomy to the process of development. Furthermore, as Gardner and Moore (2006) identified, establishing stakeholder buy-in early is key to successfully managing subsequent scenarios of lack of compliance or resistance within a working relationship. Drawing on the work of Tod (2014), and Schinke and McGannon (2015), I sought to establish clear roles and expectations of actions from each meeting held. I asked as many questions as possible during meetings with the Academy

Lead (Steve) and Head Coach (Martin) (both pseudonyms), to fully understand the current club culture and practices and to ensure I brought a self-integrity to my role (Nesti, cited in Schinke and Hackfort, 2017). Also, using an inclusive framework for changing aspects of that culture, alongside the key stakeholders, rather than being prescriptive also helped establish buy-in.

Ensuring that everything implemented had a clear evidence base is a key principle of my work, and the ability to communicate literature to coaches is an important skill to develop when working in non-academic environments. It was positive to learn that Steve also appreciated working in this way. He often referred to literature bases when talking about the running of the academy, regularly sending out academic papers to prime staff discussions. I also highlighted my preference for working in a predominantly cognitive-behavioural framework of support, which was discussed in regular meetings with Steve. He perceives making players think as being a key aim of his future progression of players skills, so there was good alignment between our collective approaches to work with players.

Needs Analysis and Case Formulation

To achieve the need to implement psychological systems to bring about professional culture, the first aim of this task was to redesign the Academy taglines and behaviour standards, with the second being for me to develop a 3-year psychological development plan for the club. In terms of method, I took a bottom-up approach to capturing an overall picture of the club as it stood, and which values were considered important to the players, parents, and staff before beginning. This would mean any further plans or programmes I wrote would be in alignment with the founding principles and values of the organisation (Cernea, 1992). This preliminary process involved engaging staff, players, and coaches to collate evidence that enabled me to better understand the

current culture at the club, which I would later use to form a psychological development plan to be embedded by coaches and staff. Hernandez (2002) identified that this bottom-up approach is key in ensuring any programme or intervention addresses its goals, and that it doesn't end up missing key areas of required development (Jacobs et al., 2015). As part of the work would be delivering CPD for coaches and staff, it made sense to facilitate this in my approach. Moreover, as the academy development tagline was a means of creating a new strong brand identity Hernandez (2002) that would help recruitment, Hudson et al (2016) noted the importance of the taglines and standards being authentic and genuinely embedded factors of daily working practices, rather than being a token or top-down marketing strategy provided to everyone without their input.

Intervention Design and Planning

Phase 1: Tagline Formation:

The first aim was to develop and agree new tag lines and standards for the players and staff to live by. Formally, the three words used on all Academy communications, education and social media were: "Excellence, Professionalism, Standards". However, when I probed them Steve and Martin were unclear as to what these meant and looked like in practice. From a psychology perspective, the key consideration for me was to ensure the new taglines had a clear purpose and meaning, so that all players, staff, and parents were able to understand the taglines, the behavioural expectations around them, and be able to 'buy-in' and operationalize them in practice (Hernandez, 2002).

To begin the intervention planning, a survey on professional standards, values, and behaviours was sent out to all players, coaches, and parents at the beginning of June 2020 via Mentimeter (mentimeter.com 2020). 39 player responses, 27 parent and 22 coach responses were then collated by me, and the data grouped into most popular themes in each category. Repeated words and phrases were extracted from the survey returns and collated to generate the most common and relevant themes (see Appendix 1). These were taken into a meeting with Steve and Martin to generate a framework representing the expected standards for players to uphold. These meetings took place across a three-week period, firstly with the three of us as a core group, then with the additional input of lead phase coaches, and finally with academy staff. This facilitated whole staff input into the peer review and feedback process to ensure buy-in and agreement of the final tagline iteration, before unveiling it as policy to players and parents.

The new taglines agreed were “Standards - Excellence - Achievement”. Standards were defined as the minimum expectations placed on players, staff, and parents in daily academy life e.g., being polite, turning up on time and admitting when we make mistakes. Excellence was defined as agreement to the standards becoming the code of conduct to which all players and staff would attempt to demonstrate consistently and authentically throughout all academy and non-academy-based activities. Achievement became the tagline to demonstrate the goal of our staff and players, recognizing all achievements players make, both in terms of daily progression and in the longer term for themselves as players and as human beings.

Phase 2: Academy Development Plan

As Steve had been in post for 12 months, I was able to access his development plan around coaching styles, strength and conditioning and match-day analysis. I used this plan as a guide in

formulating my rationale and approach to providing a psychological support framework for the academy. Through multiple meetings, Steve was keen to map out his vision for Psychology, and what he wanted to achieve. From the taglines phase, the skills players identified as most required to be successful in the football academy were all evidential factors of Resilience. The task was therefore to create a psychological development programme based on areas of resilience that could be taught, practiced, and improved over a player's time at the academy. These areas or "pillars" of the programme needed to be empirically sound, as well as adapted for clarity and use by all staff coaches and players within the club. My previous experience and research have centred around classic frameworks such as the 5Cs coaching philosophy as detailed by Harwood (2008). Whilst originally designed for coaches use, the underlying skills they are promoting in players can be considered resilience-based e.g., confidence, commitment, and control are useful factors in overcoming errors or poor performance. Moreover, these are all sub-factors in Psychological Characteristics of Developing Excellence (PCDE) (McNamara, 2011), where there is also a focus on self-awareness and emotional regulation, which was important to consider with teenage populations. This was further considered after findings of Harwood, Barker, and Anderson (2015) found psychosocial improvements in participants after an intervention plan based on these same components. Steptoe, King, and Harwood (2019) also recommended that players use their support network in developing these principles, which would further allow improvements in these skills areas to develop.

In discussions with Steve, it was felt that "confidence" would be the first pillar we adopted, which could be practically embedded into every session by coaches and individualised to each player. Self-Awareness was the second pillar we established from these studies and our tagline framework. As a key factor in Gagne's (2009) model of talent development, self-awareness is also

a core value of PCDEs (Mills, 2006), and the club felt this was a specific factor that would be useful in the club's ambition to promote autonomy and accountability of players. "Commitment", (Harwood, 2005; Mills, 2012) was considered in discussions to be too vague as a term. For example, this could relate to physical commitment of players to adhere to academy times and training schedules, which, if so, was already considered a behavioural standard non-negotiable of the club and therefore not something to be developed in helping develop better players through the plan. Gagne's (2009) model of talent development included a Goal-Management section of Volition that included 'autonomy' and 'effort' as the definitive explanations of volition, which I felt better defined the club's understanding of commitment. Steve felt that players making full efforts to achieve goals and hold some autonomy over their goal setting would be a good way to encapsulate commitment overall. Therefore, "goal setting" was used as our third pillar. Control was a similarly debated word. Mills (2006) used focus control as a definitive term and coping with pressure as a secondary PCDE term. Synonyms of control in Gagne's (2009) model would come under the Traits section where temperament is housed. Combining all of these into discussion it was felt that "Emotional Control" was a reliable term that could be developed via the psychological development plan and was clear enough for players and coaches to define. Linked to this pillar of emotional control was the need for this control to be positive, such that players would express positivity in their own communication and body language but that this should also be the case for teams and the club. Whilst communication is itself a factor (Harwood, 2005) it doesn't feature in the PDCE's, which was agreed in this case as we felt good communication would be an underpinning factor in all elements of the development plan and so didn't need to be a pillar. Similarly, coachability is a factor in Harwoods 5Cs approach (2005) but as this plan was for use with younger athletes and non-psychologically informed coaches, we felt reframing both

factors into “positive actions” would be more beneficial. I then refined this further based on the cognitive-behavioural principle that thoughts are the starting place for behaviours, and so the pillar was changed to “positive thinking”. The last pillar to be inducted into the plan was “Problem Solving”. This came from the Development section of Gagne’s model (2009) under “activities and progress”. For a plan to be developmental, it needs to show progress and increased challenge over time. Therefore, if we could create an environment that stimulated challenge in a safe and progressive manner, then over time players could be challenged to become better problem solvers and in turn more autonomous. This aligned to the club’s mission to develop adults who can cope with the demands of life in adulthood. Moreover, the PCDE’s include “coping with pressure”, and it was felt this pressure should be controlled and graduated throughout academy experience over time and maturation. For example, with the FDP players this could be introducing time pressures for the completion of a certain number of passes, whilst for the PDP it could be experiencing on-pitch interviews after practice games. By following the process of building a resilience programme guided by empirical research and models, in addition to aligning it to the club’s values and principles, we felt we had a robust justification of a programme that would successfully develop resilience in players.

After research factors and club discussions were concluded, the academy development plan centred around six “pillars” of resilience and PCDE’s; that were deemed measurable and actionable for both players and coaches: 1) confidence, 2) goal setting, 3) self-awareness, 4) positive mindset, 5) emotional control and 6) problem solving. These were considered the underpinning factors central to developing and maintaining resilience within the club, without connotations of being “gimmicky” and ambiguous for players and parents; the phrase “mental

toughness” had been commonly interpreted as jargon and is open to different interpretations (Gagne, 2009; Jones and Lavalley, 2019). As this was the first time the club had engaged with psychology, it was important that the terminology used for the resilience pillars, while having a psychological basis, were clear and transparent to all the staff, players, and parents. To ensure this was the case, I presented them firstly to Steve and Martin and took on their feedback. Next, the Phase lead coaches were asked for comment. At this point the term “positive mindset”, was questioned, and was subsequently changed to “positive thinking” for clarity. They were then presented to all coaching staff, for final feedback before being delivered to parents and players as the new taglines and policy.

The Psychological Development Plan

The first part of the development plan was to train resilience in the players through the coaches. This phase was designed to take 12-18 months to embed and develop consistency. The second part, from 28 months - 2 years would be to the design pressure training to test the resilience skills built up. A third aspect of the plan was to give every player individualised psychological support. This remainder of this case study will outline part one and three of the plan, as they were actioned in the initial phase of my work at the club.

Player Resilience Training through the Coaches

On completion of a draft proposal and acceptance by Steve, the resilience development plan was firstly taught to coaches, whereby they could expand their psychological knowledge of resilience and discuss ways to implement the resilience pillars within their coaching sessions with players. By giving coaches the opportunity to reflect and present back on how they might individually

action these skills within their training models, it allowed them autonomy, which helped gain buy-in. Moreover, I asked if anyone wanted to share examples of where they may already be employing these skills to share best practice and build confidence, which also helped gain buy-in from coaches. At all times, because key stakeholders had been involved from the beginning, their active support in this forum also helped to gain support for the model. After the taught section was agreed by coaching staff, it was decided to allow 6-8 months to get this phase of the plan operating to a level where coaches felt confident in their delivery and practice of embedding resilience principles into training sessions, such that players would fully understand the skills they are attempting to develop. My role was to support this implementation on the pitch, observing coaches teach the resilience skills, and reminding players where needed.

Individualised Player Psychological Support

Secondly, to ensure maximum impact on player psychological development, I sought to acquire data on each player to create individualised player psychometric profiles to target the goal-setting pillar. By gathering data on players, we identified personal strengths and weaknesses that would be delivered as part of every player's Individualised Development Plans. These goals were reviewed every six weeks, alongside the player's technical and tactical targets. Prior to my arrival the club had sought contact with a different psychologist who had suggested the club send out the Youth version of the 8 item Grit Scale (Duckworth and Quinn, 2009), which was sent out to all (U16) FDP and YDP players, while the U18s completed the adult Big 5 scale (John, Donahue and Kentle, 1991), the 12 item grit scale (Duckworth et al, 2007), and additionally, the Emotional Intelligence scale (Beckett and Salovey, 2006). It had been considered inappropriate to ask players under the age of 16 to complete the emotional intelligence scale due to lower emotional

maturity and limited self-awareness skills. The club were keen to use this data when they created player profiles as a way of tracking development. I helped formulate these individualised psychological IDPs for every player, using only relevant data collected to inform the psychological development target for their first 6 weeks. For example, if players had scored very low on communication, then “increase communication opportunities during training and matches” may be their goal. As another example, if players scored low on grit and high on neuroticism, then “continue focus on the team target when having made an error in game play” may be a different goal. In this way the data was only being used for guiding principles and not as measures of player development. Before being added to Player IDPs, I sat with each phase lead coach for their input and feedback on each player's goal to allow any amendments to be made. Every IDP target set was maintained and considered appropriate for each player based on this approach.

Intervention Delivery

The Development Plan Framework in Practice

The pillars of confidence, goal setting, problem solving, and self-awareness were to be embedded by coaches during training sessions and informed coaching practice. Confidence could, for example, be demonstrated by coaches breaking down skills, building on skills gradually and using praise and challenge for players. The focus of the coach education sessions was for this to now become a consistent, conscious, and deliberate consideration within coach planning, rather than being a by-product of ‘normal coaching practice’. This shift to confidence being deliberately targeted and cited by coaches in training allowed the players to be clear as to when they felt they were being coached to develop their confidence. The same was true for problem solving, whereby coaches would deliberately plan problem scenarios into training drills and ask players for

potential solutions. Allowing discussions in training ensured that players develop critical thinking skills rather than being passive to the coaching experience. Additionally, the academy had started to use a questioning framework during sessions, where coaches would ask players questions about, for example, why a skill was important, what muscles they were working or why it was being trained in a certain way. Direct questions allowed coaches to engage all players and ensure they are thinking about the question posed, as any of them could be called upon to answer. To aid coaches in their effective questioning, I provided a list of Blooms Taxonomy (1956) question starters to aid problem solving skills and positive thinking e.g., “where could this be useful in a game situation”, and “what else could you have done (in this scenario)” to help coaches demonstrate higher order thinking in players. These question stems were to be added to coaching files for use pitch side as reminders. Self-awareness was targeted through weekly player feedback surveys. Having reviewed the current survey questions adopted by the club, an example of which being, “on a scale of 1-10 how hard did you work this week”, Steve and I revised them to be more open and player focused, and asked for specific examples e.g., “give an example of where you demonstrated hard work this week”. This move to more open questions rather than rating scales was seen as giving more detailed feedback to coaches and allowed players to access deeper level thinking than had been done previously. The same question formatting was applied to all age groups’ match-day and player review survey scripts during this phase.

The Positive Thinking pillar was not targeted in the initial phase. As a new concept introduced to coaches, it was addressed in the second formal CPD session around the turn of the year. This focused on helping players repeat self-talk phrases during training sessions when, for example, confidence was low, or they were becoming frustrated at progress. As a newer psychological

concept for the club, this was a more challenging pillar to gain buy-in, and the Covid pandemic meant coaches had very little time to develop the practical skills introduced in the summer CPD. This was noted as something that would need ongoing support from me with both players and coaches to familiarise them with the development processes central to this pillar.

Emotional control was to be targeted through the Player Care programme through specific delivery of educational session content by me. This would be tailored to the education and development of emotional awareness, emotional understanding, and emotional control. Moreover, 1:1 sessions were to be held when players self-referred cases of lack of control to me or where this skill was highlighted on a player's IDP review. In this case, a safeguarding log was opened by the Lead Phase coach with an action for me to follow up with the player. Whilst not directly a safeguarding concern in most cases, this allows the central recording of psychological concerns that could impact a player's academy progression or exit. In alignment with the BPS code of Conduct, I was mindful not to disclose confidential particulars of any follow up 1:1s on the platform, but to simply document an action note that a follow up had occurred with the player.

Intervention Evaluation

Consultants Review

Psychology, as a study of human emotion and behaviour, relies on observations made, and as such forming positive working relations is critical to working successfully in the field. As Tod Hutter and Eubank (2017) note, this helps practitioners develop their processes of decision making within interventions and allows them to reflect on how they can shape environments to best meet

the needs of their clients (Tod, Hutter and Eubank, 2017; Wadsworth et al, 2021). I spent a total of 20 days on site at Redwood Academy (pseudonym) due to Covid 19 restrictions. To have implemented a full psychology framework into coaching practice, planned and delivered twelve resilience focused workshops, as well as work 1:1 with several players, I consider it to be a successful period of work. The process of coaches employing the system, and engaging players in sessions was helped by coach’s use of question stems that I created (see Figure 1 below). This allowed coaches to keep track of resilience building in sessions.

1 Knowledge (Recall Info)	How do you _____? What is the _____? When do we _____? Describe the perfect _____? What did we work in last week?
2 Comprehension (Understand Info)	Re-tell me what __ just said? Why is __'s way better than ___? What do we focus on when we ___? What else do we need to think about when we ___?
3 Application	Where else could you use this skill? Give me a demonstration of good _____? Where would this be important in a game?
4 Analysis	What were the good things about that play/skill/drill? What was good in what you did in the skill demonstration? How does what you did compare to _____ model?
5 Synthesis (Whole Picture)	What would you predict would happen when/if _____? <u>Reorganise</u> yourselves so that you are set up to _____? How else could you do _____ to bring about the same result? What solutions can you suggest for _____?
6 Evaluation (Independence)	What feedback would you give here? Do you agree that that is a good idea? (Why/Why not) What's your opinion on how you did today? What are you going to <u>prioritise</u> in terms of your focus?

Figure 1: Question Stems coaches reported as useful in building resilience autonomy with players.

Moreover, getting good feedback from coaches and key stakeholders as to the development of psychology within the club allowed players to increase their resilience skills. This was measured through observing coaches and documenting their use of the skills taught, with further one-to one conversations with me about areas it could further develop (as shown in Figure 2 - coach’s names have been redacted for confidentiality purposes). Coaches reported this was a useful exercise and that doing it with the psychologist rather than the Head of Coaching made it feel like a psychological area of work they were improving in their coaching rather than a reflection on their coaching style against FA measures.

██████	Questioning good, tends to stop/start sessions
██████	Questioning good - U11s doc sent to RW. More peer feedback would be good
██████	Inc use of challenge U11s doc sent to RW. More peer feedback would be good
██████	Good adaptations, good use of praise for confidence. More peer feedback would be good
██████	Confused the sessions at times, <u>banterous</u> with players, newly released player targeted as central “banter” - frustrated the player at times
██████	Great energy and challenge. Good use of praise. Communication could be targeted a little more intensely at times
██████	Clear progressions for challenge, more links to game play would be good to encourage higher level problem solving

Figure 2: My observations of coach’s implementation of resilience skills and questioning.

The commitment to forming relationships with players and staff through online means, numerous phone calls, and making workshops interactive and engaging for players were key factors that contributed to making the implementation successful. Attendance at the workshops was over 90% in all age groups and 98% at coach CPD events.

This is in no small part also the product of holding the full backing of the Academy Manager and key stakeholders. I believe the initial work detailing players, staff and parents identified the practitioner's personal working philosophies and professional conduct, and after this initial period, key staff were happy for me to work independently in planning events and activities for both staff and players. Initiative was considered a useful and productive way to work, especially given the various inconsistencies of player contact due to covid, as well as unforeseen and unprecedented first team requirements on academy staff. Stakeholders were happy for me to make suggestions, write policies to be reviewed, and create workshop sessions, rather than waiting for me to receive instructions based on their needs. Continued contact with Phase Leads, Head of Education and Safeguarding, drove all events and activities undertaken by the consultant in this case.

Head Coach Feedback

"Firstly, we just wanted to thank you for the work you have done supporting the Academy and players / staff over the past 12 months which have been a particular challenge for all of us"

Head of Coaching via email

"Hey Sue (staff member) sent me the program from today, looks great, had lots of great feedback from parents, keep up the good work, well done!"

Academy Director via WhatsApp

Player Feedback

Players were given the opportunity to give their thoughts around the programme at the end of the season. Using an open Google form, they were asked to give any comments they felt were helpful to staff in reflecting on the year.

“Thank you for the support you gave me previously (in the season), it meant a lot and it really helped me kick on”

U18 Goalkeeper, before making first team debut

“I’m doing much better now, feeling more composed and keeping the ball more, seeing progress!”

U18s player after critical moment intervention

Parent Feedback

“Thank you for this (1:1), as the first time ever going through a major anxiety and confidence issue, we really had no clue what to do, so just having this conversation as a start is really useful for us to feel like we don’t have to do this alone.”

U16 parent on Resilience

Conclusions

The qualitative feedback showed that the player development plan showed an increase in player ability to use the resilience skills in practice. Players were able to reflect on these and set themselves future targets for work in future seasons. Evidenced in the stakeholder feedback, the plan and intervention work were well received by players, staff, and parents across the season.

The second phase of development, using pressure training to assess resilience with commence within the original specified timespan. The taglines have been adopted across the board, and staff, players and parents are often asked for their meaning and behaviour policy standards that they represent. They are used on the front of all academy presentations, both internal and external, are printed on the website and in official academy documentation sent to external agencies and trialists.

This case highlights the importance of psychologists being able to influence and direct organisational culture and working practices. Wadsworth et al (2021) identified that often early career practitioners are unable to successfully navigate cultural processes in practice due to feeling their need to prove their worth to an environment rather than seeing themselves as being integral to it (Howells, 2017). I believe my previous exposure to footballing environments and academic literature meant I was at an advantage in this case. As Mellalieu (2017), Gilbourne and Richardson, (2006), and Nesti (2014) identify, such experiential knowledge is vital for football culture integration, particularly since I was unable to embed into the daily culture at the beginning of the work due to covid restrictions. Therefore, I felt that my specific knowledge of where psychology could directly advance a footballing organisation helped create buy-in and confidence in me from key stakeholders. As Sharp, Hodge, and Danish (2015) identified, relationship building within this knowledge is a key determinant of psychological buy-in. I was able to hold specific, meaningful, and timely interactions with the academy manager and head coach early on, providing clear ideas on the direction I felt was beneficial, with justification and relevance to their specific environment. The fact that both stakeholders already had a good appreciation for psychology, combined with my cultural awareness and relationship building skills helped to make

this consultancy work. Without the backing and full support of these individuals, in allowing psychologists to work at organisational level, it would be very difficult for psychologists to work to their best effect. Relationships need to be built and maintained for trust to develop with staff and players (Sharp, Hodge and Danish, 2015), so by bringing me into culture, planning, and organisational meetings from the beginning, these key stakeholders allowed me opportunities to make suggestions that were timely, justifiable and culturally aware, which in turn allowed me to quickly establish relationships club-wide rather than individually with certain stakeholders in the organisation (Zakrajsek et al, 2013) This meant that by the time I got to 1:1s with players, staff were aware of the impact I had already had within the environment, and were happy to support and encourage this work.

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Figure 2: The selection bars to show how each group rated the current academy beliefs

Standards		
Players	Coaches	Parents
Follow Instructions	Punctual	Listening
Listen	Trustworthiness	Be courteous to staff and teammates
Be Polite	Fairness	100% Effort
Set a good example	Bravery	Respect each other
Display sportsmanship	Humility	Arrive on time
Be on Time	Resilience	Clean kit
Be prepared	Gratefulness	
Admit when you're wrong	Humor	
Be helpful	Courage	

Figure 3: The most common words/phrases from each group identifying behaviours they wanted to see as part of an academy play

Appendix 2 Player end of season review questions and responses

Are there any area of your game you think you can now control in a more positive way?

<p>Find productive ways to cope with stress. 12:19 PM, 12 February 2021 By Ben Smith</p>	<p>Maybe if I make a mistake in a game I won't think about that mistake for the rest of the game I might tell myself to concentrate and move on. 5:13 PM, 12 February 2021 By Rita Rhodes</p>	<p>Show I'm happy , talk up more 1:11 PM, 12 February 2021 By Ollie Edwards</p>	<p>after a mistake like Walsall it was in the back of my mind for a bit as it happen twice so it think that goal did stay in my head and did put a negative mind set on me but i have learnt from that match and can control that better than i did 2:05 PM, 12 February 2021 By Elliott Jones</p>
<p>get more involved in conversations 11:19 AM, 12 February 2021 By Steve Cairns</p>	<p>More self talk 11:59 AM, 12 February 2021 By Dylan Johnson</p>	<p>Talk to myself in the game 8:23 PM, 11 February 2021 By Isaac Stanley</p>	<p>Bouncing back after making a mistake 11:19 AM, 12 February 2021 By Steve Cairns</p>
<p>Give myself 5 seconds to calm down and reset then go again 3:50 PM, 13 February 2021 By Shell Fisher</p>	<p>Rethink what has happened 3:25 PM, 12 February 2021 By Harry</p>	<p>to try and not take so long to get back into the zone after a goal or mistake as it takes me about 5-10 minutes to get my mindset right, when the ball comes back to me after a mistake i can blank the mistake when i need to be in action but when the ball is back up the other side of the pitch i will think about the mistake and how i could of sorted it. I am going to use this time in lockdown to work on my mindset as its a big part of my game. I've already been looking at ways to help me, maybe a chat with Sue could be an option? 10:05 PM, 12 February 2021 By Elliott Jones</p>	<p>Communicate with you defenders and coaches 3:47 PM, 12 February 2021 By Zac Prior</p>
<p>Going forward when I make mistakes I'm going to try to not think about and take deep breaths in-line to reset myself. 2:59 PM, 12 February 2021 By Alfie</p>	<p>Self talk, to get yourself motivated and ready to carry on 10:36 AM, 12 February 2021 By Toby Maccabe</p>	<p>When something goes wrong in a game and needs a trigger like counting or breathing and then you forget about it and move on. 2:27 PM, 12 February 2021 By Zac Powell</p>	<p>Frustration management which is one of my ilps 12:19 PM, 12 February 2021 By Ben Smith</p>
<p>If something has gone wrong in a game we can use one of the methods to reset ourself and go again and show resilience 9:58 AM, 12 February 2021 By Henry Briscoe</p>	<p>I feel I can control myself quite well on the pitch as I always try to stay positive when I make mistakes. 2:59 PM, 12 February 2021 By Alfie</p>	<p>If I give the ball away. I need to just forget about it. 11:59 AM, 12 February 2021 By Dylan Johnson</p>	<p>helping out my teammates if they have made a bad decision or mistake 10:36 AM, 12 February 2021 By Toby Maccabe</p>
<p>I'm going to talk to myself more on the pitch 3:12 PM, 12 February 2021 By G cross</p>	<p>If someone does a mistake I encourage them , be in a better position to receive the ball so it's easier for me 1:11 PM, 12 February 2021 By Ollie Edwards</p>	<p>When I misplace a pass and they score from it I feel like I have to work even harder and perform better to make up for my mistake. 12:27 PM, 12 February 2021 By Zac Powell</p>	<p>Maybe if one of my teammates make a mistake instead of arguing with them I could be positive and tell them what they did was good but maybe next time they could do something else. 5:13 PM, 12 February 2021 By Rita Rhodes</p>
<p>I will control my emotions more easy 3:47 PM, 12 February 2021 By Zac Prior</p>	<p>When I lose the ball and have a go at myself 8:23 PM, 11 February 2021 By Isaac Stanley</p>	<p>Mood 3:25 PM, 12 February 2021 By Harry</p>	<p>Mood 3:25 PM, 12 February 2021 By Harry</p>

Do you think you have a more positive influence on your teammates?

I believe I can be a positive influence on my team as I'm a positive player. For example I like to encourage players when I can and when I get the ball I love to go forward and I feel that could influence other players to also go forward as well.

2:59 PM, 12 February 2021
By Alfie

I can be but not enough, this season I think me and Zak have supported each other and boosted each other's confidence and helped each other if we make mistakes

8:23 PM, 11 February 2021
By Isaac Stanley

I feel I am a positive influence however I could be more of an influence in games if I communicated more and encouraged my teammates

9:58 AM, 12 February 2021
By Henry Briscoe

I feel like I am a positive influence to others because I wouldn't have a go at anybody I would try and sort it out calmly

12:27 PM, 12 February 2021
By Zac Powell

I think I am. if I make a mistake on the pitch you won't hear me/ see any body language that is negative.

10:36 AM, 12 February 2021

11:41

I think I could be more of a positive influence on my teammates by talking to them about what they could do better after they make a mistake and I think I am a positive influence on the referee because I don't normally argue with them.

5:13 PM, 12 February 2021
By Rita Rhodes

I think I try to be respectful at all times to staff and referees and encourage players but criticise when needed

12:19 PM, 12 February 2021
By Ben Smith

sometimes but it can be a lot more

3:12 PM, 12 February 2021
By G cross

Sometimes but I think I can change that after the zoom we had

1:11 PM, 12 February 2021
By Ollie Edwards

Sometimes, I do moan a lot but not that much as time has gone on

3:25 PM, 12 February 2021
By Harry

Team mates very much but referees maybe I can be more positive.

11:59 AM, 12 February 2021

11:41

Team mates very much but referees maybe I can be more positive.

11:59 AM, 12 February 2021
By Dylan Johnson

Yea I'd say so if my teammates make a bad pass I give them encouragement and tell them to keep going and I don't argue with the ref

3:50 PM, 13 February 2021
By Shell Fisher

Yes because I'm positive around my team mates and coaches

3:47 PM, 12 February 2021
By Zac Prior

yes because of my commutation- i will always try and give them credit when they make a good pass or good composer but if a mistake is made to give constructive criticisms.

2:05 PM, 12 February 2021
By Elliott Jones

yes, before a game I try and motivate some of my team mates, I often try and make a team mate feel better during a game if they have made a mistake by saying don't worry or keep going. I never really speak to the ref .

11:19 AM, 12 February 2021
By Steve Calms

11:41

What are your main takeaways from this season on controlling and influencing behaviours?

I think the difference between what we can control and what we can influence was a really interesting point as what you think maybe you could control actually can turn out your influencing instead

9:58 AM, 12 February 2021

By Henry Briscoe

My main takeaway from the presentation was to always stay positive when mistakes are made and encourage other players when they mistakes as well.

2:59 PM, 12 February 2021

By Alfie

My main takeaway was about trying to influence the referee to maybe be on your side. Also the way people have different ways to reset themselves.

12:27 PM, 12 February 2021

By Zac Powell

my main takeaway was how to get over the mistake you have done quickly and deal with it as quick as you can to get on with the game

3:12 PM, 12 February 2021

By G cross

My main takeaway was probably how to deal with something after you made a mistake like not beating yourself up about it and doing tricks like counting to three and then going again. 11:41

Self talk how I can influence others. Focus on me and the things I can do to make a good performance.

11:59 AM, 12 February 2021

By Dylan Johnson

that everyone experiences the same type of bad feelings and pressure after they make a mistake, and it's not just me.

11:19 AM, 12 February 2021

By Steve Cairns

That I can rely on my teammate for giving positive feed back handling my emotions

3:47 PM, 12 February 2021

By Zac Prior

That one thing I do could effect the whole team and how they play the game because if I have a bad game as a striker then shout at someone they'll get angry with me then we might fall out then the team does

3:50 PM, 13 February 2021

By Shell Fisher

the main takeaway was about to forget about the last mistake and carry on witch lead to a discussion after wards with my mom about the way sue was saying about how to deal with it and how i was dealing with it.

2:05 PM, 12 February 2021

By Elliott Jones

11:41

discussion after wards with my mom about the way sue was saying about how to deal with it and how i was dealing with it.

2:05 PM, 12 February 2021

By Elliott Jones

to always move on and forget about mistakes as quickly as possible. you don't want to be thinking about a mistake for a long time as it could affect you negativly and could make it happen again

10:36 AM, 12 February 2021

By Toby Maccabe

To be respectful and know what influence u have on others.

12:19 PM, 12 February 2021

By Ben Smith

To control myself when I lose the ball/ do soemthing wrong and speak to myself

8:23 PM, 11 February 2021

By Isaac Stanley

Treat others the way you want to get treated (don't moan to others if I don't want that to happen to me)

1:11 PM, 12 February 2021

By Ollie Edwards

Who it is most important to influence

3:25 PM, 12 February 2021

By Harry

11:41

What are you going to do next to further develop?

Always show coaches I'm listening , enjoying everything they say , make sure I'm positive to all my teammates

1:11 PM, 12 February 2021

By Ollie Edwards

during games aswell as quietly saying to people don't worry/ keep going, I can be more of a leader and be louder so more people hear me

11:19 AM, 12 February 2021

By Steve Cairns

Encourage others more

3:25 PM, 12 February 2021

By Harry

Focus more on being optimistic rather than pessimistic and when something goes wrong have the reaction to not scare away but to get the ball back and forget what happened and get on with it

9:58 AM, 12 February 2021

By Henry Briscoe

I am going to try and learn about each player to see if they need to be alone or they need someone to help them out when they are going through a tough time on the pitch.

12:27 PM, 12 February 2021

11:41

I could think before I say something to my teammates after they have made a mistake or something because there going to be annoyed at themselves so instead of arguing with them i could be more helpful and positive and tell them that they did good.

5:13 PM, 12 February 2021

By Rita Rhodes

if someone makes a mistake, tell them its alright and to move on

Once its done its done, you cannot change it

10:36 AM, 12 February 2021

By Toby Maccabe

i'm going to encourage more

3:12 PM, 12 February 2021

By G cross

I will try my hardest to always encourage players when they're not doing so well and I will also try to influence other with my body language as I think that is a big factor as well.

2:59 PM, 12 February 2021

By Alfie

Keep encouraging them give them advice on how to let go of things when they need to don't carry anything on

3:50 PM, 13 February 2021

By Shell Fisher

I will try my hardest to always encourage players when they're not doing so well and I will also try to influence other with my body language as I think that is a big factor as well.

2:59 PM, 12 February 2021

By Alfie

Keep encouraging them give them advice on how to let go of things when they need to don't carry anything on

3:50 PM, 13 February 2021

By Shell Fisher

Speak more and communicate with them and help them

8:23 PM, 11 February 2021

By Isaac Stanley

Speak more to them. In a more positive constructive way

11:59 AM, 12 February 2021

By Dylan Johnson

Think before I speak.

12:19 PM, 12 February 2021

By Ben Smith

to try and see how other players get over mistakes and how the team or i can help them to get over that mistake and to do it as a team.

2:05 PM, 12 February 2021

By Elliott Jones

11:41

Consultancy Case Study 3

Using an REBT approach to alleviate extreme pre-competition somatic anxiety symptoms

in an U11 Category 3 Academy football player.

Background information

I became aware of John in pre-season, when players were asked to submit Big5 Personality profile data (John and Srivastava, 1999) and Grit Scores (Duckworth and Yeager, 2015) for the upcoming season. This was to gain baseline information about all players' super strengths, emotional control, confidence, and their perspective on perceived challenges, for me to then create a club-wide practical development plan for the season (see case study 1). This information was collated, and along with coaches' personal player observations, were formulated into Player Profiles (see John's profile in Figure 1 below). These were then shared with Lead Phase Coaches, and from these discussions each player was given an Individual Development Point (IDP) for the psychological 'corner' of the Football Association (FA) development model. The IDPs comprise one target from each of the FAs 4 corners (physical, technical, tactical, and psychological) and are reviewed by head coaches, with players, every 6 weeks. It is important to note that players were consulted on their Player Profiles when given their first IDPs for the season, where they were able to tell me and their coaches what kind of things help them improve e.g., praise, being questioned, being challenged etc. This was important as it firstly gives players a voice in their own development, and furthermore binds an agreement of all parties for how IDPs would be actioned for improvement over the 6 weeks. For example, John, knew that praise and encouragement were things that helped him improve, however he also understood that he needs reminders about what his focus should be when there is lots going on in training sessions.

By writing these into John’s Profile, his coaches could use these tactics during training to provide specific targeted support for John’s development.

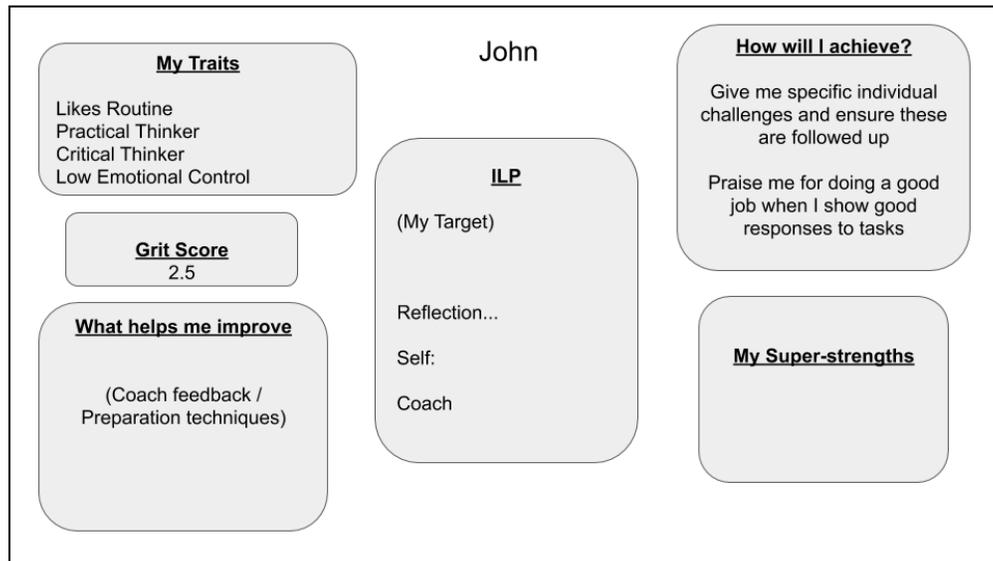


Figure 1: John’s Original Psychological Coaching Profile

From the data collected, John clearly had a low grit score compared to the Academy average for this age group. Duckworth et al, (2007), Duckworth and Gross (2014) and Duckworth and Yeager (2015) identifies individuals with weaker grit scores as being more susceptible to somatic anxiety and lower perceived locus of control over performances. Furthermore, The Youth Sport Personality scale (Eysenck 1989) showed that John needs order and routine to feel confident and can experience anxiety when things are not guaranteed or when things change. This also highlighted a low ability to control emotions at times of change or uncertainty, as the only response he numbered 5 “very much like me”, was “I get upset easily” and one notable score of 4 was “I get irritated easily”. In creating the player profiles, conversations were sought with age group Head Coaches. In John’s case, his Head Coach reported him as someone, “needing a lot of

support”. The coach reported he usually gets very upset and often cries before matches, and often reports feeling very sick. However, once the match begins, these somatic symptoms subside, and John is OK. His Head Coach also revealed that John’s father was a successful first team player for the club for several years, and wonders if this may be a contributing factor to his anxiety at “having to live up to his father’s expectations”. John’s anxiety seems to be less severe when Dad is present at games when compared to Mum. The coach had spoken to John about psychological support becoming available, and on my first visit to training I introduced myself to all the squads and allowed them to ask me questions. John was happy to engage in asking questions about me and what I do. His main comment, as he had prior knowledge of my arrival was, “she’s here to help us get better”, which he proudly announced to the group! After training the coach asked John if he would like a one-to-one session with me at training to following next week, to which he agreed.

Intake, Needs Analysis, and Case Formulation

My first 1-to-1 meeting with John was at the training ground. John appears to be a bright bubbly young boy and is happy to engage in conversation. (Due to Covid19 restrictions parents are not able to be pitch side during training, however the consultancy takes place at the side of the pitch, away from where others can hear, but in clear view of two coaches, a physio, an assistant physio, and the other players engaging in their training sessions). This falls within BPS ethics Guidelines for working with minors in a confidential manner (BPS 2019). I start asking John about things he gets worried about. Pre case formulation but informed by the background information I had been given about John, I loosely following an REBT framework to establish any potential irrational beliefs he is having towards performing (Ellis, 1995; Dryden 2011), deriving from Activating

events of somatic anxiety. He firstly reports that match days are “hard”. I ask what kind of things he thinks and feels about matches (Activating Events) and he reports “getting very nervous, and worried, sometimes I get sick”, that he, “can’t sleep well, then sometimes I get upset” (consequences of current thoughts). I ask how that makes John feel, to which he takes a moment to think, before continuing, “it makes me feel bad cos like people see me”. I then ask what he thinks might happen because of what other people think (Beliefs). John reports that match days are the worst because he is worried he won’t play well. I ask John if anything else happens on match days that can cause him to feel sad or anxious (Simpson and Dryden, 2011; Dryden, 2012). He then reports, “when people say nasty things to me and push me”, and he visibly starts crying when answering this question. We pause the session for a minute, and I reassure him that it is OK to be upset when we talk. Simpson and Dryden (2011) show how the emotional interpretation of emotions on beliefs are critical in terms of development and intervention working.

After 1-2 minutes John is seemingly recomposed again and so I switch the conversation briefly to other matters. I ask him about school, his friends, why he likes football, and about home life. After 5 minutes along these lines, I ask him what his greatest fear in that world would be aside from a footballing issue. “Probably my Mum and Dad splitting up”. We chat about his relationship with his parents, and this is currently a stable happy family unit. They do events and activities together and both parents have always lived within the family home. I ask what his biggest fear in the world is that he can think of that is just about him, to which he replies, “being released”. When pressed on why he thinks this might be, however, John says he doesn’t really know. Whilst I did make an initial attempt at disputing his beliefs; asking John if he feels it is

likely that he would be released because of one match, he shakes his head and smiles, saying, “no” and laughing. While this was of paramount interest and a key detail for me to take away, and I didn’t want to advance John too far in what I was aware was still our first meeting, this did highlight to me how much progress can sometimes be made in first sessions. As Dryden (2018) purports when advocating the effectiveness of single session therapy (SST), a therapist can make a difference even in one session.

We briefly chat about his coaches, his relationship with them, and I ask him what they get players to focus on matchdays. He replies, “working hard and having fun”. I ask if he feels if he does that and he nods, again smiling. I didn’t want to press further at this point as I really wanted John to feel like our relationship was positive and that there were things we would be able to do to try and help alleviate his anxiety. Knowledge from Martens and Burton’s (1990) cognitive appraisal model demonstrated that John’s anxiety may well be an overlearned response to competition. He clearly places emphasis on times he makes mistakes and this link to somatic anxiety has become chronic, making him physically sick and upset (Hanton et al (2011). Pairing this with a fear of failure competitive anxiety pattern of self-talk in Conroy and Metler’s work (2004) I deemed a short simple self-talk script may help in the short term. The other value of this was that John felt he had taken something physically away from our session and that a process was starting. I asked him to tell me everything he enjoys about matches and he says, “dribbling, running really fast, being with my teammates and sometimes scoring goals' ". His next match is two days away and whilst this isn’t long, we write down this list of things he is going to repeatedly say to himself out loud during the next couple of days. These are all positively framed and things that automatically bring about positive somatic feelings to John.

“The things I really enjoy about match days are: Dribbling, Running Fast, Helping my Team and sometimes scoring.”

I also ask John to write a list of everything that made him smile on the day of the game when he got home, and we will review this next week. This rationale links back to the REBT model of cognitive appraisal of anxiety (Mertens and Burton, 1990), and if we can alter John’s irrational belief that a bad performance will trigger his release, then this may well have some impact on his somatic symptoms (Hanton et al 2011, Huberty et al 2008).

In case formulation, I considered the link between self-esteem and competitive anxiety in young athletes that has been well documented in historical research (Hardy 1990, Ommundsen and Vaglum, 1991). It is also worth exploring youth anxiety literature for links to clinical childhood disorders (Huberty and Eaken, 1995, Huberty, 2008). Through the initial REBT discussion separation issues are ruled out, and John does not avoid matchdays through feigning injury or illness as one might expect of an avoidant child (Hubert and Eaken 2008). Therefore, overanxious disorder, triggered by an unrealistic learnt relationship between release and match days are the most likely explanation for the root of John’s somatic symptoms (Hanton et al, 2011, Huberty and Eaken 1994, Huberty 2008, Martens and Burton 1990, Conroy and Metzler, 2004). However, this was combined with Bernard’s (2008) work with REBT in children, in terms of formulating an intervention. This matched well with club culture; in this case matchday expectations of players is established as “working hard” and having “fun”, which heavily influences positivity (Martens et al, 1998) and removes any notion of performance outcome, an important factor noted throughout Martens, Vealey and Burton’s work (1991). Neil et al (2011)

reported that the occurrence of competitive anxiety may well be linked to athlete's previous experiences of critical incidents. Therefore, this knowledge would form part of the next session, asking John about his memories of his "best" and "worst" game. However, for this to be successful, and with John being a young athlete, it was important to gauge whether John understood the same symptomatic words for his description of emotions, as I did. John would be asked this to note the range and strength of his emotions, but also for the practitioner to understand what John meant by each one individually. I formed the notes I made from our initial meeting into an REBT framework for reference and for my own map of this case.

A: Playing "bad" and getting scared

B: I will be released if I play bad and people will think badly about me

D: Is that a sensible thing to think?

Shakes head

C- Is that a helpful thing to think?

Giggles and shakes head

What happens to you when you start to worry?

"I feel sick and get upset sometimes"

And is that helpful to playing football?

"Mmm, no not really cos it makes it harder"

Have you ever been sick before a game or is it mostly upset?

"I have been sick a few times before games but mostly I cry"

D- Hmmm ok. That doesn't sound very nice. You also say you get worried a lot about release.

What do you think would happen if you were to be released?

Looks unsure

Would you stop playing?

Shakes and head, smiles “noooo”

Are there other clubs out there that you could play for if you were to leave here?

“Yeah.....lots *smiles*

So, what is it about here that makes you feel worried about leaving?

“My dad”

I see, because your dad played here?

“Yeah”

What do you think your dad feels when he sees you play?

“He likes it, but he doesn’t get to come very much cos of work so mum comes but I prefer it when Dad comes cos I feel better”

Do you think it's important to your dad that you play here?

“No, I think he’d come anywhere cos he comes to away games sometimes”

So, you being worried about being released from here, what do you think would change if you didn’t play here forever?....cos not many players stay at one club from 6 all the way to they stop.

Smiling, “no, they go to better places when they play good”

So, do you think it would be a good idea for us to talk about this worry with you, because when we’ve been talking here, it seems that actually, Dad would watch you play anywhere, and you’ve said it's unlikely you’d stay at one club forever, whether you left tomorrow or if you were here until you were 28, and if you’ve said that this worry isn’t helpful, AND I don’t

want you to be really sad before games and being sick when you're 18! So, would you like to maybe try and change that”?

“Yeah”

Ok great, so what we'll do is have a chat each week, just like this, and see what we can change in terms of how you think and what you feel. Is that OK?

“So just like here, like this”?

Yeah

“Ok yeah *smiling*.

E- Cognitive script devised to give some initial work and thought provocation

-John then runs off to return to training

Figure 2: John's base REBT script used to formulate his Activating Events and Emotions

Intervention Plan

Following the 1st session with John and based on the underpinning principles of REBT (Ellis 1956), a block of further 1-to-1 sessions were developed to allow John to establish his current cycle of activating events, beliefs, and the behavioural outcomes they are eliciting, and ultimately change to new, more productive beliefs around play. REBT was chosen as it is evident John's anxieties are clearly linked to his core long standing belief that every match day is an opportunity for release if he doesn't play well, rather than being cyclical of general anxiety or behavioural patterns. Whilst it could be considered a performance anxiety trait, the fact that John always settles into match play and quickly forgets his worry whilst he is performing, seems potentially to be looking at a surface issue of symptoms of his core belief rather than the belief

itself. Therefore, to shift John’s core belief away from a catastrophising pattern of cognitive distortions, accompanied by strong unhealthy emotions towards healthier variable beliefs should lessen the symptoms of anxiety and cognitive worry being experienced and was deemed a suitable strategy in this case.

2nd Session

Firstly, given John is 11 years old, it was important to establish John’s responses to key words for me to understand his experience of his somatic anxiety symptoms and for him to have categorised them into whether he feels these emotions are helpful and unhelpful for matchday performance. These are demonstrated in Table 1 below: I asked John what happens when he feels (sad/angry/scared/nervous)

<u>Sad</u>	<u>Angry</u>	<u>Scared</u>	<u>Nervous</u>
I get upset	I cry sometimes	I feel like sick	I like get sad
I get down	I get frustrated	I worry	I don’t sleep very well
			I can cry sometimes

I asked John when he usually feels sad - “When people say mean things to me”

I asked John when he usually feels angry -”Like when I make a mistake”

I asked John when he usually feels scared -” Like on the way to games sometimes”

I asked John when he usually feels nervous - “Whenever I think about matches, and like lots the night before games”

When asked if he feels these emotions are useful, he replied: “No, cos I can’t play right

When asked what makes these feelings better, he replied: “If my dad’s there cos he knows what to say to me”. I then probed this answer further,

“How do you feel if you know Dad isn’t going to be at a game?”

“Hmm ok cos I know I will play but like he knows what to say to me and that”

“What kind of things would Dad say”

“Like keep your head up and just try your best”

“And do you think those are helpful things Dad says?”

“Yeah cos like I know its ok and I know what to do”

Do you feel you don’t know what to do if Mum or Gavin (Coach) says those things instead?”

“Yeah like I do but, Dad just understands it more, cos he used to play”

“Do you think we could write down some of the things Dad would say and you can take that to games with you?”

“Yeah” (Grinning)

Why do you think that would be good?

Cos like it wouldn't be the same but like I think id remember them maybe

“Shall we give that a try for your game this weekend then, then next week we can talk about how it all went?”

“Yeah” (Grinning)

At the end of this second session John was asked to keep a diary of all the “good” things he did in the game the next week.

3rd Session (and 1st Parental Meeting)

John had forgotten about his script that weekend for the game. He reported feeling “a little bit anxious but also excited as it was a derby game and he wanted to “score lots of goals past them!” When asked if we should record this game’s good elements, he smiled. When I asked him if he would remember to do it, he gave me a puzzled look and said, “he’d try”. I then asked John whether we should get his permission to talk to his mother about our plan, so that both his parents can help John remember to do his list of things that go well in games, and his script. Good elements were defined as “things that made me smile” and Bad elements were things from his emotions list we drew up. He instantly said “yes” at the offer of his parents' help. On meeting mum, John appears to have cognitive development difficulties with memory, often forgetting homework etc. and so she and her husband keep track of his school planner to help him navigate assignments and projects. She was happy to talk through the script and do the report tracking with him. I did notice, during our chat, that John had decided to climb trees and was hanging upside down at this point. A side note for John’s level of maturity and ability to be comfortable around adult conversation was noted. Mum also reported that John had told them he was happy to be having psychological support and that they are noticing small shifts in his mood around home when talking about and preparing for fixtures. To capitalise on that I suggest making use of this time when I next speak to John in a session.

Mid-Case Review

Research by Fieke et al. (2020) posed whether exposure of the academy environment is likely to lessen competitive anxiety over time. As John was only 10 years of age this was a credible factor to consider, however his exposure around the club had been present since the age of 6 and given

the nature of the personal connection of his father being a former first team player, his personal connections around the club have been strong throughout his life. Therefore, the possibility of the anxiety being merely a chronological maturity through exposure factor was not deemed likely. It is also noted through conversations with John's coaches that the anxiety is lessened with the presence of his father on matchdays. Murray et al (2020) identified that this may be of higher significance in young players aged 10-14, within which John lies. Their findings also highlighted that father's feedback was positively associated with higher levels of Mental Toughness (on the Mental Toughness Index) when questioned (Gucciardi et al., 2015). This was an important aspect to consider within the case, as Murray et al's (2020) research suggests this process will likely occur naturally over time. However, it was deemed advantageous to work on strengthening the connection of coach feedback at an earlier age with John, due to the parent-construct feedback appearing significantly evident in John's behaviour. The role of John's mother was also considered important here. Often it is she who transports John to games and so it is important John can transfer direction and feedback successfully from the consistent factor of his coach, rather than the dichotomy of relying on confidence from Dad's presence, and the disappointment of Mum's sole presence at competitive fixtures.

4th Session

John continued to have weekly chats with me about disputing his irrational beliefs and understanding his emotions and how he behaves when he feels each one. This process was ongoing, and we would also hold formalised reflections after each match day to analyse his thought patterns over time. John would write down three positive things he had done and one thing he thought he could do better. In line with REBT protocol (Ellis 1995) he then debated the

impact of the one thing he didn't do so well and if it made sense for those worries to occur (Dryden et al 2008). With John's consent, we then discussed these with his coach Gavin and John's Mum, to show John that there was symmetry between all parties and that his worries were often not tangible or relevant to him, his age and level of play. This helped John to navigate his thought processes and see when there were things he didn't need to focus his worry on. For example, giving a bad ball away in a game, would not necessarily correlate well with being released. Instead, it was more likely that his IDP would be updated, and that he would have specific time in training to further develop his passing skill. We also made it very clear that the progress of that skill would be what was discussed in his 6-week IDP meeting, with no talk of game play. For a youth athlete, emotional responses are harder to control, and critical, logical reasoning skills are often underdeveloped (Bernard 2008). Therefore, this approach helped John to understand and rationalise his views on his performance, and more importantly, the outcome of them. This would not have been the case with an older athlete, as self-awareness and ownership are skills we would want to develop and encourage. For John however, understanding and internalising external feedback well, combined with his potential under-developed cognitive ability, meant that John quickly forgot about performance factors when he was happy, but he would remember calm conversations a lot more.

5th Session

As well as asking John to show me how his records and thoughts had been added to his script, all players (including John) were given a post-match survey about their gameplay and mentality through the Academy centralised program. Therefore, John practised his match script at home whenever he could, with reminders from parents as well as completing an online version. This

further helped develop John's understanding of his emotional states and where he was focusing on irrelevant things. With progress seeming to be going well, we further challenged his emotions and thinking, by asking John to also practise "getting ready for games" at home by going through his normal routine as it occurs on a matchday. Even on non-match weekend days, this involved his mum giving him his kit, him having breakfast and visualising himself on his way to games. This physical imagery technique was designed to put John under some emotional stress for him to practise the routine that causes him the most anxiety. His parents were happy to support this by having kit ready and put on his bed as it would usually be. As well as parental support during this live-time intervention stage, I also encouraged John in weekly sessions, telling him "even though it might seem "silly", at times, do you think it would be something good for you to practise?" and he would always reply "Yeah" (giggling) or "its good cos it helps me like know what to do". The final stage was for John to link his play to happy emotions. He likes running and getting lots of touches on the ball. Therefore, immediately after getting to a game and putting his bag down, he would get a ball and start playing by himself, going for runs up and down the training line. This was to reiterate the happy bits of games he enjoys, whilst linking to his confidence of these being skills he likes to do when playing. Getting John to focus on this, rather than sitting in a changing room, worrying about the game, seemed to be a strategy that helped lessen the worry and sadness usually experienced. Gavin was happy to support this and always had a ball out for him to use when he arrived. Whilst he would get a little panicked 10 minutes before a game started, this was a lot less than the hour or so he used to experience. This stage of intervention persisted for 3 months during training and performance cycles, with small positive changes being noted by both his coaches and parents as they were practised. John had stopped

being physically sick before games, and settled into the warm-up quicker, getting him more game time as he calmed quicker and could come on to play.

Covid-19 Lockdown

Lockdown 2.0 initially triggered a halt to all competitions and training for U16s in England (The FA 2020) and was enforced by stakeholders at Fodderingham United FC. This decision was later reviewed in parliament and overturned. However, I was unable to go into work with players 1:1 in the initial phase of return and no matches were played. Contact was made with John's parents to encourage him to keep working on his script away from the club and focusing on the fun elements of match-days that he enjoys, as well as watching games and regularly practicing "getting ready" for a game at home. His parents were supportive of this and went through the routines regularly with him.

During lockdown John attended all Academy lead player care sessions which included, Communication, Self-Reflection, Future Self and Interests, Discrimination and Bullying, all of which incurred a level of self-reflection and analysing emotions. There was one of these sessions per week for a period of 10 weeks. Additionally, John's parents consented to him receiving a 1:1 Zoom meeting to continue his REBT work with me. Whilst not ideal, it allowed me to view the player's body language and responses to questions rather than only being updated by his parents. During this time John was struggling with being away from his friends in school, but his anxieties were easier. He was only talking confidently and excitedly about matches rather than having to pause or think about "the scary bits". Not having matches to practise his thinking skills was a concern, as on return after such a long break, I feared we may end up where we started.

However, whenever the online sessions mentioned match days/match play or performance, John would visibly smile and engage.

Players were finally allowed to return to training on the 8th of March 2021. I contacted John's parents at this time to re-engage with the ongoing support and for them to ask any new questions. They reported that "John is very excited to get back to football again and seems less nervous". John's first match back was two weeks later, and his coach reported him as being "a bit shaky but OK once he got going, much better than he was". With my initial fears about return to play alleviated I was excited to get back into regular matches and really challenging John. However, the player was not then present at training for the next two weeks. John had broken his arm at school and would not return to training for 5 weeks. When contacting the parents, they said he is "ok but is disappointed, however, being back at school with his friends is helping maintain his new outlook on his worries and advancing his self-confidence". They reported he was still regularly working on his script and talking through his emotions with his parents at home on a regular basis. He was even telling people at school about his work he's done and how it "will make him a better player cos I don't spend so much energy worrying". John resumed training as planned on the 9th of June 2021. On checking in with John he reported feeling better in himself and looking forward to games, as he "has missed more football than the others now" due to his broken arm. He was physically willing to get fully involved in the session and was bright and smiley, displaying no signs of hesitation or worries. He planned to continue to strengthen his arm over the summer and return to full training and games when the Academy returns to action in August. At this point intervention remained as check-ins until I could assess John's reaction to a sustained run of games.

Intervention Evaluation

Throughout the consultancy, John worked hard in contact and at home with his anxieties. His parents were an integral part of this process as he has spent so much time away from the club. It is positive to see his coaches' noticing improvements in his anxieties, and this is confirmed by his parent's accounts of "feeling positive" and "getting better". Self-Reflection and Positive Thinking are part of the Academy programme that I, as the practitioner, had implemented at the club; therefore, these messages have been reiterated through all the online sessions and Player Care education modules that John was part of whilst out injured and through lockdowns. Whilst this intervention could be viewed as simplistic, it was deemed suitable for this player's age, and cognitive developmental stage. It was also non-intrusive and enabled the player to practise both in the club environment, and at home where the player felt most supportive and from where his anxieties first begin on the morning of games. Parental buy-in was key in this case, Dad, having been a professional player without receipt of psychology support 'back in the day' was more sceptical of my input and viewed it as a "problem he'll grow out of", however, Mum was more open and grateful he was getting help as she knew that John was an "emotional child" and was aware that these problems were not useful to his career prospects if they were to continue. Regular check-ins with Mum occurred throughout the intervention and she was happy to report on John's progress. Emotional intelligence development will continue with John as he matures and will be further supported as he is to enter Secondary Education in September 2021, therefore his knowledge about emotions, interactions, and social situations through PSHE lessons will also increase. Club support will still be available for match specific triggers and the practitioner will continue to monitor John's progress as he enters the U12s pathway.

Practitioner Reflection

The successes of this case were largely down to my being embedded within the club environment and having the full support of the academy managers. Regular contact with parents and players throughout the year had meant they were already familiar with me and the principles of the club. The work from the second case study in this portfolio, where all players and parents had been consulted on the academy values and behaviours, helped empower them with knowledge of our working practice, which I have no doubt helped support the work John was doing outside of the club environment with his parents at home. From a practitioner perspective, whilst I had previously only been familiar with working 1:1 with clients 16 and over, the principles of engaging with John through his interests and the early work on understanding and sharing his common language helped build trust and rapport with a youth athlete. Whilst I might previously have been more inclined to go down a prescriptive mental skills approach with young clients in the past, the fact I was present around the club all the time meant I was confident of using a collaborative REBT approach in this case, as I was familiar with John and had helped create the club environment in which I was working. Given the needs analysis I genuinely felt REBT and reframing John's irrational beliefs around release was the best option for him, as it impacted on his future and long-term development, which kept me congruent to my holistic model of approach to practice. This case illustrated the difference between working externally in a consultancy role within an organisation and being embedded within an organisation. The latter helped me be confident in selecting the most appropriate intervention with John, and being able to bring in his parents and coaches as support mechanisms to that intervention, which a player may have been more reluctant to do if I was not already familiar with these people within that network. Moreover, as I was present in the club, John had been able to access my support very

quickly, whereas if this had been down to parents to find support for John externally, this may have been a longer process, or financially, may never have happened. As support was quickly accessed, John was able to not only continue developing as a player, but also enjoyed football more, meaning his motivations to continue were stronger and positive and he was happier in himself as a person when talking about football. The work emphasised the importance of how being able to be immersed in a working environment and having time to build trusted relationships form core active ingredients of effective service delivery.

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Consultancy Contract

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Services to be provided:

Performance psychology for scholarship athletes and performance teams at University of Birmingham (UOB) on both an ongoing basis or fixed term agreement as directed by the programme managers. Specific services to be provided are detailed in the Terms and Conditions below.

Hours of Service: *(If applicable)*

21.6pw

Permanent contract following 6 month probation period

Pay/Fees:

Band 500

Please ensure you read the full Terms and Conditions, overleaf, before signing.

I, (print name)Mark Burns.....have read, understood and agree to all conditions as stated in this document.

Signature 
..... Date12/09/2022.....

I, Sue Jones, will adhere to all terms set out in this agreement, and will contact my line manager as soon as possible if any changes to the agreement need to be made, in accordance with BPS or HCPC Codes of Ethics and Professional Practice.

Signature: S. Jones Date 06/12/2021

Terms and Conditions

Sport Psychologist in Training

Legally, the consultant may not refer to themselves, or be referred to as, a “Practitioner Psychologist” or a “Sport and Exercise Psychologist”, whether formally or informally, verbally or in writing, until registered status has been achieved. The consultant’s supervisor details are: Dr Martin Eubank, M.R.Eubank@ljmu.ac.uk, tel: 0151 904 6240 whom you may contact at any time, without the prior knowledge of the consultant. Dr. Eubank is a HCPC registered Sport and Exercise Psychologist.

Services

Within the framework for delivery of the sport psychology programme, to be responsible for the design, development and delivery of the sport psychology support programme.

- To support student-athletes from a sport psychology perspective as they transition on to, through and from our programmes (UoB scholarship programme and TASS programme).
- To design, develop and deliver a comprehensive sport psychology programme.
- To provide personalised performance profiling and holistic needs analysis of scholar-athletes and priority teams.
- To design and deliver planned support, which may consist of 1-1 sessions, group sessions, training & competition observation, integrated ‘on-pitch’ support, and systems-approach support.
- To continually log, monitor and evaluate delivery with regard to programme aims and outcomes.

- To develop online resources for scholars and high performing teams to help with their professional and personal development.
- Encouraging a psychologically informed environment and in facilitating effective interdisciplinary support within the SSM unit
- To work with performance centre practitioners, scholarship management team and coaches in providing support and advice on sport psychology topics or concerns.
- To liaise with performance centre leads where there is any issue/conflict which may have arisen so that the appropriate action can be taken.
- To encourage and facilitate dual career aspirations through enabling effective management of the balance between sporting and academic commitments.
- To work within the guidelines and code of ethics and conduct of the British Psychological Society

The consultant is able to provide client support and advice in the following ways, either “as needed”, for ongoing clients, or on “fixed terms”, the final details of which shall be set on the front of this declaration and are binding on signature.

Professional Standards and Confidentiality

It is understood that as a Sport Psychologist in Training, the consultant is bound to work in accordance with the BPS / HCPC code of conduct and ethics. The trainee is required to consult their supervisor on all aspects of their training. The consultant guarantees the client confidentiality set out by the conditions of the BPS / HCPC code of conduct and ethics and that no information will be shared with any third parties other than their supervisor.

Extenuating Circumstances

It is the consultant's legal responsibility to defer confidentiality (as set out above), to any third parties, only in the following circumstances:

1. It has been subpoenaed by a court or authorised by law.
2. Failure to do so would place you (the client) or another person at serious risk of harm.
3. Your prior approval has been obtained and signed to do so.

Consultancy Report

This report details my work in fulfilling all duties, as set out in the UOB Service Agreement, signed on my acceptance of the University of Birmingham Performance Psychologist job as signed on 6th December 2021.

To support student-athletes from a sport psychology perspective as they transition on to, through and from our programmes (UoB scholarship programme and TASS programme).

Beginning the contract in the middle of an academic year meant transitioning onto the programmes that had already been put in place. However, transitions were supported in season, via Hockey and Netball going from league participation to BUCS finals. 1:1 support for scholars was provided here, with setting of new goals and dealing with the pressure of performing being the main topics discussed with students in these phases. Athletics students were supported from winter training blocks through to BUCS participation in the spring and then into summer competitions. This was done via two workshops for all Endurance and Power squads, one on preparing for competition and one centred around The Champion Mindset. 18 x 1:1s were taken up by scholarship athletes and Talent Hub for individual psychological support.

To design, develop and deliver a comprehensive sport psychology programme.

The change to the EDCAP model over summer 2022 has seen a new formulation being put in place for monitoring and delivering psychological support. Psychological skills plans are created at the profiling stage at the beginning of each academic year, which detail the skills needed for individual athlete progression, why and how these are crucial for their sports need and the times

of the year this work has been planned to be delivered around sporting and academic needs. 1:1 support is offered to all ECAP scholars on an “as needed” basis and is available throughout the year. For Talent level athletes, one 1:1 plus follow-up check is offered once per term. Flagship sports receive 1 hour of dedicated psychological support time per week, this can be performance or training observations, drop in advice or coach meetings to deliver support skills through training sessions. Performance sports receive information delivered via workshop sessions. I have created a Microsoft Teams account for the Performance Centre, with individual channels for all sports and scholarship levels whereby this advice and resources can be stored and accessed, and a general folder which contains generic advice and resources useful for all students accessing the performance centre practitioners.

To provide personalised performance profiling and holistic needs analysis of scholar-athletes and priority teams.

The psychological skills evaluation tool takes into account the academic and performance needs of each student whereby any intervention work is planned into timeframes that are more applicable and will maximise their desired effects. The monitoring of skills is still recorded by me at induction even if the delivery of psychology is occurring outside the centre via NGBs or where a student has their own psychologist in place.

To design and deliver planned support, which may consist of 1-1 sessions, group sessions, training & competition observation, integrated ‘on-pitch’ support, and systems-approach support.

3 workshops were delivered between December and August in 2021/22 (Rugby x 1 and Athletics x 2). 24 1:1s were held with scholars. 11 with Talent Hub and 4 with TASS students.

Observations occurred weekly with squash, in place of workshop delivery at the coach's request.

Drop-in support was made available by regularly attending gym sessions of flagship sports where possible.

To continually log, monitor and evaluate delivery with regard to programme aims and outcomes.

All 1:1s were recorded on Monday.com and/or the TASS delivery portal with BPS / HCPC confidentiality standards in place.

To develop online resources for scholars and high performing teams to help with their professional and personal development.

Resources have been created and are stored online for distribution as needed or directed by coaches or in 1:1s. These generic resources will now be moved onto the Teams platform for 2022/23 for all scholars to access, and any specific resources will be posted on each teams' locked Teams accounts.

Encouraging a psychologically informed environment and in facilitating effective interdisciplinary support within the SSM unit.

Regular informal meetings are held with each member of the team. This is to provide personal support where needed and to make recommendations to change or inform practice where common threads are seen by multiple members. These are fed back confidentially to the

Performance Centre Manager as needed. Self-care plans have also been sent out to all team members and these are shared in the department so the team can support the needs of each of its members.

To work with performance centre practitioners, scholarship management team and coaches in providing support and advice on sport psychology topics or concerns.

I attended all weekly practitioner, sport, and scholarship MDT meetings throughout the period, making comments on psychological support where necessary. I was present at all student's Mid-Year Reviews where I was on site and followed up and agreed action points from these with students and coaches on a 1:1 basis. I read Monday.com updates weekly and was sure to tag in any practitioners where needed in assessing updates. I met regularly with the head coaches of Athletics and Squash, and three times with the Head of Hockey to discuss the psychological development of squads and athletes. On some occasions I facilitated 1:1s where nutritional input was necessary but there was no existing relationship between the nutritionist and the student, and/or the student was reluctant to engage in nutritional support. Whilst not giving nutritional advice, I would source this first from the appropriate practitioner(s) and bring this information into our psychology meetings. In one case, this has resulted in me setting up and monitoring a food diary for an athlete where there was a significant concern about weight and fuelling from the performance team. This work has seen a significant increase in weight gain and sustaining of weight of the athlete in question and a better experience of their dual-career.

To liaise with performance centre leads where there is any issue/conflict which may have arisen so that the appropriate action can be taken.

I communicate regularly with the Performance Centre Lead about my work in general and to seek advice where necessary. Where problems have occurred with student adherence, I have attempted to assist these with athletes where appropriate. Where issues have arisen with teamwork or colleagues, I have attempted to take steps to help colleagues navigate tasks and pose different approaches they may try and take with certain elements of their duties.

To encourage and facilitate dual career aspirations through enabling effective management of the balance between sporting and academic commitments.

The planning of psychological intervention work to be tailored to students' academic and sporting calendars is one of the main ways to help support dual-career commitments. In 1:1s students are always asked for both academic and sporting updates so that a holistic view of their current situations is captured. I have given out advice on exam preparation, anxiety and encouraged athletes to seek the team's lifestyle advisor support where I feel further work is required on balancing their demands. I have allowed flexible time for meetings, often outside of the three-day contract to accommodate students' schedules, as well as doing online and phone-based consultations where students have been on camps or competitions or are away from the university on academic holidays.

To work within the guidelines and code of ethics and conduct of the British Psychological Society

All work is conducted in compliance with BPS guidelines (and associated HCPC standards). In this context, any student cases that require further advice get discussed first with my academic supervisor before advising a student. There has not been a need for this during the last 6 months.

The consultant is able to provide client support and advice in the following ways, either “as needed”, for ongoing clients, or on “fixed terms”, the final details of which shall be set on the front of this declaration and are binding on signature.

While a set of students had been advised to access psychology support on my induction to the university, these were not the only students to receive support. If students had completed a block of work this was noted in their confidential files and 1:1s ceased until a time they felt their needs needed to be re-accessed. All scholars were able to book 1:1s as and when they needed this year (this will be extended to EDCAP for 2022/23). Where I felt a student required support but did not qualify under the scholarship model, I sought approval from my line manager and scholarships manager where I could justify a need both for the student and the university. This only occurred on one occasion this year, where it was agreed one session could be given.

This section has been left for you to add in any questions or comments relating to the above report, based on your experience of the consultancy as set out in the contract agreement.

By signing this report, you are acknowledging that all actions detailed in this report are indeed accurate in nature, and you are satisfied that the work undertaken satisfies the terms of the service agreement.

I, (print name)Mark Burns.....have read, understood and agree that the service agreement has been upheld based on the contents of this report.

Signature  Date12/09/2022.....

Teaching Psychology in a Category 3 Football Academy

Facilitator Background

As the facilitator of this Teaching and Training case study, I hold a PGCE in post compulsory FE Education (2016) and have been actively teaching A Level Psychology, across three different examination boards, in three different colleges and classrooms for the past 5 years. At the time of the teaching and training programme, I had been involved in Chaseclub Wanderers Football Club as a Psychology Intern for eight months. This role included the delivery of regular workshops as part of the Player Care and coach CPD programme at the club and providing 1:1 support to players and staff. Therefore, I was embedded into the club structure and held positive relationships with key stakeholders such as the Head Coach, Head of Coaching, Head of Education and Welfare and the Safeguarding Officer prior to this period of teaching.

Case Background

The 'Sporting Excellence Professional' is a mandatory player education requirement for all professional football club academies in England and Wales, the content and assessment for which is provided by the League Football Education (LFE). The qualification is a Level 3 course, with 12 core units. Sport Psychology is module 9 in their framework and the module guide identifies three main outcomes of the Psychology component that players should be taught:

- 1) The psychology of the athlete
- 2) Mental skills training
- 3) Psychology profiling

I was approached by the Head of Education and Welfare (HoEW) to provide teaching assistance of the Psychology element of the SEP qualification to the first-year scholars. This was deemed beneficial for staff (to have in-depth knowledge and support), and for the players to learn and acquire additional psychological tools and techniques and wider subject knowledge that would support their psychological development. It also allowed me to demonstrate commitment to being part of a multidisciplinary team, so that the HoE could focus on other areas of their role. Currently the HoEW was responsible for leading the U15s coaching programme, the LFE courses, players' school and college liaisons and their BTEC study progress. Therefore, my background, education status and current A level college employment meant I could deploy my knowledge and experience of academic delivery inside the club and help support a colleague who needed more time to concentrate on other aspects of his role.

Learner Background

The learners in this case were all 17–18-year-old males, who were first year scholars at a Category three Football club Academy in England. All were currently enrolled and completing Level 3 BTEC qualifications at a local college and receiving in house-life skills lessons on a weekly basis with myself and the Head of Education. Within the cohort were two players identified as having specific 'SEND' requirements, specifically cognitive processing time and dyslexia diagnosis whereby they would be given extra time to complete assessments and use of a laptop for writing tasks. My current employment was in a 'SEND' department of a secondary school, therefore my experience in framing things in different ways for these students, checking

understanding regularly and building up a safe and trusting environment would be helpful to assure their experience and help them to succeed with the programme.

Needs of the Programme

Before any teaching plans were made, I reviewed the current LFE programme as presented to players in its online format (as of 8th January 2021). There were 9 Psychology units in total, 3 of which were considered “taught” sections; 3 were player uploads of evidence associated with tasks around five psychological skills, 2 were podcasts and 1 was to upload any “Further Evidence” of demonstration of psychological skills. This subject-based modularization of content as described by Hirst (1993), whilst useful for benchmarking outcomes, promotes surface learning and limits the capacity for deeper learning.

Unit one of the taught programme gave learners information leading to “factors affecting sporting performance”. According to the LFE page, these are either internal e.g., “lacking confidence, poor form and injury” or external e.g., “feeling anxious or low in mood, having financial or relationship issues, and/or dealing with an addiction”. These fall under the LFE’s category of “The Psychology of the Athlete”, whereby they also provide a 3.42-minute video of a coach explaining the concept of “focusing” and a quote from Basketball coach Jack Donohue. This is followed by the unit review, which consists of a single multiple-choice question.

Why is it best to avoid distractions when playing?

- a. Help focus the mind
- b. Improve performance

c. Be effective in the game

I found myself questioning the value of the programme's psychology content and assessment - I didn't see any. The question assessing the intended outcome did not seem to directly relate to any of the information provided to players in the video. Furthermore, from a Sport and Exercise Psychology perspective, all the answers could be deemed as appropriately correct. The psychological terms were not described to players nor were there any examples. It seemed the LFE were intending that the correct answer was to "help focus the mind", as this was deemed their main precursor to the likelihood of the other two outcomes occurring. However, it could be easy for players to choose that focus "improves performance" or the ability to "be effective in the game" as described by Cobern (1991). Moreover, that programme gives players no practical tasks or demonstrations or example details about how they may go about improving their focus or indeed what kind of distractions are most detrimental to performance, which to an outsider, may be considered of benefit when teaching players about "The Psychology of a Player".

I decided this unit needed amendment to maintain consistent messages throughout the learning cycle, to allow players the best transfer of knowledge from information to practical application. I was clear I wanted to change the format of the LFE's content and break it down into more manageable and succinct, congruent skills, as identified by Egan and Schwartz (1979).

The second taught unit from the LFE programme was 'Emotion and Mental Well Being', where information was given to players around three main types of psychiatric conditions, namely anxiety, obsessions and mood disorders. One paragraph was provided to players for information

on each of these three disorders, followed by a multi-question, and multiple-choice questionnaire, concerning depression, to pass the section. Two examples of the questions are detailed below:

Anhedonia - the inability to feel _____ in normally pleasurable activities.	
Pleasure	Pain
Change in _____ and sleep habits	
Environment	Appetite

Nowhere in the brief descriptions given about OCD, Anxiety or Depression, did it detail any symptoms of any of these three conditions, therefore players were required to use proficiency of prior learning and previous world knowledge to successfully navigate the quiz. If the purpose of this part of the programme is to educate young players about the three conditions, then it seems inconceivable that symptoms of such conditions would be left out. It is also difficult to comprehend why the questionnaire is based on depression, a condition the module gives no other information about. In terms of teaching pedagogy, this seems eclectic and does not follow any logical pathway of progression and mastery, an important factor in making content relatable to the learner (Cobern, 1991).

Subsequent units of the LFE programme focused on practical tasks players are asked to complete. Firstly, a psychological profile on their competency of the five named areas of

Motivation, Concentration, Confidence, Emotional Control, and Dealing with Success/Failure; must be completed. Players are asked to rate these 5 psychological constructs out of 10 and provide a reason as to their rating. Secondly, assessing strategies to improve these five fundamental areas are required, and finally an evaluation of to what extent players have learnt to become more proficient at using said strategies in these areas. The final two units are podcasts that players must listen to, which enables them to pass, and lastly an additional evidence uploader option, although no specific information is given about what this looks like. The first podcast is a 3.39-minute video from a Psychology specialist now running an orthopaedic consultancy firm who described the following:

Motivation	Definition: “Internal and External factors that drive us to our goals” Internal: Enjoyment, Accomplishment, Pride, Fun External: Trophies, Money, Recognition, Fame, Teammates, Public
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The second podcast, by the same author, consisted of a 10-minute presentation describing Personality Types that make up the way we behave, as well as Type A and B characteristics. Type A’s are described as “hotheads” who are “intolerant” and likely to get involved in scuffles, Type B’s as being more relaxed who “don’t get involved”. This then continues to model Bandura’s Social Learning Theory (1977) and intimates that ‘whatever your parents are like is probably true for you’, and why the FA is hard on antisocial behaviour on the pitch where people copy poor behaviours. The podcast then goes on to describe the Trait and Opposition Theory by Eysenck (1952) and Cattell (1965) and talks through examples of sportspeople who fall into each

quadrant. Finally, it describes how environment changes personality depending on our traits and expectations.

Overall, the content and delivery of the Psychology units in the LFE programme was questionable and provided no tangible assistance towards the knowledge required from players in completing the Psychology course. Evidence indicated that specific information is only provided on one of the five main areas of work for which players are asked to complete a profile, give strategies for improvement, and analyse regarding their own competence.

Revised Programme Planning and Pedagogy

After reviewing the existing programme at length and identifying that the content was not conducive to effective player attainment of the stated learning outcomes, I sought guidance from the Head of Education with a view to repackaging the information for delivery to players at the host academy. I requested that the Psychology module be taught in-house via stand-alone sessions on Motivation, Concentration, Confidence, Emotional Control, and Dealing with Success/Failure, using a structured Bloom's Taxonomy (1956) so that learners could gain a deeper level knowledge and understanding of these psychological areas and consider them from multiple viewpoints through the use of problem solving and questioning tasks. The club sought guidance from the LFE, who approved this approach, as long as the online modules were still completed, and we could upload the additional work completed into the "further evidence" folder for pass consideration.

Research has shown teachers who have profound understanding of subject material are able to engage more with learners and elicit better outcomes by being able to stage consistent levels of higher order thinking in students (Frome et al (2005); Wenglinsky, 2000, 2002; Vygotsky, 1968). Therefore, my standing in the academy, and level of psychology knowledge as well as educational research, drove my desire to deliver a higher quality teaching learning experience for players, beyond what appeared to me from the existing programme to be a box-ticking exercise.

To develop a revised approach, I drew on Bloom's Taxonomy (1956) to scaffold learning from base level of knowledge, through the application, analysis and then creativity for use in their own environments. For example, if players were able to define what confidence was, they could then apply the definition to football specific scenarios such as in a match. They could then begin to analyse how different players' confidence was shown at different time points in matches and later create ways they could improve their own confidence in their own training programmes. Bloom (1956) shows that learning should be stepped in this way, as otherwise it is unrealistic to expect players to be able to jump stages without secure underpinning of the concepts being taught.

Topics were also introduced with examples and graphics (Chase and Simon 1973; Egan and Schwartz, 1979; Brandt et al, 2005), with tasks provided around particular skills, where players would then apply the topic to footballing scenarios and create individual plans of where and how they could practice that skill. This process culminated in players providing a self-review, every two weeks of their accumulating knowledge and applications. This pedagogy is classical in its nature but allows the scaffolding of knowledge and skills to learners and is flexible such that stages can be progressed or regressed at any stage. For SEND learners, tasks can be broken down

at each stage and enable mastery of knowledge before moving to, for example, application, with individualised questioning from me to check-in on their understanding and learning.

The structure of the programme requirements was repackaged, from the focus being task driven (complete a psychological profile, conduct an analysis of that technique, synthesise how well players had used these techniques) to a mastery knowledge-based focus (Bloom, 1971).

Therefore, players had individual sessions on the five skill areas following the structure of Bloom's Taxonomy (1956), to include psychological theory / knowledge, then application to football, followed by analysis and synthesis of techniques at a later stage. This scaffolded approach to the curriculum helps players develop a better understanding of why these five topic areas are important, allows them to self-reflect throughout the session, and develop examples and use vicarious experiences of applying the protocols to their own practice rather than being centred on just completing a given task.

In terms of practicality of delivering material, the experiences of Covid19 meant a shift of workshops and in-house club education to the use of Zoom as an online platform (since June 2020). This allows the practitioner to utilize various elements of the science of e-learning, as extensively promoted by Duckworth and Smith (2017). The main benefit of this system is that teacher-student and peer interactions can be instant and used within the main body of a session to navigate between taxonomy levels (Dweck et al, 2008). The use of polls to gain whole cohort understanding of a topic for example or rating their current experience of a topic can be a useful marker of prior knowledge. Mentimeter is also used frequently in word clouds, giving ratings to sessions, or providing feedback. Furthermore, identifying whether all players have contributed to

a session is much easier than in classrooms, for example by asking them to write down a definition, which can be done using the chat function, whereby, the practitioner can integrate responses to the session through discussion or use probing questioning for deeper understanding of more able learners for example. Moreover, videos are easily accessible from primary sources without the need to embed them into software. This is useful when developing application lessons, as there is no requirement to save or download between devices that can corrupt information when changing to different software providers. Specifically, each lesson also contained an element of problem-based learning as outlined by Vgotsky and Dewey (cited in Elliott et al 1999). These were a mix of video clips, where players were asked how they would do something differently and present this to the group; other examples included looking at a scenario such as coping with injury and what players would say as a team-mate, coach, manager of an injured player in that situation.

New Programme Proposal

Players received 5x 45-minute formal Psychology lessons under the following titles, delivered by the facilitator, with assistance in breakout rooms from the Head of Education.

- Motivation
- Confidence
- Concentration
- Emotional Control/Dealing with Setbacks
- Mental Health

The first four sessions allowed the players to complete their online tasks, with the last being a stand-alone session around mental health, including the complexity of disorders, issues with diagnosis and the signs and symptoms of each disorder. This session was designed for players to learn about and adopt a wider perspective to Psychology to include life in general, to assist their own mental health and wellbeing and to help them spot signs in friends, family, and teammates. In addition, players were asked to produce a fact-file on one of the five areas on completion of learning, as well as a poster on one of the mental health conditions, which was assessed by the facilitator and uploaded as additional evidence of psychology engagement and knowledge to the LFE and the players' club educational records.

Learning Outcomes

The learning outcomes set were in line with LFE requirements and learning pedagogy.

- All players will be able to define Motivation, Confidence, Concentration, and Emotional Control.
- All players will be able to give examples of tools and techniques to improve Motivation, Confidence, Concentration, and Emotional Control.
- All players will be able to analyse examples of positive and negative behaviours associated with Motivation, Confidence, Concentration, and Emotional Control.
- All players will show demonstration of applying the techniques within training and practice via personal reflections kept during the 12-week process.
- All players will be able to express a definition of good mental health and poor mental health and spot classical signs and symptoms of poor mental health in given scenarios.

Differentiated approaches for Different Learner Groups

The focus of the workshop sessions was on developing understanding of content and application of skills. Therefore, small tasks targeting the lower steps of Bloom's Taxonomy (1956, 1975) were the main outcomes for all learners. This was designed not only to help students to pass the module, but also to secure knowledge for future use (Bruner, 1979). However, more able learners were challenged into higher order thinking through Socratic questioning and problem solving, being given scenario cases from which to analyse and provide comment on (Frome et al (2005). In small cohorts, tasks can be differentiated better to cater for different student's needs (Graddy & Stevens, 2005). Such practical tasks were done in small group sessions via breakout rooms or in the main hub where students were free to submit answers verbally and via the chat function. The two SEND students were each placed in a separate group so they each had something different to feedback to the main group. During feedback to the main session the SEND students were only asked to feedback answers directed at the lower levels of the taxonomy e.g., definitions and examples, rather than their analysis or own ideas, which were targeted at the more able learners. This allowed the learners to be fully inclusive in the tasks, and to feel worthy contributors in feedback. The SEND students were also given variations of worksheets and review proformas, which included sentence starters for them to fill in rather than forming whole sentences (Appendix 1). No comments were made as to Spelling Punctuation and Grammar (SPAG), of their written work, as the focus was down to content, as well as the fact that no formal exam was taking place, so there would not be the need to make such feedback.

Delivery

All sessions were delivered remotely via the Zoom platform at 3.30pm on Friday afternoons over the course of 12 weeks, in between other SEP modules, BTEC lessons, and Player Care sessions the club provide to each age group phase. Example of slides from all sessions can be found in Appendix 2. All lessons followed a spiral curriculum pattern (Bruner, 1957, 1960, 1961) e.g., starter tasks would be to recall a definition or example from a previous session, and as previously outlined all sessions followed Bloom's Taxonomy (1975) of skill mastery.

Table 1: Details of the programme sessions

<u>Session</u>	<u>Outline</u>	<u>Knowledge Check</u>	<u>Task</u>	<u>Review</u>
1. Motivation	Reflect what affects motivation (internal v external)	What factors can we control / influence?	Write out your lists of self-motivation techniques	Share to the group pre-training
2. Confidence	Sources of confidence. Maintaining confidence	Positive and negative effects on individual confidence	Writing a confidence plan (best skills/sources of confidence/things to avoid)	Share any factors next week from players voluntarily happy to share their plans
3. Concentration	Rate concentration scores / present info	Each name 3 depression symptoms	How would you improve your concentration score?	Present task next week
4. Emotional Control	Reflect on scenarios of control	Question each other on last week's task	Write a support network plan	Send to me to review and feedback

	/ present info	presentations	(Appendix 2)	(personal info)
5. Mental Health	Symptoms of Depression / OCD / Anxiety	Direct questions to individuals during session	How do you experience stress / anxiety?	Present task next week

Programme Evaluation

Individual Session Feedback

At the end of all sessions the players were asked to provide feedback using Mentimeter. This was to assess the knowledge players had acquired and assisted me as the facilitator in amending future sessions (see example in Appendix 3). Questions also included the player's confidence in being able to apply the taught skills within the next weeks' training session and games. Whilst all responses were anonymous, the session scores gave an indication as to how well each session had been received. Similarly, if a lesson received lower scores in player confidence ratings, more time would be spent recalling information at the start of the next session to check mastery before moving on. Furthermore, all players were offered 1:1's with me to enhance their own application where needed during the following week's training sessions. Two players took up this opportunity to confirm their confidence and talk through reasons why they might be struggling with a certain topic. In one such case, a player asked for a session to talk through his emotional control; citing a long-standing aversion to being told what to do. The player was able to account for a lack of control being a key reason why this had been a problem in both home and education so far in his development. From this, the player understood his need for some control to feel comfortable in taking on work and challenges, but also understood the notion of gaining perspectives and expert opinions regarding his development.

Review of Learning Outcomes

All players passed the LFE module and have used the workshops I designed in their club reflections and in 1:1 reflection with me on a weekly basis. During each session I would use questioning techniques to ensure all learning outcomes had been met by each student, by rotating round which student was asked to recall and define terms from the previous sessions' notes. The sessions were challenging for players at times, and not all players were necessarily motivated to engage. From my reflection log, there was one notable instance when only 2 players entered the workshop one Friday. The cohort were then sent a direct message from me to their group chat expressing my disappointment at this and that I had voluntarily planned to teach them this content for their own enhanced wellbeing and personal development. This triggered a 3-page message from the Academy Director instructing me to name the non-attendees, who would then be fined a week's wages and not take part in First Team Training invites until any outstanding work was completed. All work was in by the end of the weekend, with several personal apologies from players sent directly to me. While at first, I felt some uncomfortable disparity in the trust and relationship I had established with the players and the authoritarian approach the Academy Director took towards this incident, overall, I was pleased to feel supported by my primary stakeholder at the club. This was not the only incident to have caused him displeasure when players' actions went against Chaseclub Wanderers' standards of professional practice. His approach to them "needing a stern wakeup call" certainly seemed to work in getting players to engage and respectfully inform me of any future non-attendance in advance. Players did continue to engage well after this incident, and one-to-one appointments for psychological interventions also continued as normal, so my initial concerns regarding trust and relationships were dispelled in that following week. This was a useful reminder that not all learners are interested in or value

all subject material, even when tailored to their better interests and ways of working within a footballing environment. That said, all learners attended over 70% of the remainder of the course. In addition, all players submitted their psychology workloads as individual files for me to check their accuracy, content, and application of psychological principles on their own individual development journeys before submission. I also checked that the documents fulfilled the requirements of the LFE standards of the module before allowing full submission by players.

Overall, the changes made to the programme was a time-consuming endeavour to undertake, and I suspect most clubs continue to deliver the standardised model of Psychology education presented to them by the LFE to ‘tick the box’. I voluntarily took this project on with a view to best serve my clients as individuals and their overall development with a better educational experience. Since this period of training, three learners have joined the first team full time, one has made their U21-international debut and one has left the club to join a first team elsewhere. 40% of this cohort are still in touch with me regarding ongoing psychological support, even though they have now left the academy pathway.

Reflection on my approach as a Teacher and Trainer

Beginning this journey, I was very clear that my teaching style was to be spiralled (Bruner, 1979), with regular opportunities to bring humanistic elements of personal growth and knowledge that widened students’ exposure to the real world outside of the psychological curriculum. Whilst some of the elements of this can still be seen in my psychology dissemination, via real world examples, I prefer to use Socratic questioning to deeper individuals understanding and self-application of knowledge in both their sporting and personal experiences

within athletic populations. In this way, I am more able to be humanistic and learner-centred in athletic education and dissemination settings, as athletes are able to embed information and apply it to their individual everyday lives and circumstances for use, rather than adopting a teaching and training approach where the emphasis is more focussed on the aim of imparting key knowledge to replicate later. Workshops in sports settings are more synonymous with receiving a positive experience of psychology and building relationships with clients (Sharp, Hodge and Danish, 2017). This is of heightened importance if I am not embedded within the culture of delivery but delivering at a camp or as an external provider. For me, the key focus of my teaching and training work is to demonstrate humanistic principles of care and empathy within work with a group, allowing them to feel a connection to me as the teacher, their peers in the group and the psychology discipline beyond just information delivery. The ‘how’, in terms of the experience of learning and the learning styles, approaches and climates that facilitate that, and equally as important as ‘what’ is being learned.

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Appendix 1: Student Sample Work

Player 1 example - SEND Student

<p>My In-club Support Network: Sue / Dave / Jane</p>	<p>I needed my support network during (at least 1 example) Injury because it motivates me to carry on. As I have been out most of the season. They helped because..... When I was down they got me through it and helped me see a positive side Without this support I would have Lost all motivation.</p>
<p>My External Support Network: Family / Friends</p>	<p>My support network will be useful to me if/when I experience Get Released</p>
<p>I feel I can/cant deal with setbacks and frustrations well because..... I can deal with them well as they have had many in my career so far.</p>	<p>I would look to get support for this by Asking for help off the club to help me in the future.</p>

Player 2

<p style="font-size: 1.2em; margin: 0;">Name</p>		
<p>My In-club Support Network: Need to help me and make me better</p>	<p>I needed my support network during (at least 1 example) My parents supported me when I was feeling most motivated They helped because..... I wasn't feeling motivated and they gave me like a really motivational talk Without this support I would have Probably played worse and felt down</p>	
<p>My External Support Network: In the long term would help a lot</p>	<p>My support network will be useful to me if/when I experience Me not signing me a new contract I would look to get support for this by My parents most of all</p>	
<p>I feel I can/cant deal with setbacks and frustrations well because..... I know the ability I have so if I did have one I no I could bounce back</p>		

Player 3 - SEN Student

<p>In club support network : Coaches Team mates <u>Safe guarding officer</u></p>	<p>I needed my support network during a time when I was playing a lot of games.</p>
<p>External Support Network : Family Friends</p>	<p>They helped me because they told me things I need to improve on to then be playing more often.</p>
<p>I feel I can deal with setbacks and frustrations well because it gives me a drive to do better and not make that same mistake again.</p>	<p>Without this support I think I would have dropped my head and not maybe worked as hard as I could have but having help gave me somewhere I wanted to get to.</p>
	<p>My support network will be useful to me if I experienced an injury at any stage in my career.</p>
	<p>I would look to get support for this by friends and family as well as club staff to get through it and playing again.</p>

Player 4 - more able student

You do not agree with a decision- you cannot impact someone else's decision therefore continue playing

Do these things only affect you on the pitch? - yes and no as sometimes I will switch off after a game and sometimes, I might dwell.

You might improve your control by staying focused not on all things that you can control and not letting any outside focuses distract you

My In-club support network: Tutor

My external support network: Family

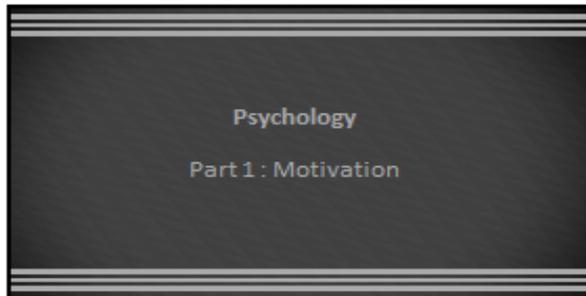
I feel I can/can't deal with setbacks and frustrations well because I believe that I am quite mentally tough and a resilient person when it comes to frustrations because of previous situations that have occurred before where I have learnt from it and carried it out afterwards.

I needed my tutor for support when I had a lot going on and was struggling to produce the work he had set and he took some pressure of by allowing me to have an extension for my work.

I great example of me needing my family in a tough time was when I got released from my previous club. It was a really tough time for me as I could see it coming however when it did it hurt a lot because it was all I ever wanted to do. My family supported me a lot through this time and helped my progress and keep getting better and they played a huge part in where I am today. Without their support I would not be playing at the level I am today.

My support network will be useful to when I do go through setbacks in my career as I will need them to encourage me and help me to keep pushing for my end goal. I would look to get this support by dropping them a message or even a call.

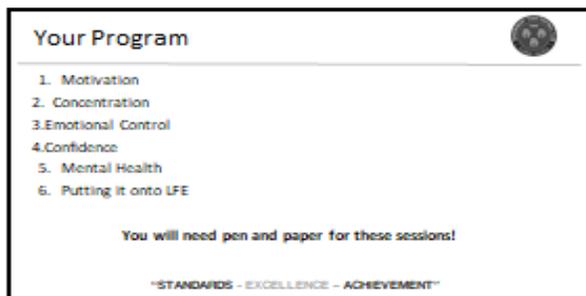
Appendix 2 - Example of session slides



1



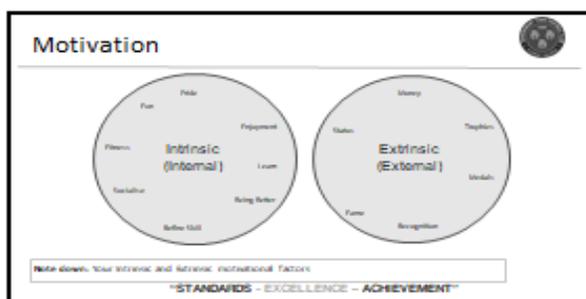
2



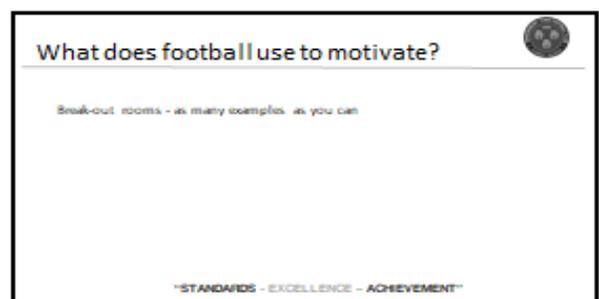
3



4



5



6

What does football use to motivate?

Wages Competition

Bonuses

Does football get more extrinsic as you get older?

"STANDARDS - EXCELLENCE - ACHIEVEMENT"

7

Self-Strategies for motivation

Challenges	Goal-setting
Reflection	Reward

Note down, which of these could advance your motivation best and which would work best.

"STANDARDS - EXCELLENCE - ACHIEVEMENT"

8

Feedback

Menti.com

Code: 21 12 88 6

<https://www.menti.com/1uts2gikvr>



9

Appendix 3 – Menti-Meter Feedback

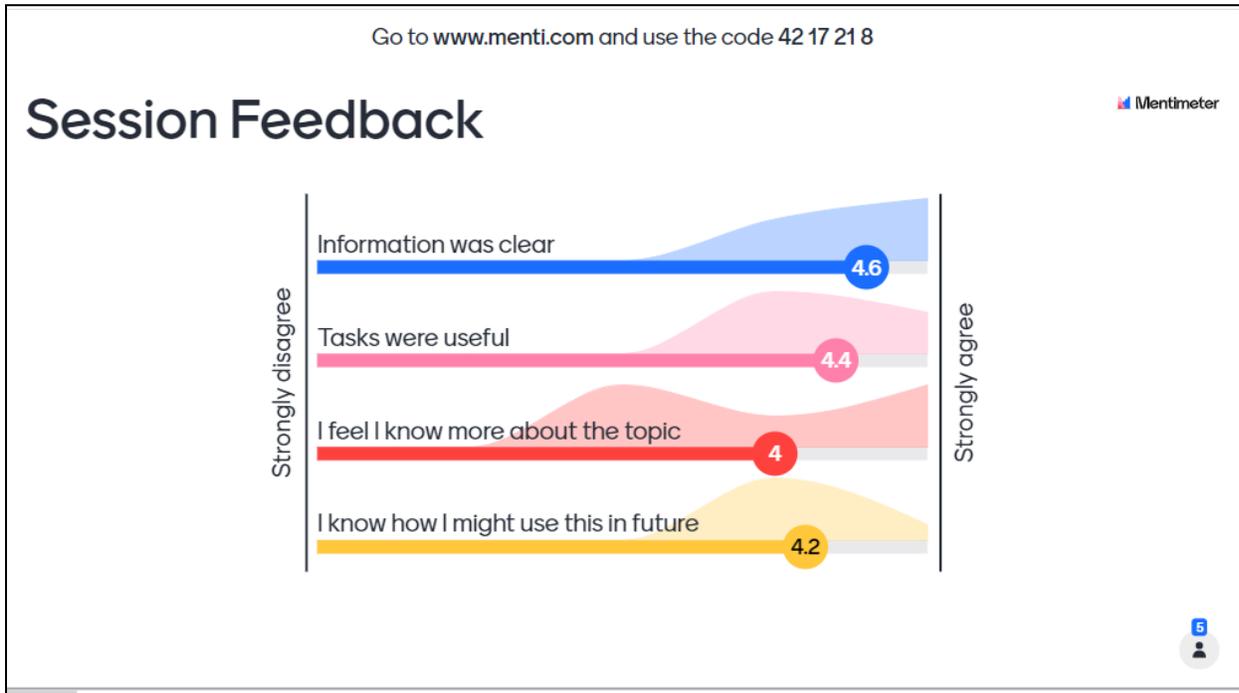


Figure 1: Example menti-meter feedback from players

Teaching Commentary

Prior to enrolling on the Professional Doctorate, I had completed a PGCE and been the lead teacher on A Level Psychology programmes for two years. Therefore, when I embarked on Sport Psychology education and dissemination work in my doctorate, it was important for me to draw on the pedagogical theory and principles I had learnt and developed in my academic teaching experience to ensure that deep (rather than surface) long-term learning took place, but also to be creative beyond the boundaries of formal academic teaching, which tend to be regimented and restricted by timetabling, types of activity and summative assessment formats. This commentary will identify considerations for how the theory and practice that informed my formal academic teaching and associated experiences were translated and used in a Sport Psychology teaching context with sport ‘clients’, and lessons I learnt about differences in educating academic and different athlete learner populations.

Personal Philosophies of Teaching

During my teaching career I was initially restricted by learning models based on the need to teach specific content and achieve certain learning outcomes as governed by A Level specifications and Ofsted requirements. Therefore, a student’s ability to link their ideas and knowledge to theory gravitated support for using the Content Model scheme of work in teaching practice (Gravells, 2017). Opportunities for creativity and lifelong learning were therefore limited and were linked via analogies and experiences within individual lessons (Tsui 2009). An advantage of the content model was that I could prepare and pinpoint progress points throughout the year, which is useful for students, their parents, Senior Management Teams (SMT), as well as

other investors. To promote memory of material, I also incorporated the Spiral Curriculum as identified by Bruner, (cited in Bransford, 2000) into schemes of work. This was so that topics can be reviewed and revised throughout the year, aiding student recall of it and better retrieval of material from long term memory stores (Atkinson and Shiffrin, 1977). To practise and refine this skill, random mock quizzes were incorporated in the scheme of work throughout the year. It was also to make learners active participants in supporting the Retroactive Memory Hypothesis, which they study as part of their content curriculum.

In contrast, within the practitioner psychology teaching environment there are no such constraints, and as such I could entertain a more problem-solving curriculum model. This is more aligned to the humanistic theoretical orientation I work to in consultancy practice and allows me more freedom to use questioning styles that allow wider exploration of both psychological principles and future personal development. Socratic questioning styles (Carey and Mullen, 2004) are usually a feature of my practice. The reasons for this are that learners can become more autonomous athletes when using psychological information to devise action planning for their performances. In this way, learning leans away from traditional expert-led teaching (Vogotsky,2015) and more towards autonomy and experiential learning. The aim of athletes in performance settings is not to know the psychological theory itself, but to be able to use the principles in practice to aid performance. In this way the 'knowledge' level of Bloom is not required, whereas the 'creative' element is. Whilst in classroom environments this would be reserved for high level learners once mastery of Bloom's (1958) other levels of taxonomy are attained, in contrast to athlete populations where there is no need to scaffold learning in such a way. Scaffolding is still prominent in my psychology teaching and training in settings, but I am

always keen to bring learner-centred approaches into the classroom. With all learners, especially around 16-18 years of age, it is important to recognise that they are still learning about critical issues such as politics, economics, and emotional issues that all influence real-world problem-solving. So, to encourage critiquing, questioning and opinion forming around such topics, I have always been proactive at including daily news reports, articles, and videos in classes in workshops where possible to stimulate such debates. An example from the classroom was discussing the probation terms of Anthony Rice's conviction (HMIOP, 2005). Here I can be more holistic in discussions, in terms of how these factors may affect a society in a wider context. In football academies, including a case example from highlight clips from a previous weekend's Sky Sports Football Highlights reel, helps to recognise the real-world nature of examples, and discussions can explore constructs such as impact on an individual, team, supporters and sponsors etc.

Planning and Assessment

As VanTassel-Baska and Brown (2007) noted, regular classroom links to wider school activities are important. For example, skills relevant to the School's Researching Club and Debating Society were sequentially embedded into the hidden curriculum where appropriate. Students were also often asked to demonstrate wider world skills such as independent research, reading, delivering power-point presentations, creating posters, essay writing, group work and creating research ideas within sessions. Keeping a record of all assessments is useful in providing constructive and timely feedback for students, supporting their "learning loop" (Zimmerman and Martinez-Ponz, 1990).

In contrast, within applied sport psychology dissemination there is often little time or need to attain such formal approaches to feedback activities. However, I am still keen to promote wider skills where possible. Therefore, workshop tasks still include small group work and presenting ideas back to a wider group, creating team-talks, interviewing each other, and sharing and discussing ideas. Whilst these are mostly centred around oral learning skills, in the presented case study of teaching the SEP programme to an academy football group written work was incorporated as well, testing written understanding of communications, as outlined by the League of Football Education (LFE). O'Malley et al (2006) states that continually challenging and building in opportunities to engage with different language skills is important to sustaining lifelong learning, in whatever the setting. Thus, in both formal education and psychology settings I give responsibility to students to “teach back” information where possible. As Fielding (1999) suggested, where teachers retain humility of their knowledge within a class whilst student-led activities are occurring, students become excited to tell others about what they think and have discovered about a topic (Scales, 2008). Ketelhut (2007), Meluso et al (2012), Omar et al (2014), and Xianli et al (2014) all report that improving the self-efficacy of learners is paramount to predicting their success. Furthermore, this approach agrees with Skinner and Belmont (1993) who identified that maximising student motivation is critical in maintaining engagement and predicting success rates.

Teaching Methods: Academic vs Athlete Populations

Within my teaching profession I have undertaken roles with learners between 11-18 years of age. Between 11-16, I was under strict guidelines for school level policy and procedure in terms of lesson and syllabus structures (McCarthy, 2011). However, from 16-18, these conditions were

more fluid and autonomous. A limitation of formal education is that students are often not allowed to use their mobile phones. Whilst Cakir (2015) suggests this would be most beneficial for students, my former work environments limited students to ICT communications.

In contrast, in the Applied Sport Psychology domain there are rarely such limitations. Therefore, adopting Vogel and Vogel et al's (2006) ideas around interactive games and discussions to assist cognitive processing and presentation skills is one example of using ICT to facilitate meaningful student engagement in sessions. Scales (2008) also highlighted that verbal questioning techniques are useful in this way e.g., filling in Kahoot or Mentimeter. Moreover, the act of involving peer collaboration and interaction is also considered to improve the learning effects, both in taught settings. Shih et al (2010) identified that whilst learning could be done individually e.g., in players writing a poem around keywords, it is more beneficial for them to identify the learning through interaction with each other as they are more likely to actively engage. This is more important in team sports where communication is a key item of athletic success, a finding echoed by Meuso et al (2012) in that students report the usefulness to learning of peer discussion whilst playing. Therefore, I found using mobile communications with younger psychology learning groups, creating online quizzes and games helped even nervous learners give ideas to a workshop. For example, anonymity via mentimeter, interactive presentation on mobile devices allows greater fun, participation, and engagement with psychological topics.

Turkle (2006) believed that online resources can aid student interaction better than face-to-face development. However, Mihaildis (2014) suggested that face-to-face learning interactions allowed for more rich and diverse connections to be made. Whilst there are significant arguments supporting both viewpoints, in the case of disseminating learning during Covid19, my proficiency for using technology in learning ICT increased dramatically. Moreover, older athletes

preferred receiving learning content directly to their mobile phones to attending formalised workshops. From these experiences I tend to use a hybrid approach to workshops, conferences and other teaching activities, often using links and QR codes to allow learners to engage in a presentation, even if being delivered synchronously face-to-face or accessed remotely and asynchronously after the session.

SEND Considerations

Within the formal A level psychology cohort, I had one learner with high level dyslexia, which meant “matching” assessment tasks in classes, e.g., matching keywords and definitions or text given in larger font, on pink paper and using shorter sentences, in contrast to other students who kept their own style of written notes and had autonomy over their preferred styles. This method supports Berk (2009) in that using simplified adaptations of theory helps aid weaker learners or those with SEND issues to be able to apply and interpret complex concepts. Murawski (2002) also identified that these groups show the importance of Teaching Assistants within education environments. In my teaching roles I have a responsibility to follow the Equality and Diversity Act (2010) and align my teaching to it. During my last teaching role, I was based in a SEND department, supporting learners on various levels of the ASD spectrum. This involved helping teach them coping strategies for when difficulties arose in education settings. This included, coping with others’ poor behaviours, dealing with frustration at non-comprehension of topics or tasks, finding time constraints of tasks too difficult, having to engage in group work, or a sudden change of teaching room or teacher. If not recognised and supported, this would often result in emotional or behavioural meltdowns.

One of the main features of this work that I have carried into Applied Sport Psychology dissemination and consultancy is awareness of the common ASD trait of lacking emotional intelligence and empathy. Therefore, if I know I have a workshop participant or client with ASD, then I am keen to avoid any emotional based questions for feedback such as “how did you feel about today’s workshop”. Instead, I opt for tangible measurable feedback such as, “tell me one thing you have learnt from today’s workshop”. I also ask students/clients to tell or draw me their feelings around different emotions, for clarity where needed. Within athlete populations however there are not the same pressures to delivering the academic aspect of material. The main areas of Bloom’s taxonomy that are triggered are based on application of academic information to specific athletic situations. With SEND learners, visual, audio, and physical tools are used in workshops to cover ways of information processing; all with application to athletic examples. Only for the case of the LFE cohort, as found in the Teaching Case Study of this portfolio, were academic requirements of formal feedback needed. Otherwise, feedback with athlete populations is usually done via questioning, either verbal, whiteboard or mentimeter phone responses (Scales, 2008).

Planning for Nerves

One of the main issues I have experienced is nerves around psychology dissemination to peers and senior practitioners and researchers during conferences, and when delivering to athletes where senior coaches were present. Whilst I have lots of experience in planning and delivering schemes of work and classroom lessons, a professional delivery in an academic setting and / or to a peer academic audience is a different type of challenge. Happle (2009) identified areas of consideration to presenting material to help in this regard. Knowing and acknowledging that

delivery on this nature can be a nervous process to embark on and accepting that this is ‘normal and thus OK’ is one of the most important steps to learn. This then allows for planning and reworking of material over a considerable period to gain confidence and familiarity with it, which becomes a useful way to combat the effects of nerves (Clearly, 2004). Sheldon and Jackson (1999) also identified how nerves can alter the delivery proficiency of any practitioner, however experienced. This is something I have encountered when delivering psychological material to senior researchers and coaching groups. To help gain confidence, and limit the time spent talking, I use lots of visual aids, videos, articles, and quotes when presenting (Happle, 2009). Not only does this allow natural discussion and break points within a presentation, but also allows space to bring my personality into the forefront. Often, I will clarify why certain things have been included or why I feel a particular item is of worth to a session. Using personal experience in presenting can be a way of combating nerves as people are generally more relaxed recalling personal thoughts and experiences rather than facts or figures (Hadfield-Law, 2001). Moreover, I often pre-record myself delivering workshops or presentations to check for delivery feedback, whereby I can bring in discussion and ways I am delivering to check for nervousness, a process deemed useful by Hartman and LeMay (2004). This has allowed me to be more confident in my delivery and timing of presentations, which is an important element of consideration for me when presenting in formal environments.

Summary

The transition of my teaching experience from formal education settings and clients to applied athletic and team settings and populations has given me the freedom to facilitate learning that is more applied and fun in its translation and delivery rather than being predominately content and

outcome driven. The aim within athlete populations is to help support and secure meaningful change and future actions that are beneficial for individuals, rather than repetition of learning for assessment purposes. Older athletes tend to prefer short input with takeaway material, whereas younger groups tend to prefer lots of activities, with various ways of demonstrating knowledge and learning. I have found this to be more enjoyable to deliver than academic schooling and allows you to see real outcomes in performance developments and personality functions across different age groups. This also means I can be more diverse in the style and content of my teaching and training to deliver these aims. Socratic questioning (Carey and Mullen, 2004) is fundamental for learning in my athlete populations, whereas this is reserved for higher level learners in the classroom. This learner-centred approach works well as a congruent ‘golden thread’ of my philosophy across teaching (as well as consultancy and research) settings, for athletes who are primarily concerned with how to ‘knowledge translate’ and use / do sport psychology to bring about enhancements to performance enhancement and personal development.

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Systematic Review

**An investigation of the psychological risk factors contributing to the prevalence of suicide
in sport**

Abstract

There are to date, no systematic reviews specifically and purely identifying the psychological risk factors contributing to suicide in sport. Numerous case studies exist around suicide prevalence in sporting professionals; however, nothing specifically has been written that practitioners can use to adopt preventative practice measures in sport settings through day to day working practices. This review adopts a PRISMA (Page et al, 2021) methodology to identify key themes across literature from a range of databases to synthesize psychological suicidal risk factors across elite sport populations, with a view to applying these to inform future policy and practice. Within the sample reviewed, any psychological coping strategies found will also be documented to detail education that practitioners may find useful. Therefore, the objectives of this review were to synthesize psychological suicidal risk factors across elite sport populations to inform future research of the psychological factors associated with suicide risks in sport and inform future mental health education programmes for athletes and future policy around mental health training to support athletes. The findings identify specific themes within psychological suicide risk factors that are present in sport, and suggest how future research, practice and policy should be informed to help address these risks going forward.

Keywords: Sport Suicide, Mental Health, Risk, Prevention

Introduction

Suicide is the second biggest killer of 15–29-year old's worldwide (WHO, 2020). While suicide does not discriminate between rich or poor economies, both on an inter and intranational scale, it is described by the World Health Organization (WHO) as a preventable occurrence, given evidence-based, timely interventions (WHO, 2020). This has stimulated the WHO's Mental Health Action Plan 2013–2020 (2020) and associated global investment into reducing suicide rates in the world's population. Sport and Exercise has been identified as an activity that can improve mental wellbeing and thus suicide risk. For example, sport and exercise participation is one of the main treatments recommended for improving depressive mood disorders, of which suicidal thoughts is a common symptom (DSM 5, 2017).

For those involved in sport, particularly elite sport, research also highlights how the pressures and demands of sport can promote risk factors associated with Mental Ill-Health. A quantitative study by Junge and Prince (2016) observed that 40% of 209 participants felt they had previously needed mental health support at some point; however only 15.7% were currently receiving direct support at the time of their survey, 13.6% of players had previously accessed counselling and only 5.2% were receiving counselling at the time. Moreover, specific risk factors associated with poor mental health and wellbeing of athletes have been observed in sport settings, such as injury and poor coaching relationships (Keuttel et al, 2021; Southern & Gorman, 2021; Henriksen et al., 2020; Kilic et al., 2017; Prinz, Dvorak & Junge, 2016), exhaustion and mentally demanding schedules (Southern & Gorman, 2021; Derakshan & Eysenck, 2009. and high-pressure environments (Kuettel at al., 2021; Wyllemen, 2019; Bauman, 2016; Schaufeli & Buunk, 2003).

In 2015, the UK government launched ‘Sporting Futures’ (Dept for Digital Cultural Media and Sport, 2015) working in partnership with Mind, the Sport and Recreation Alliance, and Sport England to create a strategic action plan aimed to improve mental health and wellbeing in athletic populations. The plan’s aim was to improve support and education for athletes and coaches around mental health in elite sport (Dept for Digital Cultural Media and Sport, 2018). In 2021, Mind, in partnership with Asics and Fiveways, collated updates on what had improved thus far (Mind et al, 2021). Key examples of improvement included The Olympic International Committee installing a Mental Health Toolkit for athletes, and along with The English Sport Institute and Changing Minds, employing clinically trained staff to support teams. Rugby Union had installed mental health leads in clubs and the Football Association signed the Mentally Healthy Football declaration. British Swimming had monitored the wellbeing of their athletes alongside performance indicators and provided targeted support where needed. These instances show how sports organisations are adapting to include mental health awareness and support within their work to psychologically support their athletes. However, Mind also suggested that stigma around mental health was still an issue, and more needed to be achieved to combat “complicated” experiences, namely self-harm, psychosis and eating disorders (Mind, 2022). The action plan runs until 2024 with a further review expected on completion.

Suicide in sport remains the most extreme symptom of poor mental health and wellbeing, and there are tragic examples in sport of individuals who have taken their own life. Therefore, it is important to explore whether improved mental health education programmes and initiatives to increase mental health awareness and support in sport organisations are having the optimal impact in preventing negative mental health behaviours such as suicide by targeting the salient

risk factors (Schaufeli & Buunk, 2003, Goodger et al, 2007). When attempting to cite incidents and risk factors of suicide from the current literature base, most of the suicide in sport papers refer to entomological risk factors to suicide, not psychological ones. For example, heart disease and CTE (Webner and Iverson, 2016; Russell, 2020; Owora et al, 2018) are commonplace in literature, as are incidences of concussion and heart-related problems associated with future suicidal feelings, intent, and actions. In stark comparison, there is no literature that specifically seeks to identify the psychological factors, such as personality traits or life experiences that may contribute to such future suicidal feelings, intent, and actions. Therefore, the objectives of this review were to synthesize psychological suicidal risk factors across elite sport populations to inform future research of the psychological factors associated with suicide risks in sport and inform future mental health education programmes for athletes and future policy around mental health training to support athletes.

Methodology

Review Type

A scoping review was conducted to allow all available information to be included within the review process, not just ones that hit certain impact factors in database searches (Grant and Booth, 2009). By exploring what evidence was available, areas of risk could be identified. Even though this type of review can be considered basic and as a preliminary tool to form the basis of further reviews, a scoping review would afford the need and potential details of such a future process (Grant and Booth, 2009). The scoping review would therefore follow the PRISMA protocol (see Figure 1) for completion following the established guidelines and checklist available (Page et al, 2021).

Identifying the research question

Initial searches were conducted across only two key words – ‘Sport’ and ‘Suicide’. No filters for age of publication were used. Initial searches found only Gouttebarga et al (2015) as a narrative paper around the specific topic of football and suicide to date. Using the PRISMA (Page et al, 2021) protocol the initial search criteria were used to identify appropriate papers: The population had to be elite level sport participants. Elite was defined as professional levels of sport being athlete’s full-time employment. Whilst there was no intervention being studied, there had to be specific links to suicide or trial of suicide with the research methodology. The outcomes were:

- i) To inform future research which may focus on specific risk factors of suicide within sporting populations.
- ii) To collate identified risk factors for suicide for use within sporting associations to inform practice.
- iii) To provide recommendations for future policy in education and training for athletes around mental health and suicide prevention.

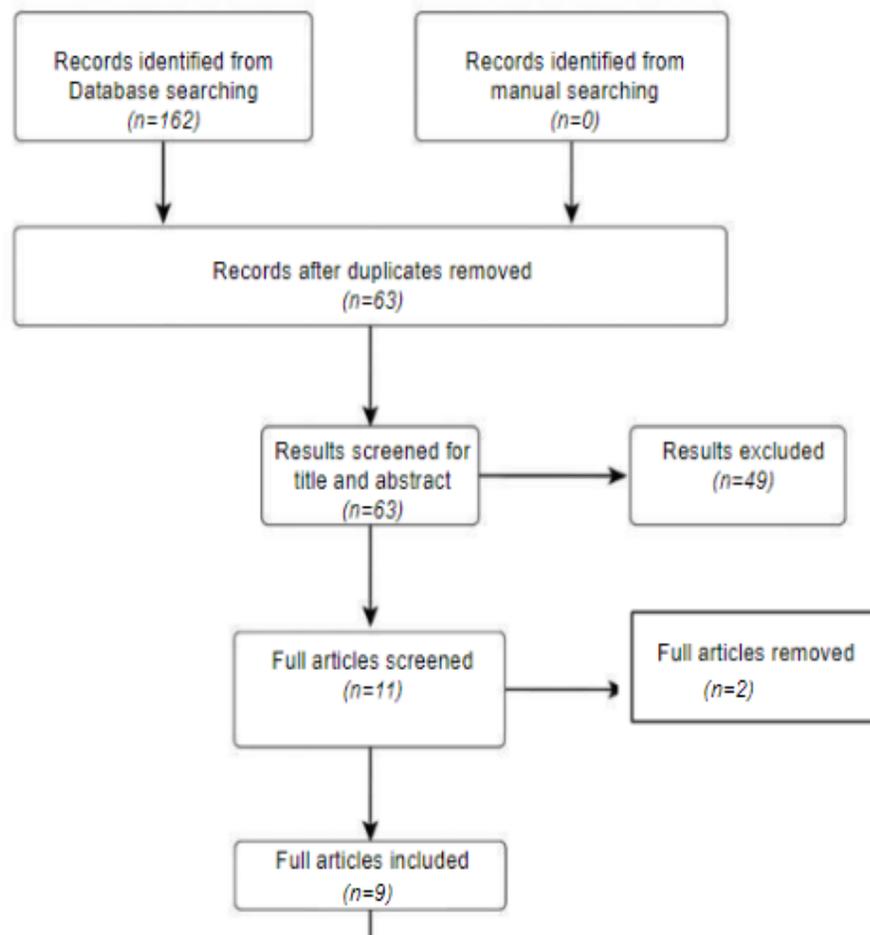
Study Selection

Quantitative, qualitative, and mixed methodology papers were all included to allow for breadth of topic analysis (Askey and O’Malley, 2005). Once items were found they were then screened. Firstly, the population had to be specific to athletes. As one of the outcomes specified was to inform future policy, studies assessing suicidal effects on the general public were not eligible. Similarly, any article based on mental health data from general populations would also be removed in this screening phase. Secondly, as an outcome aimed to identify risk factors of

suicide, then results had to specifically include data relating to the risk of suicide or activation of suicide and not mental health in general (Askey and O'Malley, 2005).

1. Results must be based on player or athlete populations, not general populations.
2. Results must refer to risk factors specifically identified in suicide cases, not mental health in general.
3. Results had to refer to the effects on players or athletes specifically in their participants.

Figure 1: PRISMA Screening Flow Diagram



Initial search results from the Web of Science database 09/01/2021, using “Sport” AND Suici*, accrued 99 results. As the present study was specifically intending to look at the effects and risk factors on players, the titles of these 99 papers were initially screened by the researcher to only show those papers including reference to players or athletes under the predefined elite status and not to general populations. This took the total number of eligible papers to 16. The researcher then removed any papers that specifically titled direct links between aetiology and suicide, including the terms “heart attack, stroke, concussion” and head injury”. From this filtration, 11 papers were taken forward. A secondary search of Football OR Soccer AND Suici* into the

PubMed database found 68 results. The same process was repeated for this database, and once duplicate papers were removed from the original database search, 3 new results remained. A third database search was carried out via Sport Discus with 12 results. With duplicates and the above protocol repeated no additional results were included. Of the final 11 papers, one was no longer accessible, and one was removed from the charities reference list. Therefore, nine research papers made up this systematic review to examine the occurrences of suicide in professional sport with markers of psychological risk factors that are considered relevant in the policy making of mental health of professional football (see Table 1).

Confidence in the Data

As this was a scoping review, the weight of evidence provided by these papers was not overly scrutinized. From the papers screened 5 were empirical papers. There was also 1 case study, 1 narrative review, and 2 journal review articles. As the purpose of this review was to analyse the current available body of knowledge to identify risk factors of suicide in football, no systematic screening of quality of material was carried out, allowing all included literature based on the identified search parameters to be reviewed.

Table 1: Studies included in the review

Author (Year)	Design	Country	Sample (n)	Characteristics (age) (sport)		Main Findings
Iverson (2000)	Narrative Lit Review	America	524	16 & 29	NFL	Those with depression and chronic pain experience greater life stress and financial difficulties which would put them at increased risk for suicidal thoughts and behaviours.
Webner & Iverson (2016)	Retrospective cohort study	America	702	23-85	NFL	26 professional football players who completed suicide with life stressors: sport retirement, loss of income, divorce, failed business ventures, estrangement from family members and/or medical, psychiatric and/or substance abuse problems.

Hutchesson et al., (2020)	Qualitative descriptive study	Australia	12 (10 clubs)	Not Given	Australian Association Football	Barriers to support included: individual attitudes towards mental health, and not having the finances/resources to implement a program.
Bohr et al., (2019)	Cohort study	America	10,951	16-29	American Football	Football was not significantly associated with impaired cognitive ability, increased depressive symptoms, or increased suicide ideation
Lehmen et al., (2016)	Cohort study	America	3439	+66	American Football	There is no indication of elevated suicide risk in this cohort of professional football players with 5 or more credited seasons of play. Because of the unique nature of this cohort, these study results may not be applicable to professional football players who played fewer than 5 years or to college or high school players.
Reider (2016)	Cross-sectional study design	Sweden	402	18-42	Track and Field	About one out of six international athletics athletes reported having experienced suicidal ideation. World Athletics and National Olympic Committees need to include suicide prevention in their athlete protection programmes.
Gouttebauge et al., (2015)	Observational prospective study	Worldwide	214	Not Given	Association Football	Of the 214 deaths, 183 were recorded among active players and 31 among recently retired players. 11% of 214 were recorded suicides. Mental health support should be developed and implemented both during and after a professional football career to prevent potential suicidal behaviours.
Lemez et al., (2016)	Observational prospective study	Scandinavia	205	Not Given	NBA NFL NHL MLB	NFL and NBA players had a higher likelihood of dying in a car accident (OR 1.75, 95% CI: 0.91-3.36) compared with NHL and MLB players.
de Moore (1999)	Case study	Australia	1	44	Cricket	Thomas Wentworth Wills died in 1880, an isolated, destitute alcoholic, after stabbing himself in the heart. Wills embodied a tradition, as prevalent today as it was over 100 years ago, that weds sport with alcohol in Australian culture.

Charting the data

A “charting” method, as termed and outlined by Ritchie and Spencer (1994) was used to sort emerging themes relating to risk factors used by players within the analysis. All risk factors mentioned in the final literature analysed have been reported (Arksey *et al* 2003), as whilst the current review was only concerned with those factors truly psychological in nature, physiological

reasoning included in appropriate papers were still reported. This was done to minimize the effects of potential researcher bias (Grant and Booth, 2009), as these factors may well be useful in the basis of forming future research, practice, and policy decisions, even though it was not a predominant objective of the present study (Askey and O'Malley, 2005), and to provide a transparent overview (Caldwell and Welton 2016, Andersson 2011, McKenzie *et al* 2020). With that in mind results were independently analysed for risk factors considered as primary precursors to suicidal action. These were sectioned into two categories. Physiological Factors e.g., occurrence of head injury, CTE, and Psychological Factors e.g., economic changes, trauma, and relationship changes, with each specific risk factor recorded under either of these categories.

Results

Specific data percentages from suicides by participants from the quantitative papers analysed is detailed in Table 2. The findings in Table 2 are important to consider as they illustrate the variability in pre-retirement and active engagement in professional sport. It is also important to note that these datasets only include deaths officially documented as suicide. Many coroners are unable to deliver such a verdict in the UK without considerable proof that suicide was the intended and direct cause of death at autopsy and inquest. Therefore, any future research or reviews presented in this area should be mindful of this at the design phase because many probable suicide deaths are officially recorded as open verdicts, accidents, or misadventure (Office for National Statistics, 2015).

Table 2: A representation of the percentages of suicide rates from the quantitative papers analysed, with career phase included where possible.

Participants	Suicide percentage	Mean Age	Deaths by Career Phase	Paper
26	100	42.9	Active Players =3 3 Years Retired=15.3	Lehmen (2016)
5008	7.9%*	-	At Age 16 :398* At Age 29: 126*	Webner & Iverson (2016)
205	6.8%	27.7 (18-44)	Entered Hall of Fame 6.8%	Lemez,(2016)
7676	0.25%	-	-	Russell (2020)

*Uncompleted suicide data only

From the studies reviewed, a clear need for a more comprehensive approach to psychological support was found. Lehman et al (2016) identified 24% of their 3439 NFL playing participants had suffered from depression, of which suicidal thoughts and feelings is a clinical symptom (Diagnostic Statistical Manual V, 2013). From the only study to have specifically looked at suicide rates (in football), 22 of 214 deaths of active and recently retired players were attributed to suicide (Gouttebarga et al., 2015). This supports the findings of Webner and Iverson who analysed the deaths of 26 male American Football Players between 1920 and 2015, where 38.5% of players completed suicide within 3 years of their retirement. However, Gouttebarga (2015) research figures did not take into consideration players under the age of 18. Bohr et al (2019) identified suicide attempts from a sample of 5008 participants in contact sports as being at a rate of 3.6% at the age of 16, lowering to 1.2% at age 29. This demonstrates that younger athletes may be more prone to suicidal thoughts and tendencies in younger years than Gouttebarga et al (2015) identified.

Table 3: Psychological and physiological risk factors listed within the papers identified.

Category	Risk Identified	Source(s)
Physiological	CTE Concussion Dementia Cardiac Illnesses Long Term Pain Clinical Psychological Disorders Injury	Webner and Iverson (2016) Bohr (2019) Gouttebarga (2015) Lehman, (2016) de Moor (1999) Rao (2015)
Psychological	Disconnection of Interpersonal Relationships	Grace (2018) Lemez (2016) Gouttebarga (2015) Rao (2015)
	Loss of Economic Stability	De More (1999) Webner and Iverson (2016) Grace (2018)
	Loss of Worth and Purpose	Grace and Iverson (2016) Gouttebarga (2015)
	Poor Lifestyle Management	Rao (2015) Gouttebarga (2015)
	Internalization of Expectations	Rao et al (2015)
	Witnessing a Personal Trauma	de Moore (1999)

Whilst this review is primarily concerned with psychological risk factors, the physiological factors have also been identified in Table 3 to provide full context from papers that were multi-disciplinary in their approach, as they may also be indicative of risk factors that act as subsidiaries of or are affiliated to those that are primarily psychological. Specifically, disconnection of relationships and economic factors were shown to be the most significant risk factors identified. Rao (2015) identified that in groups where there are supportive social environments in sport, a buffer is created in protecting athlete mental health. However, in environments where social support is not specifically encouraged or removed suddenly, there is an increased likelihood of poor mental health. This would be exemplified when players either had direct ending of relationships through club release, or prolonged periods of injury. Grace et al. (2018) found that the disconnect of family and community was one of the biggest factors in suicide likelihood. Community could be reflected as the club or even wider football environments, as

well as in the breakdown of family or romantic relationships. Financial issues were classified as equally compounding (Grace et al., 2018) and even more so if in conjunction with a disconnect of relationships. Loss of wages through release, deselection, or redundancy in player's personal lives is a risk factor identified as being congruence with poor mental health (Lemez, 2016). with players unable to, for example, finance kit when playing for a new team or having to find employment work on match days, which in turn disconnects them from their teammates. The personal stress of finance may also cause more tensions and frustrations in romantic relationships, which would make support from important interpersonal connections more difficult to retain. All these experiences can instigate a person's isolation and question their contribution to their family or peers. Gouttebarga (2015), Webner and Iverson, (2016) and Grace et al. (2018) show that such a combination of factors presented over an elongated period may cause a loss of worth or purpose. The unstructured nature of employment or training can create other poor lifestyle management factors, such as lack of self-care or gambling behaviour to recoup funds.

The findings concerning the risk factors thought to have contributed to the deaths reported are important to consider for future research and practice, as they identify some of the key themes within athlete experiences when these risk factors may present. Prior knowledge of these events means practitioners can target support both individually and a team-based level if these experiences are imminent. The findings show several key psychological experiences and circumstances for which suicide could become a potential risk factor associated with poor mental health and wellbeing. Practitioners, clubs, and development officers could therefore be made more aware of the nature and occurrence of these experiences, and through this enhanced

knowledge look to identify anyone at heightened risk due to these circumstances occurring. Similarly, workshops and education should be targeted around these areas for advanced knowledge and preparation of future experiences where possible. Policy makers would be able to identify plans and procedures to better support athletes at times where risk factors are likely to be prevalent, and allow more normal conversations, support talks and content to be made available around these topics at an operational level to help support both athletes and coaches, as well as practitioners providing specific mental health support.

Table 4: Risk factors experienced in career stages in professional sport

Risk Factor	Career Stage
Loss of Economic Stability	Retirement, Injury, Deselection, Sponsorship
Disconnection of Interpersonal Relationships	Release, Migration, Transitions Coach Transitions/Migrations
Loss of Worth and Purpose	Release, Transitions, Injury, Deselection
Poor Lifestyle Management	Transitions through education / workplace/ development levels
Internalization of Expectations	Release, Migration, Transitions, Coach Transitions/Migrations, Player Transfer, External factors - Social Media, Sponsorship and Wages

Table 4 details career stages where these risk factors might typically be relevant to athletes. Knowing these risk factors in relation to the career stage allows organisations, researchers, and practitioners to generate athlete awareness around these factors and plan intervention and knowledge to those experiencing any of these factors during athletic careers (Wylleman, 2019).

The inclusion of this data will also assist and inform policy makers to plan education and training that supports mental health of athletes around these events, and hopefully prevent suicidal thoughts or feelings occurring.

Table 5: Coping strategies for dealing with suicidal thoughts and feelings

Strategy	Source(s)	Comments and Implications for Athletes
Drug or Alcohol Use	Gouttebarga (2015) De Moor (1999)	Illegal / breaks anti-doping policies / increases chance of physical harm / can trigger other risk factors if not dealt with
Talking to friends / family	Rao et al (2015)	Males cited as not wanting to burden friends/family
Talking to “Insiders”	Rao et al (2015)	Males needed gradual trust to become open to insider colleges/coaches/welfare staff
Talking to outside agencies	Gouttebarga (2015)	Males more likely to avoid this Males less trust in this approach

Table 5 identifies coping strategies of poor mental health and wellbeing that were unsuccessful in preventing suicide in those studied. Furthermore, these are important factors to consider for organisations to help athletes maintain relationships both during and after their careers, as well as developing better strategies to cope with circumstances and experiences. For example, drug and alcohol use is cited as maladaptive coping strategy that is potentially harmful to both personal health and athletic careers (Gouttebarga’s, 2015). It is useful from a practitioner perspective to be aware of what strategies have been researched and identified to explore how commonplace they are. This can help to educate athletes on healthier strategies when working with individuals, and for organisations and NGB’s to provide better support to their teams. Gouttebarga’s (2015) finding that males considerably avoid talking about mental health is a key finding for future work in guiding and supporting men to become more open about such issues. Whilst the Mind partnership with the UK government and Sport and Recreation Alliance’s action plan (2018) has

begun to address these issues within sports, this data could help underpin and direct future actions.

Discussion

The most common risk factor to poor mental health found in this review was the disconnection of personal relationships. Secondly, the loss of economic stability was recorded in three of the papers included. Two papers cited a loss of worth and purpose, as well as poor lifestyle management as key risk factors, whilst one paper found an internalisation of expectations as a significant cause. One paper also focused on the effects of witnessing a personal trauma. These will be discussed individually in relation to the review's aims. All the psychological risk factors of experiencing suicidal thoughts and feelings centre around what the WHO (2020) describe as "preventable" risks. This discussion focuses on potential new avenues for education and care plans to be written based on the findings, as well as recommendations for future research and practitioner engagement. The findings of this review not only provide a potential list of mental health factors from which NGBs could design new programmes, but also details times during an athlete's development in which they should receive them. This approach aligns with Purcell, Gwyther and Rice's (2019) suggestion that providing ongoing prevention, treatment and care is the best way to safeguard an athlete's mental status, as well as Gouttebarger et al's (2015) recommendation that organisations should ensure mental health support is accessible both during and post career.

Social and interpersonal disconnections were found to be the most consistent risk factor, cited in four of our papers. Athletes and players are potentially with their coaches, teams, and

development pathway for a significant number of years; during which they build up deep, meaningful and trusting relationships. This ability to be around people they perceive as reliable, trustworthy and with whom they hold personal connections and even shared experiences, can pose significant risks to mental health once these relationships are no longer regular (Prinz, Dvorak and Junge, (2016). This can be confounded if this is a sudden occurrence, in the form of coaching changes, organisational restructures, team transfer, progression onto new development tiers etc, as well as retirement or through a significant period of injury (Wylleman (2019). Therefore, knowing that disconnection of these relationships has been a previous key indicator of poor mental health incidences, organisations can prepare for these transition-based events. This could be through prior workshop education-based approaches about how to keep and maintain relationships through transitions and/or by engaging in follow-up calls and meetings with athletes and players throughout transitional processes. For practitioners, policy could advise a maintenance of contact of athletes from within the organisation. This could be assigning a teammate to maintain a set number of communications for an allotted time scale with an athlete, or alternatively in the formulation and inclusion of alumni groups within clubs and organisations, where athletes can attend events and be kept in contact with goings on, where reasonable. Furthermore, including families in education and workshop sessions for younger athletes may help to prevent stigma and open more conversations around mental health at home (Grace, Richardson and Carroll, 2016). Engaging parents in the process of relationship maintenance can have the effect of keeping ties with coaches and broadening the networks their children are exposed to throughout their development, Moreover, aligning an organisation's message throughout its athlete group and helping to educate key adult stakeholders throughout elongated

contracts such as Olympic cycles or European Championships for example can help keep connections regular with athletes, even if they are not in a performing phase.

The second most prevalent risk factor was a loss of worth and purpose. Policy makers should therefore have packages of care to support athletes with independence and their roles and expectations within sport transition, as well as exit planning in cases of career termination because of end of contract, deselection, or injury. Maintaining regular self-reflection and the wider skills that individuals bring to their sporting identities could be a way of helping prevent the feelings of identity loss occurring. The data highlights that signposting athletes to external agencies for this support is unlikely to be of value, especially for males, who will not likely engage in meaningful conversations with strangers, as opposed to those with whom they hold good connections. Focus should therefore be for NGBs to establish identity, personal development and upskilling using in-house team members who hold interpersonal, grounded relationships with its clients at all ages. This service should not simply be passed to a safeguarding or educational team for delivery, but that it be embedded into the organisational culture so that trusted connections within the team, e.g., a coach, mentor, education lead, lifestyle advisor or psychologist, who are significant to the athletes, are used to facilitate and direct these valued interactions.

As economic changes were found to be a risk factor, financial planning should also be a prominent feature of career development projects Goutteborge et al. (2015) found these should be tailored appropriately by policy makers to ensure athletes are receiving the most relevant information for their circumstances at a particular moment in time. For example, financial

planning should look very different for an U18s footballer who is not necessarily thinking about savings ISAs, bonds, or equity release for their future children, whereas perhaps senior athletes can utilize this information early in their careers for when times of injury, deselection, or retirement are likely to occur and affect their future financial status and ability to maintain household finances they have established. Similarly, education around public profiles and social media is likely to be needed. For example, young athletes often need to create sponsorship opportunities by marketing themselves at early stages using social media platforms, whereas in club organisations this is often done by a team of experts. The pressures and financial influence this can have on young athletes to perform to get payment, expenses and kit is significant when compared with athletes and players on time-based contracts where these things are provided.

Lifestyle management has been part of the role of many holistic Sport Psychologists for several years. More recently, it is evolving into a role such that many organisations are employing more education and welfare offices to support life skills and holistic development of athletes in NGBs (Wyllemen, 2019). It is argued that without proper education and effective time management skills any athlete is at risk of burnout, and that the characteristics of burnout are like those seen in poor mental health (Goodger et al, 2007). Lifestyle management support should include, for example, managing a young athlete's workload of study and training, part time athletes holding full or part time jobs, juggling sport commitments with support for families, caring for relatives, helping with siblings, and manage finances needed to pay rent or mortgages and support increasing cost of living. Lifestyle management should not have an age limit and should form part of ongoing reviews and check-ins with competitors at all ages and levels. If an individual is unable to successfully manage their lifestyle demands at any stage, then their internalisation of

pressure and weight of external expectations grow to become unrealistic, especially if family and funding sacrifices have underpinned the decision to pursue an athletic career and dedicate time to sporting achievement. This may lead to personal trauma.

The mental and physical effects of personal trauma may well prevent an athlete from progressing with their professional career if not supported, as well as the likelihood of engaging in unhealthy coping mechanisms (de Moor, 1999). It is therefore important to be mindful of any such occurrences of trauma, as these may well later trigger one of the other psychological risk factors previously discussed if not properly managed at the time of occurrence or at a later appropriate time-point. Policy should focus on the receiving of sound mental health and/or family care, both in a professional capacity e.g., clinical psychologists, social workers, GP referrals and counselling and in terms of on-going education and support for athletes around loss, bereavement, trauma etc (Mind 2020). Education for coaches and organisations to be able to have conversations with athletes, even if these individuals do not hold formal mental health training, is important to enable athletes to feel supported during periods of trauma and facilitate healing.

Limitations and Future Directions for Research

The main limitation of this review was the small number of articles available to assess psychological risk factors of suicide in sport, particularly when suicide remains a preventable symptom of poor mental health (WHO, 2020) and early intervention would be a way to reduce its occurrence. There have been several high-profile cases of both completed and uncompleted suicides in sport in the last 15 years, e.g. Clarke Carlisle, Gary Speed, Robert Enke and Jeremy

Wisten, but the impact and learning opportunities for practitioners working in elite level sport to create sound preventative measures and actions have not yet clearly or universally been established across sporting NGBs (Wyllemen, 2019). Reviews and future research into this area would be useful in providing evidence for the need of universal approaches to supporting athletic populations, and the risk factors that already exist in different elite sporting environments. Knowing more about these would allow NGBs to target those risk factors specifically in relation to each sport, as well as then drafting specific and targeted education, monitoring and treatment plans during athlete careers (Kuettel et al., 2021).

The other major consideration for this review, and for future researchers, is that several sources included in this review and in anecdotal reports do not always cite suicide as the official cause of death, even if suspected. Several cases established car accidents, drowning and overdose as the leading cause of death of athletes within their findings. Therefore, it is impossible to say whether all such cases were either intentional or unintentional and so there are potentially some suicide cases undocumented within the literature that should be included. Furthermore, it is difficult to sight trends in suicide occurrence by sport, as most papers in this area cite biological, entomological reasons for suicidal thoughts and feelings which were removed from the current sample.

Junge and Prinz's (2019) research showed that several female players experienced severe symptoms of depression, of which suicidal thoughts and feelings could have been a symptom, yet in practice, only 40% of these had received treatment on seeking support. Bohr's (2016) data on student sport populations suggests that more women suffer with depression than men and are

more likely to complete suicide. Keuttel et al (2021) identifies that women are less likely to complete suicide, as well as men U21, compared to older male players. It is also difficult to make comparisons for differences in gender experiences of suicidal thoughts and feelings, however men not talking was seen as a barrier in terms of discussing and coping with mental health in this review. This places importance on investigating male and female athletic populations more deeply, and qualitative explorations into the experiences of male and female mental health in sport would give new insights into this area.

Player ethnicity was also a contentious factor in these sources. No conclusive findings were shown to support more or less risk as a function of ethnicity, however Rao et al (2015) pose the question as to whether differences in socioeconomic factors of African American and White students may have played a part in their findings. This is further supported by Webner and Iverson (2016), whose analysis considered multiple gene-based factors of suicide victims. Keuttel et al (2021 and Gouttebauge et al (2015) show specific findings for European experiences, whereas most papers around suicide are based on American populations. Sport-specific factors such as level of play and years of participation were factors cited in nearly all papers, with varying perceptions on whether these were considered higher or lower risk factors across the literature. It would be the recommendation of this review that these represent important individual difference factors that could form the basis of future research and be considerations for specific tailored interventions.

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Empirical Paper 1

The influence of pressure training on the decision-making strategies of grassroots football players across a competitive season.

Abstract

The aim of this paper was to improve decision making in grassroots footballers by adopting pressure training protocols over a competitive season, tailored to players as a function of their personality profiles. 22 players of a non-league first team provided the participants. The OCEAN personality profiling tool (Costa and McCrae 2008) was used to profile players into pressure categories, and the Intuition and Deliberation (PID) questionnaire (Betsch, 2004) was given pre-season and post-season to assess changes in decision making. Coaches then added targeted emotional pressure protocols into small-sided games and within player interactions across the season in weekly training and matchday warm-ups. Results showed that players become less reliant on instinct over the season, as well as being more confident and showing higher levels of self-control and self-awareness. The findings provide useful assistance when working with intuitive, emotionally inconsistent players whose behaviour commonly changes under pressure, as it can influence their decision making to focus on “true” factors of match-play rather than their perceptions over a competitive season.

Keywords: emotional pressure, anxiety, decision making, performance

Introduction

The technical and tactical principles of athletic coaching can be undermined once athletes take skills into competitive pressure situations. Event importance, uncertainty, skill level, experience and personality are all examples of individual difference factors that can influence psychological responses such as anxiety, with anxiety performance theory indicating that anxiety can have a facilitative and debilitating impact on performance, whereby anxiety is typically useful to performance up to a peak point, then negatively impacts on performance levels thereafter (Woodman & Hardy, 2003). Specifically, anxiety can impact concentration and task-focus (Nieuwenhuys and Oudejans 2012), and this can lead to the detection of irrelevant cues, threats, resulting in quick, rash, and unintentional actions (Nieuwenhuys and Oudejans 2017). Within team sports the art of keeping attentional focus under anxiety inducing conditions can provide the difference between a point-scoring opportunity and losing a game. Low et al (2021) showed that athletes are more likely to make better decisions when they feel confident and may ‘clutch’ rather than “choke” perform when anxiety is elevated due to resourceful coping abilities and skills deployed to manage stress and emotions under (Beilock and Gray, 2007; Low et al. 2021).

One-way that researchers and applied practitioners have aimed to increase confidence in players' match play has been to apply game-based training principles into coaching, so that players can practice skills within the conditions they experience in competition. Small-sided games, 1v1 scenarios and limiting touches are empirically evident in coaching literature as was to create so called “pressure training”. Research exploring the impact of these pressure-based interventions has observed task-based pressure training to improve mastery, and that physical pressure training is insufficient to allow full development, requiring emotional pressure to also be created to help produce confident players who are resilient to anxiety in pressure situations (Kegelaes &

Oudejans, 2022; Beaumont et al, 2015; Eysenck et al 2007, Nieuwenhuys & Oudejans, 2012). According to Gropel and Mesagno (2017), two of the main agents enacted to avoid anxiety and enhance coping are distraction management and maintaining self-focus. Eysenck and Calvo's attentional control theory, where cognitions and anxiety lead to effective processing of skills, and Janis and Mann's (1977) conflict theory, where variables that disrupt a congruent flow of thought can distract and confuse the individual, provide explanation for how managing a player's self-control and limiting their distractions might bring about better decision making in anxiety laden situations.

The building of emotional confidence of players in sports where decision making is an integral part of successful performances could therefore be tackled through using processing efficiency in training (Low et al, 2017). Physical and emotional pressure training has been suggested to improve performance more than traditional physical pressure training alone (Gabbett, Jenkins and Abernethy, 2009); Fletcher and Arnold, 2021; Kegelaers and Oudejans, 2022). By pressurising players' emotional control in key training situations, players are likely to adapt their worries and distractions about performances over time, thus maintaining higher levels of emotional control and lessening the influence of distractions that would otherwise affect decision making in anxiety-inducing performances (Nieuwenhuys & Oudejans, 2012, 2017; Low et al, 2021). Headrick et al (2015) conducted a study which specifically focused on adapting training environments to emotionally charged variants to add context to training. They concluded that psychologists should work to adapt training environments that challenge players physically and psychologically. These findings and suggestions formed the basis of the current research study, as to whether emotional pressure training can positively influence athlete decision making and bring about more successful performances.

Renshaw et al (2009) and Davids et al (2013) have argued that research should seek to explore, in a contextually inclusive way, how personality type moderates the impact of emotional pressure training on athlete decision making and bring about more successful performances.

While several models and frameworks have been developed to capture and interpret elements of personality, Costa and McCrae's (2005) OCEAN model has been shown to be useful in categorising and classifying individuals into different personality traits. The model measures 'openness' (to experience), 'conscientiousness', 'extraversion', 'agreeableness' (conforming) and 'neuroticism'. In a sporting (football) context, 'openness' allows judgements to be made in relation to likely acceptance of new training types and styles, and conscientiousness is associated with dedication and work ethic. Knowing this information about players can support practical ways of drawing on these traits in emotional pressure situations to bring about desirable performance effects. For example, if a player's personality score shows they are easily frustrated (low agreeableness and high neuroticism) and often "lose their cool", then emotional pressure game-based training scenarios can be created that intentionally frustrate them to overload frustration and bring about a calmer future response over time. The principle is to allow a build-up of resistance to the emotional response, therefore making decision making clearer when these situations occur during competition (Mirzaei, Nikbakhsh and Sharififar, 2013). Using an example of a standard 5-a-side game-based drill in a football training session, where the coach limits the amount of space available to encourage a better first touch, a more introverted player, worried by making mistakes in front of teammates may be nervous about their first touch, and therefore make mistakes. A coach who 'allows' the player to make two or three errors and demonstrates praise and encouragement may help the player reduce their anxiety whilst still honing the physical skill required (Moschis, 2007). A more self-confident, extroverted player,

comfortable of challenge, with little fear of failure, may have higher motivation and perform better from having their mistakes highlighted by the coach. This may include setting more difficult individual challenges within that same training session, limiting their number of touches before a shot, or providing a forfeit for mistakes. Having practiced “pressure” under simulated game scenarios, players become better equipped to cope with a live time emotional responses that may hinder their matchday behavioural response (Kowalski and Vaught 2003, Berry et al, 2008) e.g., by frustrating the player who is easily frustrated in game-based training exposes them to their natural emotional response, allowing them to practice exhibiting a new behavioural response. For the player who is anxious in front of others, allowing mistakes early on and providing continued encouragement trains them to behave more confidently when presented with solo challenges. The extroverted player with low fear of failure who is given lots of difficult challenges in training would take a commanding and confident approach to a challenging match-based situation.

The current research therefore aimed to look at the effects of targeted emotional pressure training in game-based training situations on players’ decision-making and overall performance success. The hypothesis for this study was that exposing players to targeted emotional pressure training (6 groups) over the course of a football season, will result in more intuitive (and less deliberative) decision making. The OCEAN model (Costa and McCrae, 2005) and the associated OCEAN personality profile (Costa and McCrae, 2005) was used to assign players to their appropriate intervention groups based on personality type and acted as the manipulation for the intervention phase, with time (pre and post season) acting as the independent repeat measures variable). By capturing how players normally experience different emotive situations, the targeted pressure training interventions for each group were designed to deliberately target these emotional

responses. For example, high neuroticism is synonymous with mood swings, and easily changeable emotional states, and thus more intuitive decisions. Therefore, an intervention should be designed to increase their emotive response levels but allow them options on decision making. Similarly, low openness is synonymous with a lack of creativity, and thus more deliberate thinkers who need information on which to base decisions. Interventions for these players need to challenge them to be in ambiguous situations where they can trial and safely fail at creativity within the context of training games. Players with high conscientiousness are likely to be the most consistent trainers and respond well to demands. Therefore, players who score low in this trait will need reward or competition to be motivated. Emotional thinking is likely in this group rather than taking time to study all available options, so a reflective type of intervention is most useful here. Highly agreeable players are likely to not question coaches and be comfortable with flexibility and change. For players low in this trait, a challenge-based intervention would likely be useful to change decision making.

Method

Design

The nature of this research was practice informed. As Woodside United were entering their new season (in a fully senior adult men's league) with a squad of players averaging just 19.2 years of age and a new coaching team, the focus was on using an empirical method to help best prepare players to perform. During talks in the summer and observation of pre-season training and friendly matches, it was the opinion of the Head Coach that player's decision-making and self-awareness was not as good as coaches believed it could be. A mixed method design was used in this study. Quantitative tools would capture player's personality data and record decision making style pre and post intervention. The intervention itself would be a series of emotional

pressure training conditions that players would be subjected to over the course of a season's training and match day experiences. The conditions would be selected based on the player's individual responses to the personality data collected. A qualitative measure would also be taken to capture coach's reflections on player performances during and post intervention.

Participants

All 24 registered players of non-league football team Woodside United consented to take part. The players were all male aged between 19-24 and had previously been part of academy systems during their career. This was the first senior season for all registered players. Two players' data was withdrawn from the final analyses as both individuals missed considerable time at the football club due to term-time attendance at university, leaving a sample of n=22.

Measurement

During pre-season of the 2019/20 West Midlands Premier League football season players were asked to complete the Eysenck Big5 Personality Inventory (Eysenck 1985) to measure the 5 components of Costa and McCrae's (2005) OCEAN model. This would identify personality trait behaviours in emotional or cognitive thinking likelihood and help to select targeted pressure training intervention methods. The Intuition and Deliberation (PID) questionnaire (Betsch, (2004) was used to measure changes in player's deliberate and intuitive decision making as a function of the tailored pressure training intervention. The PID scale consists of users assessing their responses to 18 statements on a Likert scale from 1-5, 1 meaning they very much disagree with a statement, to 5 being they very strongly agree with a statement. The statements are alternated between being affect-based, associated with intuitive thinkers e.g., "I listen carefully to my feelings", and cognitively processing based, associated with deliberate thinkers e.g., "Before making a decision I like to think things through". The scores for the intuitive and

deliberate questions are totalled and a mean calculated. As a measure of the PID's reliability Cronbach's alpha internal consistency coefficients are acceptable (.77 intuitive and .79 deliberative). It was also important to capture players current perceptions of their confidence in decision making. This would help buy-in if reported scores were low and an intervention to improve was being put in place, but also as a way of testing players who reported high scores which may be inaccurate given the novice situation they were approaching. A simple likert scale asking players to rate their confidence in their decision making on a 1-10 scale (1 being very low, 10 being complete confidence) was given pre and post season to compare the effects of the intervention.

Qualitative data was captured via semi-structured interview with the players, manager, and assistant manager to structure sections / questions on the topic of interest while affording flexibility in questioning to gather richer and context-laden elaboration and clarification from participants. The semi-structured interview guide enabled the research question to be explored to ensuring there was enough structure for responses to be comparable and to facilitate member checking with respondents to ensure accuracy and trustworthiness in data collection and analysis (Weller, 1998)

Procedures

Firstly, the OCEAN personality profile data was analysed to determine the participant groupings. (see Table 1). 22 players completed the inventory, which can be seen in each category equalling 22 players. The high and low grouping was considered at above or below the 50% score for each category. Players were in multiple categories so interventions were based on grouping OCEAN traits together as 10 interventions would have been too ambitious to facilitate individually. The interventions were taken from Figure 1.

Low Open ness	Low Conscient iousness	High Neurot icism	Low Agree ability	High Extrov ersion	High Open ness	Low Extrov ersion	High Conscient iousness	Low Neurot icism	High Agree ability
N=8	N= 11	N=9	N=8	N=17	N=1 4	N=5	N=11	N=13	N=14

Table 1: Personality trait groups of the players. High and Low was determined at 50% of the total OCEAN score for each category.

Table 2 and Figure 1 present the tailored pressure training interventions for each personality type. Highly agreeable players were presented with an ironic fallacy intervention. This was done by repeating certain phrases or situations of play continuously when a player was completing a skill e.g., “remember not to hit the first man”, on corner taking. For those with high conscientiousness, they would be challenged by experiencing lots of competition, whether this be in fitness testing, or calls such as “beat X to the ball” in small-sided games. This was often done in conjunction with leadership as role modelling and combined with lots of communication challenge calls for those high extroverted players, whereby they were tasked with leading the backline to move or directing which type of freekick to take for example. Openness was challenged with bad or unjust calls during games. This was a direct test of players' control limits and task focus. This was repeated for high neuroticism scoring players to help them test their limits in a safe environment and reflect on the impacts of behaviour on team focuses. To avoid

any ambiguity, coaches were only given a list of the “How” behaviours to install into training with a list of players assigned to each category.

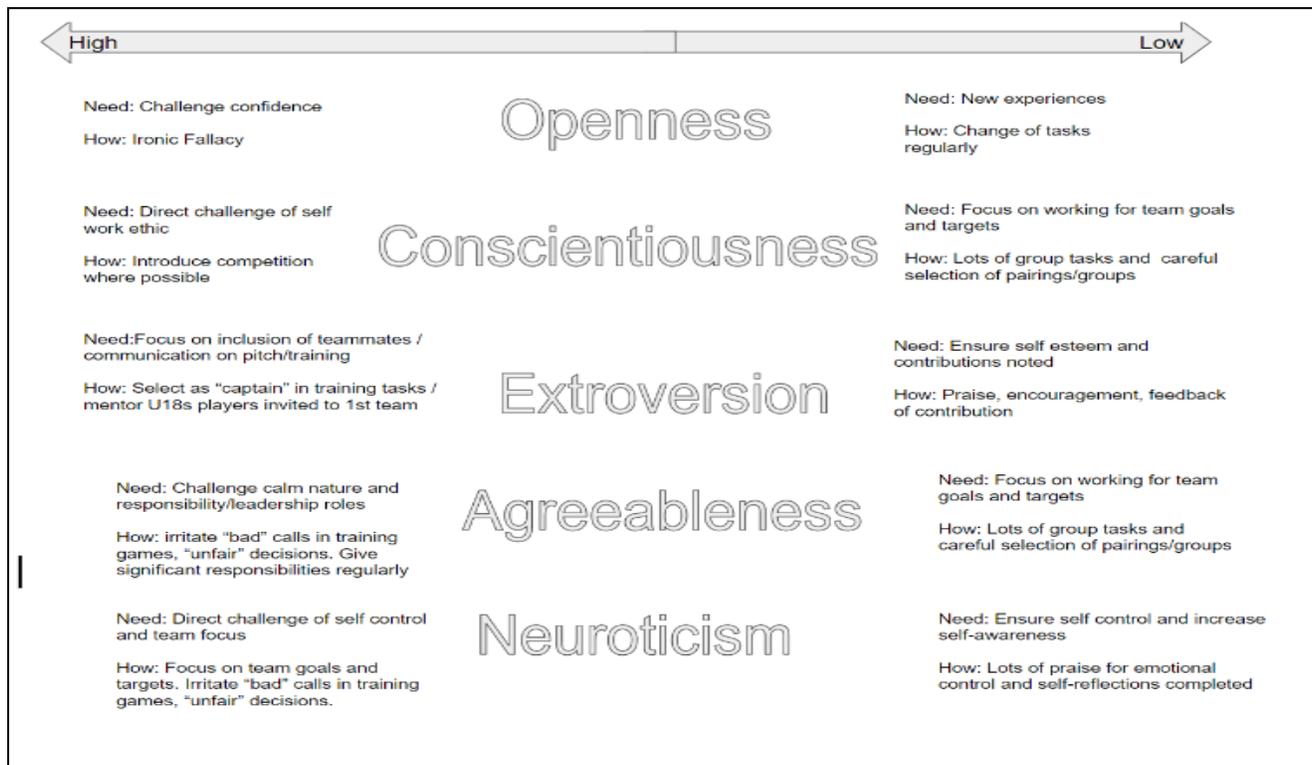


Figure 1: Implementation of tailored pressure training interventions for each personality type

Based on Figure 1, interventions were created at each end of the scale. Some of the interventions were grouped as they catered for more than one category. For example, “irritate with bad calls” is an intervention considered useful for both high neuroticism and high agreeableness players.

Discussions were also had with the management squad as to the priority interventions for each player based on position. For example, a goalkeeper with high neuroticism, is not considered as much of a negative trait for the team’s decision making, when compared to a central midfielder for example. Therefore, the OCEAN data was considered in combination with this management consultation. Some players were entered into more than one final intervention category based on this need.

OCEAN Group(s)	High Neuroticism and High Agreeableness	High Conscientiousness. High Extroversion	Low Extraversion. Low Neuroticism	Low Openness	High Openness	Low Agreeableness Low Conscientiousness High Neuroticism
Intervention (Figure 1)	Irritation Needed (e.g., bad calls)	Competition Needed	Reward & Encouragement Needed	New Tasks / Quick Change of Tasks Needed	Ironic Fallacy Needed (e.g., Whatever you do next don't...)	Teamwork Needed / Challenge individual confidence.
Player N	5	9	6	4	3	8

Table 2: The number of players entered into each intervention group.

The players were tested pre-season, in August, and again at the conclusion of the season in May.

The longitudinal timescale was chosen to give time for change to occur, as Reilly and White (2004) observed a six-week programme of game-based training to show no difference in decision making.

Data Analysis

The pre and post season PID scale scored were analysed using a paired sample t-test to test for significance and to establish whether exposing players to targeted emotional pressure training

over the course of a football season, will result in more intuitive (and less deliberative) decision making.

Results

Intuition v Deliberation Results

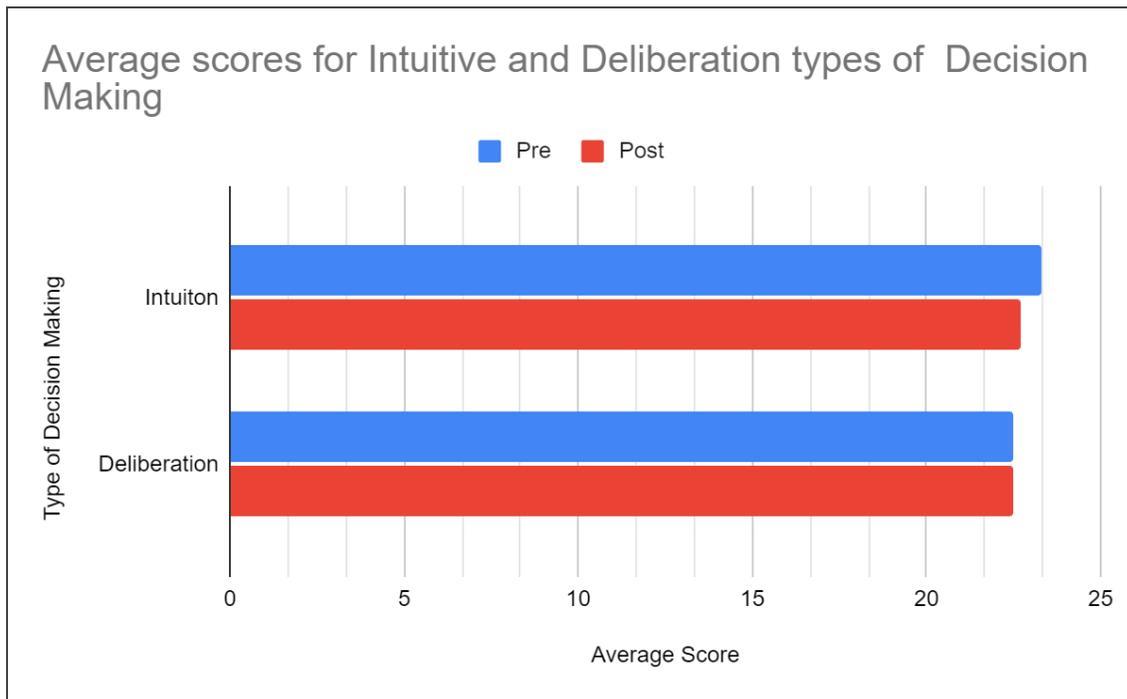


Figure 2: Average intuition vs deliberation scores at pre and post testing.

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Intuition	23.3182	22	3.46941	.73968
	PostIntuition	22.7273	22	3.93013	.83791
Pair 2	Deliberation	22.5000	22	4.03261	.85975
	Postdeliberate	22.5455	22	3.62172	.77215
Pair 3	Both	45.8182	22	5.09562	1.08639
	BothPost	45.2727	22	5.32006	1.13424

Figure 3. Means and standard deviations of player scores for Intuition and Deliberation pre and post testing.

		Paired Samples Test							
		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	IntAver - Average	.07273	.17777	.03790	-.00609	.15155	1.919	21	.069
Pair 2	DelAver - DelibPostAver	-.00909	.28269	.06027	-.13443	.11625	-.151	21	.882
Pair 3	BothAverage - BothPostAver	.03636	.14325	.03054	-.02715	.09988	1.191	21	.247

Figure 4: Level of significance between the pre and post testing decision-making scores.

When statistically analysed it was found there was no significant difference in the intuition or deliberation pre-post decision making scores at the $p=0.05$ level (Figure 4). However, the intuition scores were close to being significant ($p=0.069$), with the average intuition score decreasing across the season (23.3 ± 3.5 decreasing to 22.7 ± 3.9). showing a trend for the intuitive thinkers to either become less intuitive through the intervention (figure 4). Deliberation scores maintained the same level (22.5) across the season. Thus, exposing players to targeted emotional pressure training over the course of a football season did not result in significantly greater intuitive (and less deliberative) decision making, so the hypothesis was rejected.

Self-Report Data

A paired sample T-test was run on the players perceived confidence of their decision making. The raw score differences for each player are found in Figure 7. However, as one player left during the season, their data was removed for the inferential statistics testing.

Figure 5 shows the mean confidence in decision making pre-season was 6.28. This improved slightly to 6.80 during the intervention when players were tested again in post-season. The N confirms the removal of a player from the sample who left in the January transfer window.

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre	6.2857	21	1.23056	.26853
	Post	6.8095	21	1.24976	.27272

Figure 5 shows the mean and standard deviation statistics for the player perceived confidence in decision making pre and post season.

Figure 6 shows no significant difference in perceived player confidence of decision making in the pre-post season testing at the $p=.05$ confidence level ($p=.094$). This could be due to players underestimating their decision making at the beginning of the season given their novice status in the league they were approaching or players perceiving themselves in a low self-confidence state when filling in the post-season ratings.

Paired Samples Test										
		Paired Differences					Significance			
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	One-Sided p	Two-Sided p
					Lower	Upper				
Pair 1	Pre - Post	-.52381	1.36452	.29776	-1.14493	.09731	-1.759	20	.047	.094

Figure 6 shows the results of the paired sample t-test run on the pre and post season player self report data.

Figure 7 below shows that 11 players did feel more confident in their decision making by the end of the season, however this is not statistically significant. 3 players reported no change in their confidence levels and 5 showed that their decision-making confidence had dropped during the intervention. This is useful to consider as one to one work with each player can be identified into potential causation and provide more detailed future support.

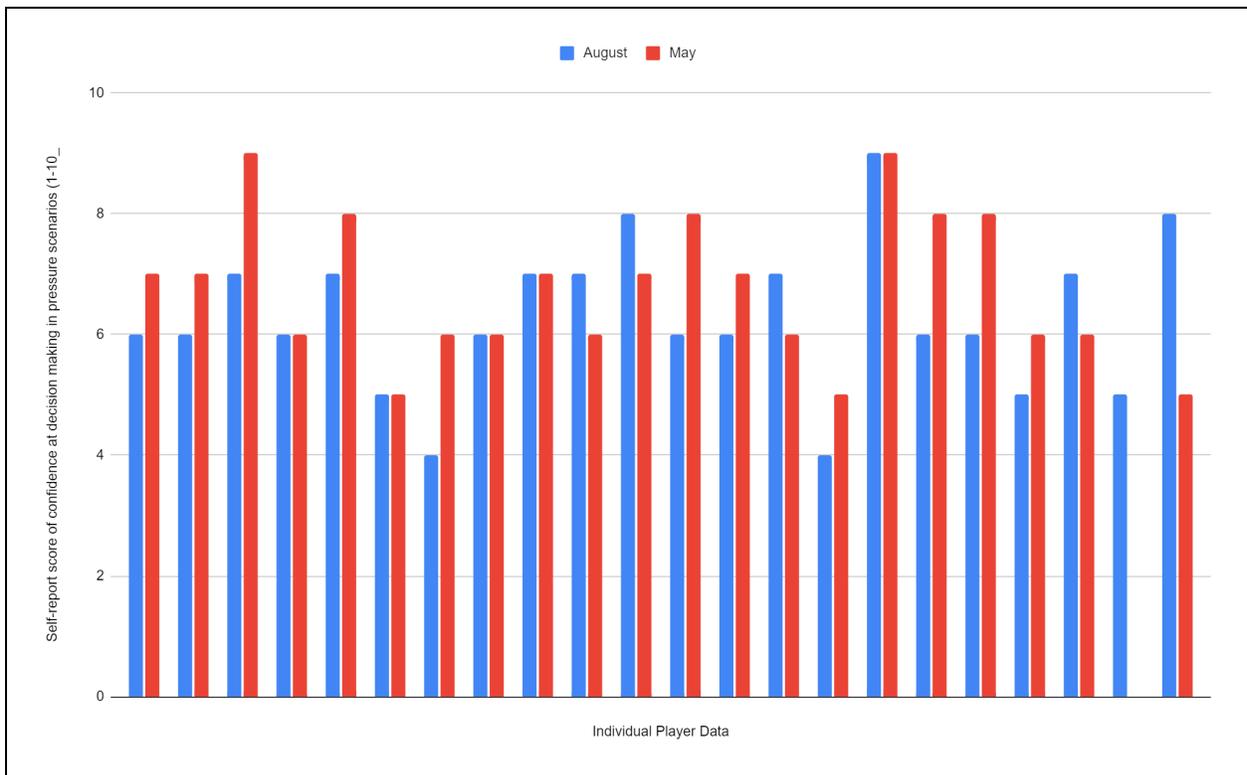


Figure 7: Changes in perceived confidence in players (1-10) in making decisions in play in pressure situations across the season.

Based on players' self-reported levels of confidence at performing decision making under pressure, 11 players showed an increase in their self-reported confidence in being able to make decisions effectively in playing performances across the season. Five players felt there had been

no change in their decision-making confidence and five felt it was worse than before. One player did not return data for the post-season measure.

Qualitative Analysis of Pressure Intervention

Coaches

The manager and assistant manager were interviewed on completion of the training block to evaluate the impact of the pressure training. The semi-structured interview schedule (Weller, 1998) focused on their perceptions of how well the squad engaged within the pressure training drills, the extent to which they had recognized progression of decision making in individual players and as a squad overall, and their experience of allowing a psychological study to be involved in training planning for the season. ‘Player Engagement’, ‘Individual Progression’, ‘Squad Progression’ and ‘Protocol’ became code terms for analysing the data. Any responses given were collated into these categories for analysis and are detailed in Table 2 below. Another category was created at secondary analysis to ensure no other themes or topics were missed that contributed useful findings in the dataset.

Table 3: Coaching staff’s perceptions evaluate the impact of the pressure training.

Category	Participant	Example
Player Engagement	Manager	<i>“Players weren’t really aware a lot was</i>

	Assistant Manager	<i>“Well, we’re third (in the league) at the minute so can't be bad”</i>
	Manager	<i>“(We’re) conceding less free kicks in dangerous areas has been good, we’re clearly not making as many avoidable fouls as we did last year”</i>
Protocol	Manager	<i>“The way we got given the data was good, “was in coach speak” “</i>
	Assistant Manager	<i>“Yeah, I think the relationship we’ve got with the lads has allowed us to go with you on this process.”</i>
Other	Assistant Manager	<i>“What you can nail down to coaching and player development is always difficult, but I believe we’re doing things the right way here.”</i>

Overall, the managers reported a perceived improvement in the player's' individual decision-making processes in important match situations. The number of goals scored by non-striking players went up during the season, and whilst this cannot be reported a direct causal outcome of the pressure training, anecdotally the managers felt that player's' decision making about whether to take on a shot or pass had improved, which may have come as a by-product of the intervention. Positional play and team shape reportedly improved, with less goals conceded, as well as fewer yellow cards being received for "avoidable" fouls. Enjoyment of players and good relationships between staff and players was also felt to be reflected in greater buy-in to the drills protocols as well as psychology in general. This is useful when considering future intervention-based research in clubs to first establish positive relationships and keeping psychology-based training enjoyable for participants.

Players

Players were given the option to comment on the impact of the pressure intervention and their decision making / player performance, to provide the researcher with additional evaluative data to inform the findings but also the pressure training protocols being used. Not all players chose to participate in providing feedback session, but responses that were given are presented in Table 3 below.

Table 4: Players' reflections of their decision-making and other improvements from both the emotional pressure training protocols

Pressure Training Intervention	Decision Making
I'm more vocal in commanding of the back 4 than I was	This has been much better than in previous seasons

I'm more of a senior player here whereas I'm still a kid in the academy	Relatively good, could be improved
I feel more confident that the manager knows I can do a job	Been improving
I don't get as frustrated with myself than I did	Needs to be quicker and better when playing CM
I've got a lot less cards and can let little things go better	Could be better at times with my passing
Work rate still needs work in training as I know I can be lazy but give me all in games	Overall good but can drop off if my performance levels drop
Stayed more part of the squad despite being injured	Good overall
Enjoyed the competition in training	Sometimes erratic (but goalkeepers need to be at times)
Reflections have helped me focus on good things as well as bad	Got better
I'm better at commanding my line but also midfield	Focus needed on matchday
I liked the challenge at testing myself rather than questioning things	Could cross more
I'm able to focus on the whole game a bit better than getting frustrated at every decision	Still working on when to go and hold in situations rather than reacting to the state of the game

I like the competition aspect I need to be motivated	A key area to my game
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The player data illustrates perceived improvements in communication, emotional control, work rate, focus on team goals, and self-awareness because of the pressure-training intervention.

Decision making outcomes were more variable in relation to perceived improvements, however most players felt this is an area they can further improve on or are currently focusing on further improvements.

Discussion

The aim of this study was to examine the effects of targeted emotional pressure training in game-based training situations on players' decision-making and overall performance success across a competitive season. No significant changes in intuitive and declarative decision-making were observed pre and post training intervention.

The lack of significance found in the study could be explained by player's self-perceptions of intuitive and deliberative thinking being inaccurate in the initial testing phase, or that the PID was not a sufficient scale of measurement within this study to detect changes in decision-making mode. The pressure training intervention and low subject number exposed to each may also have not been effective in targeting and eliciting the intended effect of increased intuitive (and less deliberative) decision making. Furthermore, as the management consultation discussions were subjective, it may be that players were placed into categories that did not actually cause the greatest effect. Had there been a bigger opportunity to individualise the intervention groups further, based on more staff and higher squad training numbers available, this could have been

considered. Moreover, the delivery of the interventions was only reviewed by myself over the course of the season and given the need in grassroots settings to cover multiple jobs during training time, I may not have been as diligent in ensuring the training maximised the interventions as much as it could have been during the season. Had I had the availability to preview each training session and drill, I could have observed and reviewed whether the consistency and accuracy of the interventions were being delivered as accurately and significantly as was the intention. However, this was not always possible given the last-minute changes that often occurred to coach's time and availability to do this prior to sessions and the changes to player availability to sessions from week to week.

However, from the descriptive Likert scale data, 11 players did anecdotally report feeling more in control and more confident over their decisions as the season progressed. This self-report measure is useful to show that players felt they made improvements in their own development as well as through improved task-outcomes. This enhancement in confidence in players may well have been the result of practice in the same environment whilst overloading cognitive processing (Derakshan and Eysenck, 2009)., the player self-report data showed that an increase in self-awareness was a useful effect of the emotional pressure training. It could be that future research tracks the types of cues and triggers players identify in early career through their careers to experienced decision making because of becoming more decisive, experienced and ability to ignore irrelevant distractions as Low et al, (2021), Nieuwenhuys and Oudejans (2012) suggested.

The qualitative data is useful to consider as it shows the overall picture of the managers views on the progression of his squad. Feeling that player leadership had improved can help make decisions on leadership group membership and players holding responsibility for future.

Moreover, citing that hesitation had decreased, especially in attacking-based players, was likely to have brought about more chances for goal scoring opportunities across the season. This can then be worked on tactically in training rather than having to focus on building player confidence in front of goal. The less fouls in dangerous areas and conceding less fouls meant fewer yellow cards for the team. This not only helped concede fewer goals across season but also financially as the club paid less fines for accumulation of player bookings. The players reflection generally reported items that show their young age and developmental status compared to their opponents. This is positive in allowing more trial methods of coaching as well as them appreciating their level and that improvements can still be made. This may help raise coachability scores and cooperative behaviours once players had gone through this period of self-reflection that otherwise would not have happened. It would have been interesting to continue this study over a number of seasons to track this progression, as the influence of covid meant this and the imminent seasons were affected in terms of their linear development.

This study was a season-long approach to pressure training in grassroots football. During the season several players were absent from some of the training protocols for Covid19 reasons. It was considered useful to continue with the study, despite this limitation, as the sporting calendar did continue, and was another factor that meant player's decision-making was even more important in crucial areas due to full strength teams not always being available. However, Covid 19 meant training and games were stopped for a period during December-February. This window may have meant that some potential gains in decision-making may have been lost due to lack of reinforcement during this time; and did not allow players to fully attain their top levels of progress.

Implications for Practice

The club went from a previous 15th place finish to 3rd league position in the 12-month period of this study, with largely the same player group making up the squad. This shows how well the players engaged in the pressure training protocols, as well as the coaches. Without this consistent support and commitment to using the techniques, studies of this nature cannot be possible. In grassroots football, where goal scoring chances can be few and far between, the consistency of hitting the target more often in pressure situations will likely result in more goals overall for the team. In the season this study was carried out, the club finished 3rd in the live table. This cannot be attributed directly to this study; however, it could be argued that with the positive decision-making development of certain players, an accrument of additional points may have occurred as players become more confident and quicker with their decisions in pressure situations.

Moreover, this paper did not consider the previous six months of work where I embedded myself into the football club. This included forming relationships with players by being available for talks both in training and matchdays, checking in on mental health and personal factors of education or workplaces as well as with coaches by helping with tasks such as setting up training, timing runs and filling water bottles. Nesti (2009, Nesti 2012, Cushion and Jones (2006) identified the imperative nature of needing trust and good rapport to carry out such a research project as trust and relationship had already been established.

Limitations and Future Directions

Whilst this study aimed to explore effects of emotional pressure training on decision making of players through a multi-method approach, further quantitative approaches may identify other ways to limit anxiety (Kegelaers and Oudejans (2022), test different distraction measures and cues (Baumeister et al 2007), affective learning design of how players learn to control emotions (Headrick et al (2015) or choking, specifically in relation to emotional pressure training and skill execution (Beilock and Gray (2007). Methodologically, a focussed qualitative (ethnographic) approach could be taken in future research to further analyse and explore the personal meaning and impact of experiencing pressure training. For example, 1-to-1 interviews with players to provide a holistic account of the impact of pressure training on their footballing skills and confidence levels, rather than using quantitative measures of change that might not be sensitive enough to detect change would be a fruitful way forward. Applying research in action in a footballing environment is often difficult to access but can accurately record changes of interventions if the researcher is embedded within the club culture and first establishes good relationships with both coaches and players. Further research would further allow coaching development to focus on these elements in designing training practices. Communication and clear leaders emerged in the group, as was noted by coaches, and players reported increases in regulating emotional control due to the pressure training practices. Players who were more able to focus on task and team focus remained more on-task as the season progressed and received notable improvements from the coaching staff. Individual players were identified as increasing in shot-taking confidence, pass selection and communication. Future research may want to apply ethnographic based interventions to emotional pressure training. The qualitative data was useful in showing how psychology protocols were accepted and felt useful for performance in the

grassroots environment. The manager felt that goal-scorers were more decisive, representing a key performance marker they felt had improved.

Conclusion

Overall, while this study failed to support the main research hypothesis, the findings did offer an indication that emotional pressure training can increase player's perceived confidence in their ability to make decisions under pressure. Adopting a targeted approach to pressure training interventions and targeting specific emotional and personality trait triggers offers an approach through which team-sport athletes can be helped to become more self-aware of decision-making choices that focus on team goals rather than, or in addition to, individual goals and self-interest in competition, which can in turn help to motivate players, particularly in training. From a coach perspective, the sense that players were more likely to be brave in decision making and show more leadership qualities as a function of the pressure training intervention offered meaningful enhancements to some of the key personal psychological qualities that are prized by coaches within their playing staff. It is advocated that more research to explore the impact of tailored pressure training on the psychological development of players should be undertaken.

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Appendix 1
Coach Semi-Structured Interview Guide

Thank you for taking the time to review what we've done with the boys this season.

- What are your thoughts on how the season's been for them?
- When we started, we looked at decision making in this young group – how do you feel they've progressed in decision making in games?
- Any particular players or times when you feel you've seen this?
- What are your thoughts on how we've done this as a process – embedding psych into the club and the way players have responded to the challenges we've given them?

Thanks – to confirm – are you happy with the data collected and that it will be used in a professional doctorate portfolio?

Empirical Paper 2

An Assessment of Mental Health and Wellbeing in Non-League Football

The research team would like to dedicate this paper to Tom Rankin of Redditch FC who sadly died during the production of this work.

The lead researcher would also like to thank all players who contributed responses to the survey, their coaches, and the league chairman, and, in particular, Ryan Pratt for his help and advice during the process.

Abstract

The purpose of this paper was to investigate the prevalence of mental health symptoms in grassroots footballers and identify risk factors that may exist. A mental health survey was sent to all registered players at all clubs in the four Midlands Football Leagues. 26 responses showed that anxiety and depression are the most prevalent mental health symptoms experienced. Men not wanting to talk, and a lack of someone trusted to talk to were cited as the main reasons for poor mental health and wellbeing in players. Four industry professionals from both footballing and mental health sectors were then interviewed to discuss the survey results and offer insights about the practical implications for clubs. A need to create a centralised system of mental health education and support directed by NGBs was found to be a consistent recommendation across the professionals. Finance and education were the other two main factors affecting clubs being able to support mental health for their players. In conclusion, streamlined, consistent, and funded mental health support should be made available for all clubs via central hubs, rather than each club being left to consider mental health support for players with their own limited budgets and knowledge levels.

Keywords: Football, grassroots, mental health, funding, risk factors, prevention.

Introduction

Education to promote the risk factors associated with poor mental health and well-being are provided regularly by the Professional Football Association (PFA). All players are entitled to PFA registration when a player signs their first professional club contract (PFA.com, 2022), and their educational departments regularly give talks to Academy players and continued professional development workshops for coaches and other footballing professionals, as well as through social media communications. Similarly, campaigns with the EFL in partnership with the charity 'Mind' have accelerated the importance of awareness of good mental health and wellbeing (Mind, 2022), most notably in the sponsoring of all player's shirts across the Championship and Leagues 1 and 2. Whilst the PFA prides themselves on maintaining life-long support for all its members, many players are released by professional clubs or drop out and are therefore left without this support. Moreover, players who do qualify for this lifelong engagement may forget about their entitlement if a full career is not maintained, and/or fail to update contact details as they progress through their lives outside of the game.

At the grassroots club level, not all players are eligible for PFA support, and those that are entitled to it often overlook and do not feel encouraged to access the support on offer. Similarly, any player not picked up by an academy or professional club but who is scouted to play in the grassroots leagues would have had no knowledge of support or education around mental health and wellbeing for footballers. It is clear from a government report published in 2021 that schools and colleges are not currently able to provide enough targeted mental health education and support across the country, through diminishing funding and cuts to Personal Social Health Education (PSHE) provision. Therefore, school staff are encouraged to follow local and national training advice provided through Department for Education (DFE) in England partnerships

(DFE, 2021). While students in school and education programmes have this advice and staffing available, this is not necessarily the case for adults. Whilst the NHS provide services *for* workplaces, there is no guarantee that they are implemented *by* workplaces. Therefore, football clubs could be considered prime targets to disseminate advice and opportunities to engage in mental health services, yet currently there are no formal mental health services directly linked to the FA partnerships that cover England and Wales. Whilst people can self-refer to the NHS services directly; the NHS website states that “the support you can get and how to access it depends on where you live”, (NHS, 2022). This strengthens the need for a centralised ‘community’ hub of education and service information, which football clubs could potentially provide.

In relation to mental health in sport, there is a growing body of literature referring to mental health of elite athletes, and in particular the psychological risk factors that cause mental ill-health (Bohr, Boardman & Mcqueen 2019; Junge & Prinz, 2019; Lehmen, Hein & Gersic, 2016; Gouttebarga et al., 2015). This research base was the subject of a systematic review investigating psychological risk factors of suicide in sport as part of this Professional Doctorate portfolio. From these papers, the main psychological factors identified ranged from injury, deselection, personal relationships, and financial status. Maladaptive coping mechanisms, including withdrawal, drug and alcohol use, gambling, and lack of engagement with peers were also apparent.

The importance of narrowing down and defining different aspects of mental health in sport has been shown extensively in research. Henriksen et al (2020) identified that both in research and practical application, mental health for sport needs to become more embedded into athletic experiences at defined periods. They suggested that a designated mental health officer, or small

group of mental health professionals should be employed with clear procedures and protocols to follow in supporting mental health and bringing about better athletic performance as well as athlete well-being across sporting cultures. Moreover, Uphill et al (2016) suggested that mental health is viewed in a “complete state”, building on the work of Keyes’ (2002) model, in that being mentally healthy and able to flourish and perform is different to experiencing clinical mental illness. In sport, performance and mental health agendas coexist. For example, players can experience a clinical diagnosable mental illness yet be fully functional, in the same way someone can be struggling to function as they normally would without the presence of a mental illness. In this way, mental health includes wellness, function-ability, esteem, and illness in its conceptualisation. By encapsulating all elements that make up mental wellness or ill health, creating standardised practice of assessment, education and practice across sports would allow consistent support to be applied.

Depression and anxiety are the most researched and self-reported cases of poor mental health in sport. Prinz and Junge (2016) found that 40% of female players in Germany had reported experiences of depression across different career events, but that only 10% of those players received support. Their findings showed that coach conflict accounted for 49.7% of those cases, with other risk factors such as too little support, injury and low performance also scoring highly; a finding also apparent in Kuettle, Durand-Busha and Larsen (2021), Kilic et al (2017) Goutteborge et al (2017), Southern and O’Gorman (2021) and Bauman (2016) where injury, adverse life events, a lack of social support and balancing life demands were cited as being responsible for triggering symptoms of depression within footballing populations. Within elite players, Coyle, Gorczynski and Gibson (2017) identified expectations of sponsors and media as being most attributed to depression, and whilst the media and sponsorship elements are

somewhat removed from grassroots expectations, the social support and work life balance are arguably more numerous and difficult to balance than in elite scenarios. It could therefore be argued that if standardised support was offered throughout athletic levels and experience, then these risk factors of injury and conflict could be lessened, and the severity of symptoms or indeed a clinical experience of depression avoided (Prinz and Junge, 2020, Prinz, Dvorak and Junge, 2016, Kilic et al, 2017).

Assessment of mental health and well-being in non-league ‘grassroots’ football remains underexplored, and as a population that bridges and intertwines the elite and participation pathways of sport, screening these players could offer richer insights on how to promote positive mental health and wellbeing across the country through professional football clubs. This would include players who have exited elite pathways, and those who have stepped up from a social inclusion and exercise participation domain into performance level activity. In production of the systematic review in this professional doctorate portfolio, it became evident that there had been little to no research in this area directly relating to football in the UK. Therefore, a research study to systematically understand mental health in grassroots football is needed. The aim of the current study was to identify psychological risk factors associated with poor mental health and wellbeing among a grassroots population, and to gauge if and how those players have accessed support. The premise was, firstly, to screen players to ascertain the prevalence of psychological risk factors thought to be detrimental to their health and wellbeing. Then, secondly, to understand player’s’ own experiences of these factors and associated outcomes and explore stakeholder perceptions of the gaps in support services and where practical interventions could be deployed to improve services locally.

Method

Part One: A survey of poor Mental Health and Well-Being in Grassroots Footballers

Participants

The grassroots level identified was Step 5 of the football pyramid (see Figure 1). This is located four divisions below the National Conference League and is made up of clubs from regional districts who compete for promotion into the North/South/East/West National Premier divisions.



Figure 1: Step 1-5 of the UK Non-League Football pyramid

The regional division selected for this study was the West Midlands. This was for geographical purposes in relation to the principal researcher's location and work, as well as being central to the UK in terms of sources of mental health support. The Midland Football League (2017-2021) is comprised of teams in four divisions: Premier League, Division One, Division Two and Division Three, and covers 60 clubs in Birmingham, Coventry, Wolverhampton, Staffordshire, and Shropshire, who each hold around 24 players within their first team squads. All players within the Midland League divisions were invited to participate. Participant information sheets were sent out to the league's chairman alongside a survey link. He acted as gatekeeper in the study and forwarded the survey link directly to clubs to forward to their players. Consent was implied by the player's decision to access and then complete an online survey. Player anonymity and confidentiality was paramount for the screening process, to allow buy-in and participation from players so that disclosing any poor period of mental health would not be seen by anyone other than the research team. To ascertain support for the study, the participant information sheet also included a second aim of the study, which was to produce targeted interventions, workshops, information packs and guidance that could be sent out to clubs on completion of the study, which would be directly informed by the findings of the survey.

Measurement

An online survey was developed and used as the means of data collection. For the research team to categorise and assimilate data and allowing patterns or trends based on age or level of play to be identified, players were asked for the following details at the start of the survey - their age range (16-21, 22-29, 30-38, 39+) and the level their team competes in (Division 1, 2, 3, 4 or U21s). The next section of survey questions concerned whether players felt they had ever

experienced a period of poor mental health and wellbeing. Responses available were ‘Yes’, ‘No’ or ‘Maybe’. If players answer No to this question, the survey automatically completed. For ‘Yes’ and ‘Maybe’ responses, the form continued to the next section. In all following sections, the researchers' contact details were included so players could contact them in the event of any additional support being required. Players were required to indicate any risk factors they had experienced that they associated with poor mental health or wellbeing. The identification and subsequent inclusion of contributing factors was determined by a combination of drawing from the DSM criteria for depression and the research findings of Bohr, (2019), Junge and Prinz, (2019), Lehmen, Hein and Gersic, (2016) and Gouttebauge et al., (2015). This allowed the researcher to ascertain which events were more likely to have triggered periods of poor mental health and wellbeing in grassroots players. In the next survey section, players were asked if they had ever encountered any signs and symptoms of poor mental health and wellbeing (as outlined on MIND’s website), and in NHS guidance e.g., lack of sleep, overeating, social withdrawal, gambling, drug and alcohol use. Players were able to tick all that applied from a list of 21 items. Finally, players were asked if they had ever sought help for their symptoms, again ticking all that applied. An optional ‘other’ answer box enabled players to add further details if they wished. None of the respondents chose to give further details.

Procedure

The survey was sent out via Google-Forms to all clubs via the League Secretary, an approach supported by Cobanoglu, Warde & Moreo (2001) regarding the use of Google-forms over email or fax. Responses were anonymous. Whilst Vasantha and Harinarayana (2016) presented various pros and cons of using this survey format, the numbers of players to be surveyed and the need for speed and ease of access for participants in this case deemed it appropriate. The survey was

initially sent out via the League Chairman to all club secretaries in February 2022; the response tally from this was 17. The link was then followed up by the researcher personally, using the club contact information as published on the Midland League Website (version as of 10th March 2022). Following this, responses escalated to 26. Individuals were then contacted via the researcher's contact details to target players, which took the final tally to 29. The survey participation generated a disappointing low number of responses, especially given that one club tragically suffered a player suicide during the February-April period of contact.

Data Analysis

Respondents were categorised into age (see Figure 2) and playing level groups (see Figure 3). Response tallies for incidence of Mental Health (see Figure 4), signs symptoms of mental health experienced (see Figure 5) and perceived contributing risk factors (see Figure 6) were created, with totals and percentages calculated for each symptom and risk factor identified. Responses given to the open survey question were collated to capture further information players gave about either the symptoms experienced or perceived risk factors and converted to descriptive results for reporting purposes.

Results

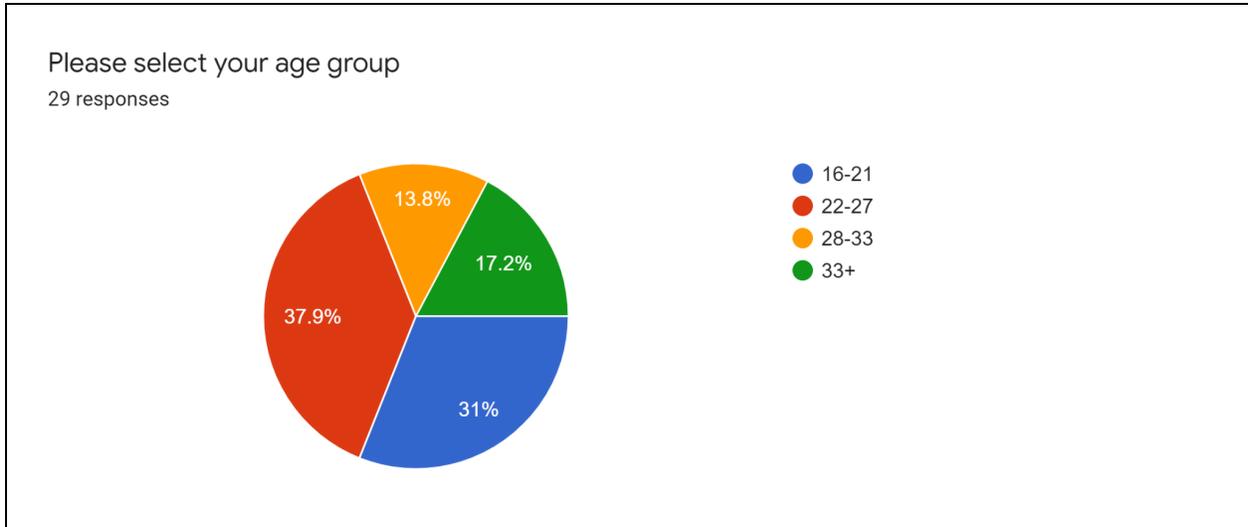


Figure 2: Age categories of participants who completed the survey

While all age categories of players were represented in the participants who completed the survey, the younger age groups represented higher participation rates (68.9% of the total sample size) compared to the older age groups (31% of total responses came from players aged 28 and over).

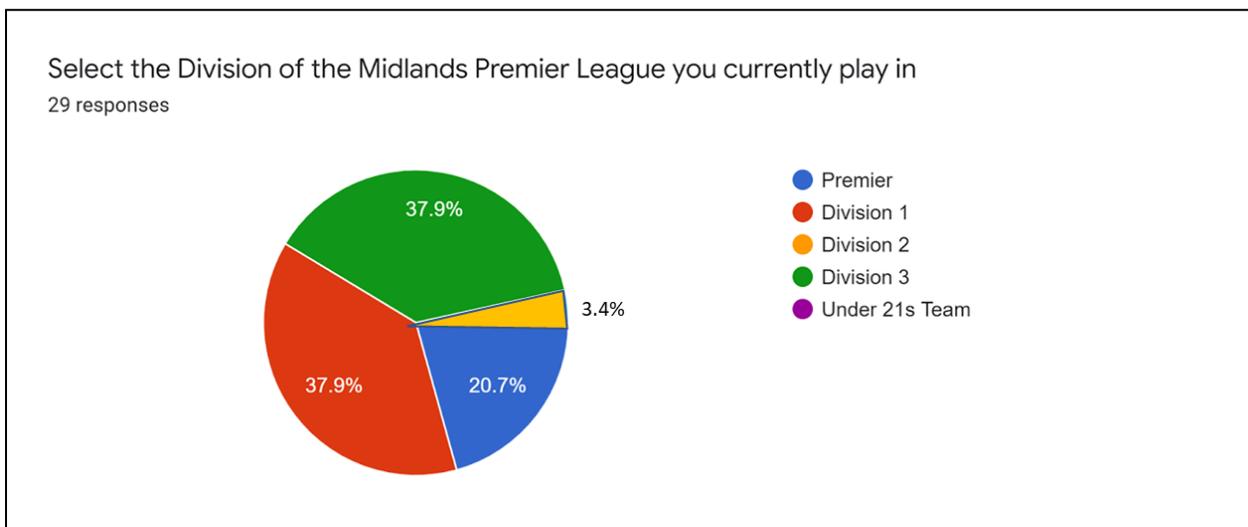


Figure 3: Playing division categories of participants who completed the survey.

Whilst age groups were reasonably well represented in respondents, the breakdown of divisions was not. The Premier Division represented 20.7% of the total sample and Division 1 37.9%; thus, the top two Divisions contributed 58.6% of the sample. The Division 2 and 3 clubs were represented by 41.3% of the total sample, but only one participant came from a Division 2 side. Interestingly, despite one club specifically asking for an U21s team to be included, no players specifically reported as coming from this population. However, as several Division 2 and Division 3 clubs are made up of Reserve and U21s playing teams, it may be that players in the U21s category selected their Division, rather than the U21s option.

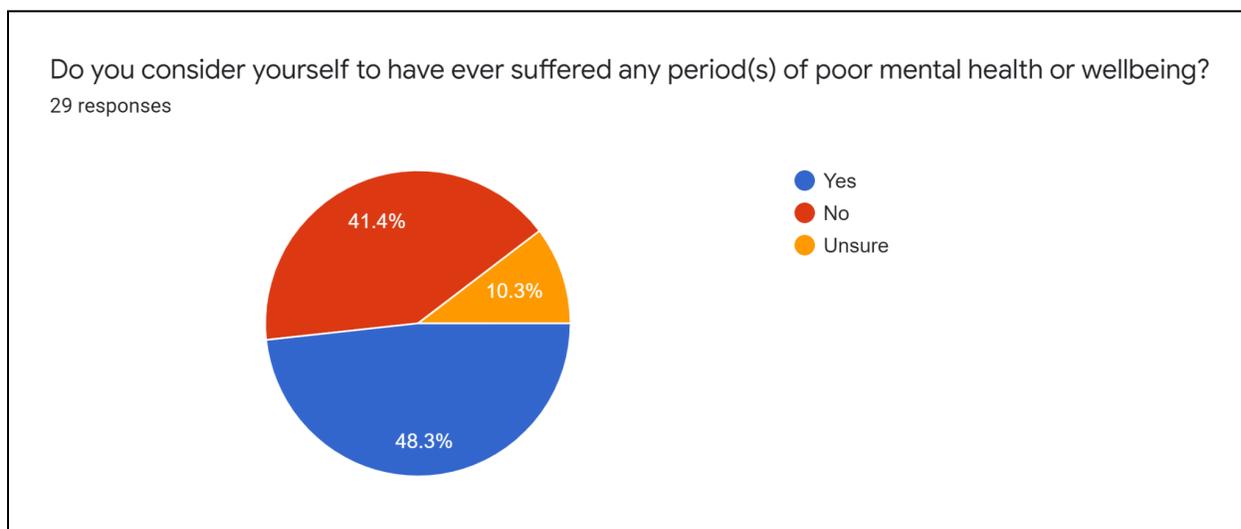


Figure 4: % of respondents who reported having experienced a period of poor mental health and wellbeing.

Many respondents reported having experienced a period of poor mental health and wellbeing (48.3%), with 10.3% reporting being unsure and 41.4% reporting not having had this experience and. Thus 58.6% had or may have had poor mental health and wellbeing, and the fact that some players were unsure is important and justifies its inclusion as a response option in the survey. Whilst the sample size is relatively small (n=29) based on the number of players across the 40

clubs in the league, what is clear is that there is a high incidence of poor mental health and well-being in those that responded, and a meaningful percentage of ‘unsure’ players who appear to lack Mental Health Literacy.

Based on the responses to this question, 58.6%, equating to 17 players, were able to complete the rest of the survey. For the 41.4% (12) players who responded “No”, the survey thanked them for their time and automatically closed.

Symptom Prevalence

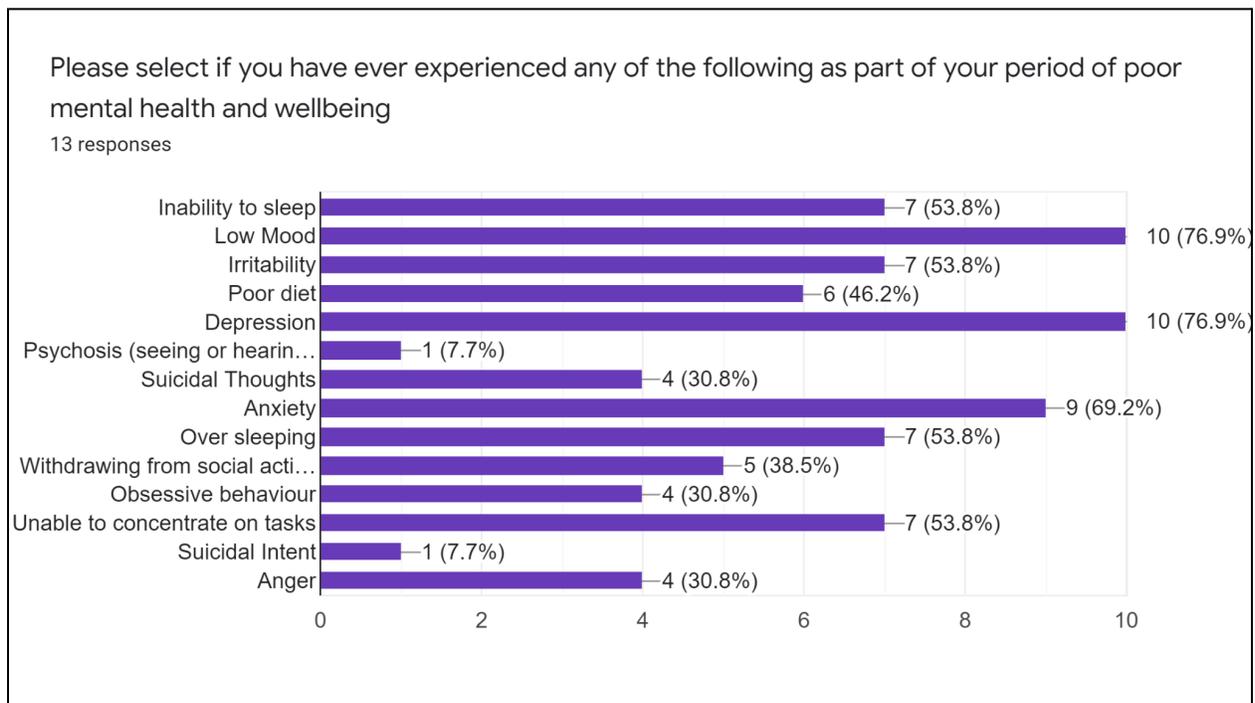


Figure 5: Number and % of responses for each symptom of poor mental health and wellbeing experienced by participants.

23% of the remaining sample experienced some form of suicidal-based symptoms. Based on general data from the World Health Organisation (WHO, 2021), this is comparable with the national statistic for 15.7% of every 100,000 of men to experience suicidal symptoms (Samaritans, 2021). Four players reported having had suicidal thoughts at some point during their period of poor mental health or wellbeing, with one divulging actual suicidal intent (it is not known whether this person was also in the 4 reporting suicidal thoughts due to data anonymity). It is noted that one club sadly experienced a player suicide during the conduction of this study. It is not known whether this player or their club are represented in this study's findings.

Low mood and depression were experienced by 75.9% of respondents (N=10). Whilst it is not possible to ascertain whether these were comorbidities or separate, it gives an indication as to the severity of the symptoms experienced. Considering that only 4 participants from the study received a diagnosis of a mental health condition (see figure 6), the findings indicate that a significant number of mental health concerns are going undetected and suggest that clubs may be missing an opportunity to disseminate mental health advice or to signpost players to other agencies for early support. Untreated depression can be a leading factor to later depression if left undiagnosed, so this could present an important opportunity to plug gaps in support and inform future mental health practice and interventions within clubs.

Inability to sleep and oversleeping yielded 7 responses each. This equates to 23.8% of the total sample having some sleep-related symptoms in relation to their poor mental health and wellbeing. This is also true for the inability to concentrate on tasks. In research terms, inability to sleep or concentrate on tasks could stem from exhaustion of balancing aspects of life (Sothorn and O'Gorman (2021) or be a factor of obsessional concerns about life factors such as income or family relationships (Nicholson and McLoughlin (2019). For example, an inability to concentrate

may well impact work productivity and therefore income, as well as their ability to operate machinery or drive effectively, which can also have significant impact on income as well as their and others imminent safety. Moreover, sleep problems are associated with several mental illnesses within the Diagnostic Statistical Manual (DSM), and it is well documented historically that a lack of sleep can cause both physical and mental distortions of thinking and behaviour even with very short-term variations in both quantity and quality of sleep experienced. As well as poor sleep meaning increases in feelings of tiredness, they may also bring about an increase in withdrawal from activities and socialisation, due to increased feelings of fatigue. This can then strain social relationships and cause more isolation, especially over significant time periods.

Contributing Factors

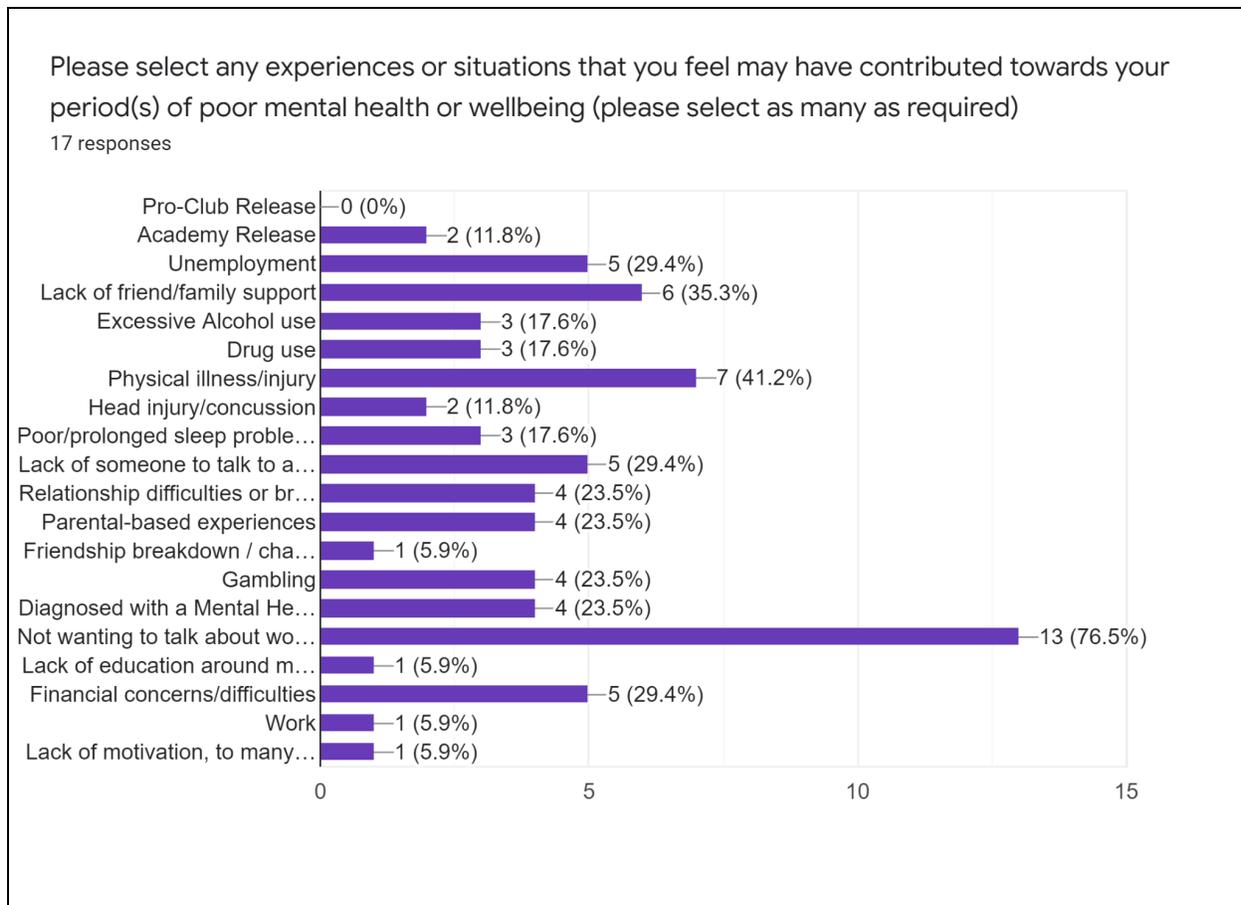


Figure 6: Factors contributing to poor mental health and well-being experiences

All 17 players carried through from the initial screening phase of the survey responded to this question. Not wanting to talk about mental health was cited by 76.5% of respondents (N=13) as a reason for why their period of poor mental health and wellbeing meant they did not seek early intervention or had kept their experience secret from others. This is also a significant finding that may partially explain the low response rate to the survey and illustrates the work that still needs to be done to de-stigmatise mental health and encourage people, particularly male footballers, to talk about it. 6 respondents (36.6% of responders) also cited lack of family and friend support as part of the experience. It is not possible to ascertain whether this was a lack of presence of these individuals in participants' life or whether they perceived that their social network was not or

would not be supportive. Moreover, it is unclear as to whether this lack of friends and family support was a causal factor of a poor mental health experience or a contributory factor to not seeking support. When coupled with the “lack of having someone to talk to” being cited by N=5 participants, it is possible to assume that the lack of someone suitable to listen and discuss issues with was an issue for respondents in the study. Again, it is interesting to note that of the 76.5% of participants acknowledging a problem with mental health symptoms, only 4 respondents were diagnosed with a mental health disorder from our findings. This is useful to consider in terms of those who did not seek a diagnosis that may have unnecessarily gone unsupported by NHS services. There was only one experience of Psychosis. We cannot be certain whether this response was included in the “diagnosed” category or not, however it is useful to consider that a prevalence of psychosis was found within our sample, and therefore specific signs and symptoms for this should be included in any future mental health literacy provided by clubs.

The presence of physical illness or injury was a contributing factor in 42.1% of respondents. This suggests a lack of appropriate mental support during a period of injury or illness available for or from clubs. Unemployment and financial difficulties equally shared a 29.4% prevalence within the study. While the findings are unable to clarify whether these two findings are linked, knowing they are equally experienced by this population of grassroots players may mean that intervention recommendations to support advice around finances and employment are important to consider going forward. This will be most important for injury or illnesses of a long-term nature, and for those players in employment where reasonable adjustments to job roles cannot be made in terms of sustaining work whilst ill or injured.

The other most prevalent contributing factor cited was gambling N=4. While none of the respondents decided to give further details on any of their contributing factors, this finding

warrants more investigation as to whether gambling is a wider societal issue within this geographical area when considering further support. Relationship issues or breakdown and parental issues were equally contributing factors for 23.5% of participants. Again, whether these factors were linked is unknown, however, as these factors represent equal incidence, they are important to consider as part of providing future mental health and well-being support to grassroots players.

Method

Part Two: Industry professional's perspectives on the survey results and insights regarding the practical implications for grassroots clubs

When reviewing and reflecting on the disappointing low number of responses to the survey and the data that had been collected for Part 1, the researcher felt that this lack of participation, may, in and of itself, be an important finding related to the unwillingness of male football players to talk about their mental health. The second part of the study was designed to explore the survey findings discuss factors contributing to poor mental health experiences and support service engagement, with a view as to how to enhance the education and support available. The recommendations emerging from the findings could then be disseminated to policy makers and mental health officers, with the aim of better targeting player engagement and support around mental health talk in grassroots football.

Participants

Individuals from professional agencies, directly involved with mental health and wellbeing in football, were contacted directly by the researcher using LinkedIn searches. Those contacted had to be currently working in a professional capacity for an organisation linked directly with football mental health and wellbeing services. This included the Birmingham FA wellbeing panel, The Professional Footballers Association welfare team, Mental Health England, and Sports Against Suicide. The initial recruitment email and PI sheet sent to potential participants detailed part one of the study for context, and then the aims of part two for their consideration. Informed consent was accepted when a person contacted agreed to participate in a formal interview. Four participants agreed to take part in the study, one from Birmingham FA Welfare, one working in FA coach education as well as Mental Health England, a Goalkeeping coach also working for a mental health charity, and a clinical psychologist working in prisons and with sporting clients.

Research Philosophy and Paradigm

In qualitative research, gathering experiences of people facilitates a constructivist epistemological position, and allows a critical realist ontological position to emerge (Fryer, 2022), whereby in this phase of the study industry professionals are commenting on the survey findings and commenting on events which may cause mental ill health to occur. It is too limited to say that all players will hold the same experiences of mental health if certain risk factors are present, therefore applying universal laws about mental health is unrealistic, so this paper goes beyond classical constructivism in its interpretation of players experiences by offering recommendations for future research and practical applications based on events and mechanisms likely to be encountered by the population studied (Collier, 1994).

Measurement and Procedure

Semi-structured interviews were conducted (Kernberg, 1981). The first purpose was to discuss the findings from the survey and explore the participant's perspectives on the findings in the context of their role. The second purpose was to discuss where and how this data may be useful in future initiatives that could engage grassroots players in talking about mental health and wellbeing. A copy of the interview structure can be found in appendix 1.

During the result gathering process the researcher was contacted by one club who expressed their interest and desire in highlighting a men's mental health charity they own and direct. 'MenUnite' is a volunteer community scheme run both from and by the club and supports any male who turns up at their door who needs a safe space to talk. The researcher visited this project, and since has helped them in widening their reach, as well as providing professional advice and guidance for its service users. As they did not fit the selection criteria as a professional-based services support team, as a voluntary group they were not asked to participate in the second part of the study. However, their views and input on participation was considered in the final discussion.

Data Analysis

Capturing qualitative data of educators and mental health professionals added authenticity to the data as it allows opinions and emotions to be reported acately (Polit and Beck, 2012). To ensure this was the case interviews were typed verbatim for analysis. They were screened for terminology associated with topic items relating to the interview schedule. This approach to theme development was applied to the data to identify key themes that emerged (Vaismoradi et al, 2015). In reporting, quotes were kept verbatim to allow for transparency and credibility of participants responses to questioning (Polit and Beck,2012). Once one block of key themes had been identified the data was then screened a second time for secondary criteria of trust in data

screening as detailed by Whitemore et al., (2001). This also allowed higher order themes to emerge from within each category as well as subcategories that were then grouped together into a structure following key items of the interview schedule.

Results

Interview Section	Emergent Theme
1. Observations of Survey Results	<ul style="list-style-type: none"> a. Men not talking b. Depression/Anxiety c. Gambling
2. Perceptions of Mental Health Education/Provision in Football	<ul style="list-style-type: none"> a. Lack of clarity b. Affordability c. Voice
3. Issues with Mental Health Education/Provision in Football	<ul style="list-style-type: none"> a. Awareness b. Funding c. Staffing d. Coach Education
4. How to Improve Mental Health Education/Provision in Football	<ul style="list-style-type: none"> a. Stronger Coach Education b. Stronger Use of Voice c. Environments d. Stronger NGB Alignment

Table 1: The emergent themes from each interview section

1. Observations of Survey Results

1a. Men Not Talking

The most common factor cited for poor mental health and wellbeing was the lack of men being open to talking about mental health. Whether being seen as a sign of weakness or not knowing who to talk to, men not having regular and meaningful discussions about their experiences were felt to be a main contributory factor to poor mental health and wellbeing.

P1: "That (low responses) doesn't surprise me, men stereotypically and still don't talk...even in academies the education may have been poor or not complete enough, and that's the ones that have even come through that pathway."

P1: "From what I've learned in my mental health training, possibly that men just still don't talk. It's just seeing, and maybe even more so in that age group, because it's not seen to be, it's a time where they're meant to be tough and strong and that, like you say that they're trying to go out and get their own adulthood and independence, so they don't want to be seen to have struggles."

P2: It's also very difficult nowadays because there's so much noise around, where do I find accurate information? And this is where governing bodies or senior organisations need to say, "These are the organisations."

P3: "I've never opened-up to anyone, before (Psychologist) last year. I never even used to notice or think about other people's mental health before lockdown. Now I know and understand it more but I'm still not as good as I can be, sometimes I reach out to talk but still can't do it and I know I have support I can use! So, I totally get why players don't".

P4: I've worked in prison populations introducing psychological ways of thinking (to prison officers) where there can be some resistance in the more macho type organisations”

P4: Asking questions that doesn't imply a vulnerability. Not labelling things when you're targeting vulnerability doesn't go down well especially with men. It's easier for people to say, yes, I did have this experience, but for some people just the label of talking about mental health can be off putting and vulnerable. Men especially don't like feeling patronised by things that many would see as kindness, so asking about, can you describe a time where you felt stressed for example, you may get more buy-in from that rather than saying let's talk about mental health.”

Overall, these results demonstrate that men talking about mental health remains a significant barrier. This could be the result of a closed culture typical of masculine environments still being prominent, but also that men lack awareness and education about mental health and how they can use specialists for advice. Furthermore, the findings identify ways in which these barriers might begin to be addressed, by asking men to give examples of where they've experienced specific mental health symptoms.

1b. Acknowledging Mental Health and Depression

Interviewees reacted to the survey finding that depression and anxiety were the most prevalent mental health symptoms having been experienced as 'unsurprising and worrying', given the WHO repeated messages about the high rate of male suicides. However, one interviewee disclosed that even though they have suffered a period of poor mental health themselves, they still lack confidence in talking about it for fear of it causing distress in others as well as the

stigma associated with this labelling. This could form an important part of education considerations in future practice.

P2: "if we're concerned about young people's mental health, the coaches' mental health, a lot of these people are inexperienced and going into it (delivering mental health advice) with their eyes not wide open. They don't really know what they're signing up for sometimes, and that's got to be stressful for them while they're trying to manage everything else alongside"

P2: "people need to be made more aware of preventative measures around, what can we do to actually stop ourselves becoming unwell potentially? Because we are clogging up the system with people actually who don't need the high levels of support that the system offers"

P2: I think the thing with suicide as well, or suicidal thoughts, sorry, is sometimes people could misinterpret it, because that's something I've picked up from the training, some people think that the warning sign is when they're at their lowest. But it's not always, it can actually be the other way around. It's when they've gone from a low to a high. I think if you haven't got the training to notice that people actually go, oh, they're back at a high, they're okay. But actually, that's a warning sign."

P3: "I never told anyone I was on antidepressants until months after I had started treatment. I didn't want to worry other people and have them thinking they have to be worried about me".

These findings show a fear of admitting the need for information on mental health, and that fear of being diagnosed is a significant barrier in accessing support. Not wanting to worry or impact

others negatively is seen in the data, as well as not wanting to be a burden on others or the NHS. This shows that education around the reality of talking is important for future implications as well as making chats normal and a regular part of societal life.

1c. Gambling

The second highest occurrence of poor mental health and wellbeing in the survey was the prevalence of gambling N=13 (23.5% of responses). The government's plan to limit gambling advertisement and remove it from shirts (BBC, 2022) was considered an important step in helping limit the access of appeal to gambling.

P1: I think with the government trying to ban it on shirts and stuff, maybe that would help a little bit, because it's not going to be out in the front...that you couldn't obviously have it on under 18 shirts, because of the age thing. So, I think taking it off totally, I think will help, because I think sometimes it's all very well not having it on under 18s. But they're still watching the game, and their legend is still wearing that shirt. So, I think you just got to remove it totally haven't you, from any incentive.

P1: It was on ITV with Harry Redknapp, and he took the ex-players to play against Germany. I think a lot of people found that quite revealing, because they all talked about their demons and what they've been through. I think that got a lot of people talking and possibly males talking amongst their friends.

P2: There's a lady from part of the alumni called (NAME) and she's a clinical psychologist but works in prisons. So, what she's seeing is people get released by football clubs, turn to crime, and she's saying, "Well, we need to do something preventative, so they understand that if football ends there's other things for you, you know, to actually

access and do." And she's trying to break into football to say, look, I'd love to raise this as a thing, but she's finding all the doors are closed because people will go, "You're not coming in to speak to our players.

Gambling is an important factor of this data as it can lead to significant other issues if not addressed. Bankruptcy, family relationships and housing are all consequences of long term or uncontrolled gambling. Therefore, ensuring that messages are clear and managed from early ages were found to be a key finding in this research. Whilst removing it from shirts was found to have helped in some ways, the advertising around stadiums and on media outlets are still regularly seen. Moreover, the popularity of accumulators that are especially driven at football, can prompt more temptations and higher odds over time. The barrier of clubs unwilling to get external speakers in to talk to players about this issue highlights the importance of it coming from a central point within clubs themselves or centrally located hubs that NGBs can work through.

2. Perceptions of Mental Health in Football

2a: Lack of Clarity

Current football perceptions and practice around mental health were felt to show a lack of clarity and direction from an NGB perspective. Whilst it was acknowledged that MIND's partnership with the EFL was prevalent and consistent, this hadn't transferred to the Premier League, and when it came to grassroots clubs, mental health messaging was even more diluted and vague as to how and where best to direct players. Also, geographically mental health support services are found to be more or less accessible, with levels of funding depending on each council's spending priorities.

P2: they seem to defer to Mind as a delivery party at county FA level, so some counties will be different. Others will say, "No we're using our local Mind," which is fine. Mind will deliver from, (the perspective of) "I'm a Mind mental health tutor. I'm not someone who's been abreast of both environments." So, as you will know around biases and when people go into a room, if they don't buy into you, they tune out pretty quickly.

P2: "I think the EFL are doing great, great stuff to raise awareness because Mind is on their shirts. They're not just paying lip service or doing a little project over here, a little project over there, where there's pockets of good things happening." But then, you know, those pockets are driven by people, usually community based, who then influence up to say, "Look at what we're doing which is good," and they might go, "Oh, let's stick our logo on that because it looks quite good."

P3: In the Midlands we're pretty lucky. There is Dudley Mental Health services locally, and we have good links with mental health charities, but I know lads up North who don't seem to know of anything like that let alone how to access it, and as we've said, men don't talk anyway so they're even more unlikely to even seek it out for themselves."

P4: "I think more can be done in understanding that we all have mental health at all times and like anything that goes in peaks and troughs, so normalising that would make things clearer and what patterns we notice".

"P4: "Mental health still frightens people. It still conjures up window lickers and all that kind of stuff, so actually tying it with stress and the idea that we need some stress but not stress that's so elevated that it becomes a handicap".

These findings highlighted the issue of not having clear and centralised messages from mental health and sport perspectives. Any education should therefore be targeted and framed around its specifics to sport to have the most impact. Introducing sports mental health officers would be one way of addressing this and making mental health relevant and targeted to its effects and support within the realms of sporting contexts. This is important as the fluctuations in NHS funded support is significantly different across the UK, therefore not all people can easily access support even if they are looking for it.

2b: Affordability

Money is always a limiting factor in grassroots sports compared to elite environments. However, even in amateur and lower league clubs, those who prioritise mental health support are likely to acknowledge its importance and pay out for professionals to support their players. NGBs could do more to centralise and enable all clubs to access this support.

P1: "I know, we've had requests for it (Coach mental health training). But it's just trying to put together a package that's suitable and affordable for the clubs, especially with the way the economy is and everything at the minute.

P2: "I'm not going to use my annual leave on that," and also the course costs me £500 now unless I've got a bursary where the course is free...It's creating an 'us and them' divide, so they're trying to do more around female engagement, BME engagement, but the rest of the community are now going, "Well, why are these people- Why am I paying more for these people to get it for free?"

P2: It's all online and they have 500 people on a course at any one time. Yes, so you might have four or five instructors, but even then, what, 1 to 100. They earn £60,000 a

course, so they're not going to stop it unless people start to say to them, "This is not the best thing you know, why are you doing this?"

The findings here showed that it is not just club's investments that block mental health education and support. Individuals who are already paying out significant fees associated with official coach education badges are unlikely to also afford additional mental health training costs. Whilst it is unrealistic for NGBs to prioritise and fund additional training for all the relevant mental health and wellbeing factors, the literature detailing the importance of basic mental health knowledge / first aid has shown its positive impact both on globalised NHS relief, as well as targeting sporting populations and make mental health talks become normal in society.

2c. Voice

Another emerging finding were thoughts around the impact that current and former player's voices were having on young and grassroots footballers in terms of understanding and talking more about mental health in general within the game. Professionals from other spheres were also deemed important and advantageous when it comes to education of grassroots players.

P1: I think the fact that professional players are now talking about their issues... I've seen Tyrone Mings; he's recorded quite a few videos that are quite interpersonal about what he's been through. Marcus Rashford, and I think people like that, obviously they need to have been there. It's pointless just picking on a footballer that hasn't been there and trying to pretend that he has. Because I think you can tell with Marcus Rashford and Tyrone and other footballers, you can tell the way they talk, and you can see in their expressions that they have been there.

P3: "We need to get into schools to talk about it at the moment. Football clubs have so much scope to do it as well, it would help repeat the messages. We seem to be ok at focusing on youth at the minute, but not their parents, and the adults, and that's where football could come in more."

The participants acknowledged the importance of mental health ambassadors and role models who have shared their stories. These case study accounts should not need to be the basis for mental health acknowledgement but become informative ways of preventing future cases. By being proactive because of such cases e.g. talking in schools, community groups and football club environments, the reach of these significant preventative factors and make a change in societal perceptions over time.

3. Issues in Mental Health Provision in Football

3a. Awareness

In exploring the perceived challenges with current mental health provision in Football, participants reported the existence of a lack of clarity, emphasis and provision for clubs that is sporadic and variable across regions. Most notably issues around funding, coach education and staffing were described by participants.

P2: "Effective coach development doesn't generate extra income...Now, you can understand it if you work for a small NGB, massively you can understand it. But the FA, half a billion a year...half a billion a year."

P2: I'm thinking of (club) in particular. They're now national league, so one step off the league, and they bought their way to that by just saying, "Give the players the contracts. They'll get us promoted and then we'll get up there." So, they've whistled through.

They've whistled through four or five divisions really quickly. Their coach or manager, he's got a YouTube channel. They film it. They see his behaviours on the touch line. But he hasn't got a coaching qualification or been through training. If you embed young people into that or if you have people released from academies into that, how does he manage? How does that transition occur? What does that look like?

P4: One of the biggest issues with sport is we know it's good for exercise, but you can get tunnel vision in sport. If you look at the 7 things we all need...Ken Aker's stuff...then in sport you'll find that all 7 needs can be addressed through sport but then if you have the situation whereby someone doesn't make it as a professional, or injury or retirement then suddenly the bottom falls out of someone's world".

However, societal issues were also seen as a factor, which could be advantageous for recommendations that NGB align support be localised to professional and affiliated clubs so the specific needs that can affect mental health are met.

P2: we (club) used to have young lads that would go from Brixton to Fulham on the train. You've got to go through postcodes to get from Angell Town to Vauxhall Train Station, then on the train to training, then come back late at night after training. It's improved. They pick them up. But at that time, they were going through all those different areas. Those children are constantly pressured around drugs, crime, you know, could I get into a situation here today that could end my life? You know, and if they're not, if they haven't got that footballing talent then, you know, they are going to be drawn into county lines whether they like it or not...Are coaches conscious enough of that? You know, because it used to be white middle-aged men at the sessions going, "He's not on it today. Look at him." I mean, he might have just been chased through the streets by a group of people"

3b. Funding

One of the most common challenges cited by participants was the financial restraints of clubs to fund mental health provision for its players and coaches. When considering the social economics surrounding grassroots football, it is unclear as to why there is still no centralised funding for mental health from the FA perspective that clubs can use, either by making specific funds available for clubs to spend on mental health provision, or by employing a suitably trained person within each county FA to oversee the mental health education of affiliated clubs within its district.

P1: I mean, as part of our policy at the moment, we're doing the 'Save Today Play Tomorrow'. As part of that project, there is a mental health section in there. So, we are looking to invest into mental health training somehow, but as to how it's been done, I'm not sure yet, because I think it's work in progress".

P2: "Quite a lot these (non-league) clubs have quite a lot of money in the pot that they take. And you just think, where does the money go? Well, we spend £7,000 on trophies... £7,000 on trophies? You could have done some mental health awareness training for a couple of seasons for your coaches with that money, or you could have paid for someone who potentially is a therapist."

P3: "I'm lucky, I'm earning ok money and don't have massive outgoing at the minute, I can pay for a session with a therapist, and I do, but not everyone has that cos it's expensive and you don't always know if they're actually good or not".

As funding and affordability made up two of the main findings in this research, it is a significant factor to bear in mind when proposing changes to NGBs education protocols. Following funding

impacts down the chain from elite clubs to grassroots levels and then community levels is one way of measuring the impact and reach of messages, however ensuring clubs can budget and prioritise some form of mental health education for clubs once a season could also be a way of managing a change in procedures.

3c. Environments

The format of coach education as well as funding were the main topics highlighted by participants in this environment theme. Due to Covid-19 the format for all education had to go online, however there are specific NBG run courses that were already using this format and participants had questioned the benefit of the quality of learning and engagement it seeks from participants.

P2: "How did you find the intro to football? Oh, I didn't do anything on that. The laptop was on. I was sitting on the settee watching football. Because you don't have to engage because there's 500 people on a call.

P2: They never asked the grassroots coaches what they want from their experience. What do you want from coach ed? They know. Mostly they want session plans. They want some things to deal with behaviour. They want to understand how to engage with parents and not that 'us and them' mentality, and they just want to become more confident at what they do...But how do they structure their course? Because the way they structure it is we need to produce better England players. Sorry, no, that's what academy football does. Grassroots football doesn't facilitate that.

P2: "Well, actually there's a place for us to do our coach education, our coach development, so much better, and it's not happening. It seems like we're going backwards.

So, you think there's all this great evidence out there that highlights what effective coach education development is, especially for grassroots, and we're not following it. So, you know, what you're now seeing is lots of different organisations popping up with their version of what they think people need. And I think it can be quite confusing for people on the ground who just want support, you know?"

P2: And we have concerns that when you had these young players, 16, 18, going into non-league environments and you've got people in non-league environments with no coaching qualifications or any sort of training at all.

*P4: "You don't end up having the other types of experiences that others have in their teenage years and mature and progress into adulthood, they don't get to be able to f*** up and learn from that and practice things because everything is about their relationship with the sport.*

It is clear from the responses collected that costs saved by delivering education online should be passed down to consumers and clubs. Also, making testing more stringent to show that learning has taken place, not just attendance. This could be done through follow up assignments, examinations or providing case studies of where learning has been applied and impacted in practice. Furthermore, coach accountability of CPD monitoring would also help clubs demonstrate a commitment and rigor to investing in quality applied education updates. Regulated by NGBs, this could significantly impact on the quality of messages being relayed throughout elite and grassroots clubs.

3d. Staffing

One of the key issues participants highlighted was around staffing at clubs themselves. Linked with the issue of wages, the differences between academy staff and grassroots coaches trying to progress is also a factor. Moreover, a lot of grassroots clubs pay little in salary for many coaches, whereas support staff are largely made up of volunteers or students undergoing professional training. Therefore, the capacity for clubs to get qualified workers equipped to talk about mental health and deliver education is a difficult area of provision to navigate without a current centralised system.

P2: We've got to view people as professionals, because if we're shifting to that education of 'you're a professional' you've got to pay a professional wage... Oh, it's a 37.5 hour a week contract. It's above living wage, and you go, "They're working 60 hours really though, aren't they?" So, it's nowhere near living wage, and they're only doing this because they believe there's a pot of gold at the end... I'm just baffled when they go "Oh, no, it's competitive". Competitive with what? ... "We want to offer you an intern." An intern? Someone studied. They've got a mountain of debt from their education, and you want to offer them a role as an intern. Why is that? "Oh, the experience they'll get will be off the scale." What, of about getting exploited? It doesn't seem right, but they won't change that. And how often is that said? The head of coaching roles, they'll say, "Right, for a category three head of coaching role, it's £35,000 we're willing to pay." But then the club will say, "Well, we're taking £7,000 or £5,000 of that for admin." The Premier League have paid you this money. Why are you not passing it straight on to the person?

P2: "I spoke to a guy from the chaplaincy service that works in the pro clubs, and he said, "Players just knowing that I'm there to have a conversation if they want, I've been told by them just helps them feel reassured, and they don't need to have a conversation

with me because they know, well, if I do have any issues, I can go and speak to (him) and it's fine."

P3: "I've worked with some good coaches who I could always go to, the kit man is a big one I think I've used over the years, yet there are other coaches I wouldn't dare talk to, but they might be the U18s manager and the assistant 1st team manager, so you're definitely not going to go near them when you have a problem, you need to have just a person who is there for you"

Grassroots clubs often work with small numbers of often volunteer staff. Ensuring funding or part funded CPD for these members of the footballing network could further help grow the strength of key messages being put out. Even for trained psychologists there is a need for them to have self-care plans on how to manage the emotional impact of their cases. For untrained volunteers this effect needs to be safeguarded in a way that allows them to feel supported and not to have their own mental health and wellbeing impacted as well as that of players. Currently this is down to an opportunity for staff a club has available, whereas NGBs could include a safeguarding officer or mental health officers and include this as part of their role.

4. How to improve mental health education/provision in football:

Recommendations were sought from participants for how to better create supportive mental health environments within football, either at a local or NGB level, both for players and clubs. Strengthening the messages the FA send out, with consistent follow-up of directed support by the FA were two of the strongest needs identified, which could be further supported by better coach education, and funding for people to deliver mental health training to clubs.

4a. Stronger Coach Education

P1: "I think there should be some sort of mental health course that touches on an introduction type one that the FA could do at a cheaper price, the same as the first aid course or something. Just to give people a bit of insight into it, because it's such a big thing at the moment...it's such an expensive course to do that some people, some clubs just can't afford to go through that training"

P2: "if you have a behaviours-first approach, become a greater facilitator, great creator of environments where learning and development can take place, then if someone wants to then go into academy football, they have to do an assessment where you show that you have the required technical and tactical knowledge for them to go, "Actually love the behaviours you've got. You've shown us that you've also got the technical/tactical knowledge. We're going to help you now through ongoing mentoring and development within the pro game." But they don't do that."

P2: I think if coaches can just be there because we did some training for grassroots coaches in Kent just to become mental health aware. But then people are saying they're having conversations where children are saying, "I do feel suicidal." You need to be able to go, "Okay." I have to be conscious of my state to then go, "We need to get you help, support. Everything will be all fine. You can recover. We can get you help." But if you can't, then you go, "Oh my god," and you start going down a route where you really catastrophise things and it becomes a lot worse. I think, you know, that could then make people not want to come forward and go, "Oh, no, no, I saw how they dealt with it for Dave, and it was terrible. I'm not having it."

This section of questions showed a significant need to branch out coach education to cover the all four aspects of the FA's '4-Corner model', to include emphasis on 'social' and 'psychological'

not just ‘tactical’ and ‘technical’ and to teach coaches practical elements of each that they can use on the ground and be assessed for competence in the same way technical and tactical elements are done.

4b. Better use of Voice

Respondents also gave examples of how players voices could be better used in enhancing mental health provision and engagement. Moreover, using voices that are non-threatening to players as a way of talking about mental health could be a tool used in gaining more buy-in from players locally.

P2: “Clarke Carlisle and ambassadors like him, but he needs to be able to influence. So, I think you almost need those mental health champions who've played in that area to then influence people at the FA to say, "Look, are you considering this?" Especially if we think about people from a black and ethnic minority background being significantly higher diagnosed with mental illness, and it can sometimes be lazy diagnosis”

P1: “I think the fact that professional players are now talking about their issues. I mean, I'm going back to (PL Club) again now, but I've seen Tyrone Mings, he's recorded quite a few videos that are quite interpersonal about what he's been through. Marcus Rashford, and I think people like that, obviously they need to have been there. It's pointless just picking on a footballer that hasn't been there and trying to pretend that he has. Because I think you can tell”.

P4: “Gain interstate by asking questions in ways that aren't loaded, but that are very pragmatic....so rather than asking about things like trauma, sexual abuse, physical abuse,

we always asked question like “can you tell me about how you were disciplined as a child”, “can you tell us how old you were when you first engaged in sexual activity” etc.”

While high profile players who’ve ‘been there’ sharing their mental health experiences provides impactful role modelling, the volume of players and coaches revealing issues with poor mental health highlights a greater need across the football industry than with a few elites in the Premier League can support. Screening players regularly and providing regular education, affording players and coaches the opportunities to share their stories in non-threatening ways could help expand the knowledge that poor mental health and wellbeing is not a rare and privileged issue but one that can affect anyone.

4c. Environments

Historically football environments were tailored to increase the “toughness” of players. While steps have been made to limit this in the modern era, with the introduction of academies and players not having YTS contracts requiring them to clean boots and changing rooms, there is still a prevalence towards players experiencing environmental and cultural challenges in their development. Whilst it is perfectly acceptable and part of development to test and challenge skills, mental health impacts should not be ignored in the process.

P3: “We need to give more chances to young pros in the game but allow a point of contact for them to support. It's hard being in a men’s environment at 17, 18, 19.

Especially at grassroots where you might not know anyone. I dropped down 4 levels at one point to try and play the men’s game and learn but it was hard, and people aren’t always nice about having kids around them”.

P2: "But we still know there's lots of poor practice that goes on, especially in cat two and cat three academy clubs because they just- you know, if I'm in there as player care, I'm wearing five hats. I'm the minibus driver. I sort this. I do that, and you think, surely, it's better for them not to have an academy than do it slapdash."

The participants advocated a designated point of contact at all clubs with a specific focus on mental health and wellbeing. Someone away from coaching and development and selection policy, but solely available for players' wellbeing. NGBs taking on this finding and providing clubs with points of contacts would be a way of clubs not having to fund or increase time constraints on staff in place. When paired with the men not talking as a result of burdening people, if a player is aware a coach is holding multiple roles, they are less likely to go to them with mental health concerns if they feel this would increase demands on someone, be not listened to or be misinterpreted as weakness.

4d. Stronger NGB Alignment

Participants were directly asked about what their thoughts on increased NGB alignment might be.

P2: "The FA almost need to go to their grassroots department and be quite honest about our role. What is our role in this? We're not in any elite department. We don't work with the best players, so what are we supposed to do? We used to have the mantra of football for all. What does that mean? What does that look like? They changed it to FA England Learning. Why? Because they've got a lot of teachers at the top of the organisation who think it's all about learning and development instead of, well, actually, surely sport at that grassroots level is about social change."

P2: "There's a guy... he's trying to set up a PFA for non-league, and he's trying to get support services because a couple of the lads who are directors are mental health nurses in the NHS. and I think they're trying to offer that service, but again it's scalability and availability of people at the right price point."

"P3: "I don't know what the right answer is, but I can list the problems! We need more people like you doing this to get people talking but it should come from clubs or counties for everyone to access it properly".

"P4: Professional bodies could do more to support people in making sure they get their (7 needs) in other ways not just sport, through connections and long-term connections outside of sport not just within the sport environment."

The feeling was that NGBs should take a more active role in applying mental health support throughout the football pyramids. NGB finances were the focus of why this has previously been overlooked, despite the efforts of organisations such as MIND to help them improve. Long term, sustainable mental health education, if done through coach education and NGB CPD pathways, would allow better access to mental health support and wellbeing across football.

Discussion

It is clear from this study that poor mental health knowledge and a lack of confidence in exploring personal experiences is prevalent at the grassroots levels of football. This supports the findings of previous studies (Bohr, Boardman & Mcqueen 2019; Junge & Prinz, 2019; Lehmen, Hein & Gersic, 2016; Gouttebarga et al., 2015). Anxiety and depression were the most reported mental ill-health symptoms in the study, mirroring the findings of Prinz and Junge (2016).

Bohr, Boardman & McQueen (2019), Junge & Prinz (2019), Lehmen, Hein & Gersic (2016), and Gouttebarga et al., (2015) all identified maladaptive mental health coping mechanisms in their research that were mirrored in the findings of this study, including a disconnect of relationships as being a prevalent causation factor in poor mental health, resulting in gambling and withdrawal from social settings. Drug-use was a less prevalent maladaptive coping mechanism in the current study, despite stronger World Anti-Doping Agency (WADA) rules being in place and the population included mostly dual-career professionals. Money and finances were also a contributory factor in this study, due to financial difficulties in dual-career player's working life, such as redundancy or shortage of service needs, compared to a lack of playing time or release in Prince and Junge's (2016) findings. Kuettle, Durand-Busha and Larsen (2021), Kilic et al (2017) Gouttebarga et al (2017), Southern and O'Gorman (2021) and Bauman (2016) highlighted injury, adverse life events, and a lack of social support as being responsible for triggering symptoms of depression within footballing populations. In comparison, the present study found life-factors of finances and relationships to be most associated with triggers of mental ill-health.

Given the findings, it is important that research continues to find ways to improve research into sporting mental health experiences (Henrikson, 2020) and supports Uphill's (2016) recommendation that future research should consider how to allow populations to flourish in their endeavours, and not just focus on public or professional population experiences. Similar to Junge and Prince's (2016) findings where only 10% of players received mental health support, the findings of the current study showed that only 4 players had sought a professional mental health diagnosis and treatment plan.

Depression and anxiety were common mental health issues experienced by grassroots footballers and suicidal thoughts were reported. The overriding implications and recommendations from

participants in both phases of this study were about gaining a centralised support system of mental health support for grassroots football, either via the FA producing better signposting to resources readily available to clubs to disseminate, or better funding of services at regional FA level to support all clubs within a geographical location with direct mental health provision and education. Similarly, altering coach education to become more aware of good practice around mental health, mental health literacy, and engagement of coaches within training courses, rather than a capitalist model of getting a higher number of people through technical coaching badges was highlighted. Engagement with other authorities to produce education and safeguarding was also featured. For example, police links for county lines awareness training could be an asset used by the FA from school models of education around social issues.

Use of voice was also a key finding, yet while more current and former players are talking openly about their experiences of mental health, there is currently no solid action plan to improve access to mental health support in this way. Player Care officers have now been mandatorily recruited by all Academy Clubs in 2022, however the filtration down to grassroots clubs is not yet formalised or forthcoming. Moreover, whilst the PFA offers counselling, not all grassroots players are able to access this unless they were in academies and had signed professional terms at some stage. A grassroots specific PFA model would be useful to increase the availability of good mental health awareness information to these populations rather than relying on access to local resource, which may or may not be of good quality or delivered by competent people.

During this study, several independent support services were mentioned by participants or were sent as links to the research team. ‘Men-Unite’ based in Burton Upon Trent, and ‘Andy’s-Man-Club’ in Stafford, would, based on the Midlands league catchment area be an available source of player mental health support for just 6 clubs’ within its geographical vicinity.

This narrow reach, voluntary nature, and lack of professional funding for such projects, only serves to highlight that we are yet to be able to centrally support all players within a grassroots network. It is considered that centralised education at a young age is an important way to minimise the effect of stereotypes forming around mental health, enable talking to others, and facilitate myth busting (Mind, 2020). If taught in centralised youth programmes, infiltration out to parents, families and coaches is likely to be reinforced. Moreover, if a centralised education programme could be delivered periodically during a season with all grassroots and professional club members directly invited from their local FA branch, then this reach would extend across all clubs and levels within the pyramid. Whilst it is unrealistic to allow all players to perhaps attend such events, unless virtually, a representative from each club could be invited and given materials to take away to its members. If this became a standardised, periodic event, allowing networking and such independent charities to attend, then the nature of breaking down barriers and increasing the number of contact points for individuals becomes less intimidating and support becomes more accessible.

Limitations and Future Directions

This study only focused on one football league in the West Midlands. Screening tools for all county FAs will do well to supply targeted mental health and social information for its players. Moreover, one of the interviewees were representatives local to the West Midlands FA and so some services are currently limited by geographical location. For the FA to undertake a centralised view on mental health support and training for players, regardless of level, would be the only fair and sure way of ensuring good information and support could be accessed at any point. From a research perspective, screening players across different geographical locations would help scale the nature of such intervention project needs. Furthermore, a more in depth,

interview style approach could be used with players to assess mental health experiences. This would allow a fully qualitative approach and provide further causation or risk factors to be assessed by coaches or NGBs.

Conclusion

There are a variety of mental health experiences within grassroots footballers. Depression and anxiety are the most prevalent and this can resort to gambling in the Midlands area. Men not talking about mental health is a contributing factor to this, however it is not clear whether this is a lack of people to talk to, or not wanting to burden people in clubs where staff are few and/or their roles stretched. At present, there is no formal screening and support available to reach these players other than what specific coaches and clubs choose to pay external services to provide. NGBs could look to implement a core of mental health practitioners or support hubs across leagues that can work from elite clubs and filter down to grassroots communities.

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Appendix: Interview Schedule for Part 2

Thank you for taking the time out to talk about this project

Firstly I'd like to just talk you through what we've found so far and get your thoughts if that's ok.

The first thing we've really found is that men are still reluctant to talk about mental health issues – can I get your thoughts on that please from your experience?

One of the other significant things is around gambling – is that something you've seen or experienced in your area around players needing support?

What's next I guess is working out how football can improve and help the issue of mental health and interventions in general. Where do you think the biggest gains are to be had in this and what clubs can access?

Any examples or experiences you can draw from or any specific examples of good mental health practice you've seen or know of?

Anything else you'd like to add or think we should explore as part of this study?

Thank you – keep contact details and confirm they are aware it is a research paper.

Research Commentary

Introduction

In writing this commentary, I felt inclined to be open and honest about my thoughts and feelings regarding research and declare up front my anxieties about the research process. The research element of the Professional Doctorate was the part I feared most at the outset (and still do).

While the limited consultancy knowledge and experience I gained pre-doctorate meant I was excited and felt able to take on the challenge of working with clients, my knowledge and experience of research, from completing undergraduate and MSc. dissertations and being involved in several other projects through my academic career to that point made me feel the opposite. I had always struggled with both the systems and motivations of conducting research, so I wasn't equally excited by, or looking forward to the prospect. 'Epistemology' and 'Ontology' are two terms I don't profess to be an expert on by any means, but through the process of the doctorate I feel I have at least developed an understanding of their importance and significance in the research domain, namely how the researcher's ontological and epistemological viewpoint determines their philosophical stance and chosen methodology through a basic belief system or worldview that is ontologically [nature of reality] and epistemologically [nature of relationship between the knower and the known] informed. Even so, if I was asked what I felt the strongest and weakest elements of my portfolio are (as I may be in the viva), research is likely to be my first answer for the latter!

In my formative years, I saw research as an opportunity to interview coaches and education officers in football academies to enhance my knowledge and network. In both my BSc and MSc studies meant I built a foundation of programme structures, issues, solutions, and practicalities encountered when working in footballing environments. Throughout the course of this doctorate,

this foundation helped to develop my consultancy practice in this setting. In terms of research undertaken, both of my previous papers examined the principles of the FA's Elite Player Performance Programme (EPPP) in academy football and how coaches felt about disseminating appropriate psychological knowledge and skills to players. Whilst completing dissertations were my primary goal at the time, I also used these as networking opportunities to grow my understanding and contacts within the field. While I still think I have some way still to go as a researcher, I have felt to have made progress over the Professional Doctorate in my understanding of, and competence to undertake research to a higher degree, and have learned more about the underpinning philosophies attached to ontology and epistemology that supports the conduction of rigorous research, which has enabled my work to build on the currency of knowledge and have impact on policy and practice. The following sections provide commentary on the research products contained within the portfolio and have been structured to provide context for each product, followed by commentary on research philosophy and impact as central pillars of my practitioner psychologist development and competence.

Empirical Paper 1

Due to my interest in Football, but also time constraints and ease of access, I decided it was best to perform research within the setting I was consulting at the time, and so consequently my research for the doctorate has focussed on the non-league football club setting. Based on my alignment to qualitative research philosophy and paradigms, and my interest in the work of supervisors who have been practitioners engaging in ethnographic research (Champ *et al*, 2019), I anticipated this would be the approach I would take. However, the needs of the organisation and the needs of the researcher does not always marry! In my case, the club were focussed on improve player's ability to make effective decisions under pressure and enhance players ability

to perform in pressurised environments. After some consideration and being mindful that this would likely steer me away from the ethnographic approach to a more quantitative objective evaluation of pre and post intervention protocols (Fryer, 2022) that was somewhat out of my comfort zone, I went with it.

Given the squad had an average age of 19 and were beginning their first season in a men's league, we felt a pressure training intervention might accelerate their coping skills in new and challenging situations and help them to perform under pressure by making better decisions. That was the theory! I enjoyed developing pressure training intervention training protocols, and I felt that I was a practitioner engaging in meaningful research work that would help the squad meet their objectives. I liked that feeling. Once the quantitative data had been collected and analysed. I discussed with the coaches I need to triangulate the impact of the findings, and found that my experience in, and alignment with qualitative interviewing provided a way to address how the coaches had found the protocol and whether they had noticed specific performance differences in players. While now a multi-method study, this was a process I was much more confident in doing and I enjoyed the internal reflection process that ran alongside it.

The biggest challenge of this paper was creating the pressure training interventions and grouping players appropriately. I was keen that this should be an empirical process to warrant meaningful results for the club, whilst also encumbering my first empirical paper for portfolio completion. However, this would mean significant amounts of using quantitative measures and analysis of results, something I have never really encountered in my career so far. I felt an objective way to understand player's' probable reaction to unfamiliar or pressured scenarios, was to procure data on their personality profiles. These scales, although unfamiliar to me, were clear with instructions I could deliver to the group and were easy to analyse and interpret. Similarly, the

data on their intuition or deliberative decision making was a standardised questionnaire. After administering these I could see why lots of researchers favour these quantitative methods compared to forming interview schedules! However, it was important for me, from both a consultancy and research perspective to gain some qualitative information about the interventions and process for use in my future career. To learn lessons both for myself and in formulating research that would help when taking on large projects within a squad in future.

Whilst data collection was smooth and integrated into my daily work with the club, there was a lot of procrastination around processing the quantitative results, and this project therefore took a lot longer to write-up than planned. I found this was mainly due to my low confidence in analysing quantitative data. To combat this, I opted to engage in support from a colleague who was well versed in statistical analysis to follow and compare my SPSS data to other worked examples. As confidence increased, and the data as beginning to make sense, confidence in compiling and analysing the findings grew. This time spent researching and grasping basic statistical interpretation, wanting to ensure accurate reporting of the results also held back the writing process. This was important data for the club to be making decisions on, so I was keen to get it accurate for use in the field.

On reflection, I didn't spend anywhere near enough time before beginning this first piece of research understanding and reading around research philosophies. I wasn't even aware of how important this even was, and I very much saw this as a "get it done" piece of work, rather than it being used to frame my personal development. Due to this, I have had to work backwards in analysing this first paper and what I have learnt. I do now very much see the advantages of mixed-methodology approaches as it provides a holistic view of the data (Sparkes, 2015), which mirrors my professional practice philosophy. In hindsight this is something I could have planned

and spent more time crafting exact links, through previous research, rather than being led by the findings the initial collection phase gave me and asking players for their narrative experiences. This would have meant I was following a protocol which would have led me to a review section, rather than doing it over a year post-production. However, this was the first time I had engaged in a mixed-method study (Bryman, 2007), and the first using quantitative measures since my undergraduate days 10 years ago. I acknowledge there were difficulties in the analysis stages, and I revisited several Youtube clips and Undergraduate research tools in conducting the quantitative results. On the other hand, whilst novel in terms of setting and protocol, the project topic area was not something I was intrinsically interested in from a research or consultancy basis; rather it was a project driven by something the club wanted to know, s at least from that perspective it was practice informed. I had used pressure training drills in developing academy football programmes that honed and upskilled players' resilience and coping skills to meet the demands of professional environments, but I had more passion for my next research study to be linked specifically to my desired motivation to explore mental health in football.

As my previous reflections suggest, this paper did lack the clarity of ontology and epistemology that it warranted in the beginning. However, on reflection, its ontology is realistic in that it acknowledges a real football club, with real young players needing to gain knowledge about real psychological principles. It doesn't look to question itself beyond the scope of the boundaries of that knowledge or question the definitions and variables of the population. Its epistemology is positivist, as it is measuring how the principles of the psychological knowledge has an effect on the players through objective means (the PID) and observable means (the coaches' perceptions). Whilst positivism is usually associated with quantitative methods, Polit et al (2001) identified that there is not the need to completely segregate methodology, when the objective is to capture

the same type of data. Whilst there was an attempt to personalise the processes via personality traits, these are also theory-dependent measures based on agreed knowledge of emotions and personality. The changes in behaviour were measured objectively through the means of the PID scale, which reduces any further context around each decision made, the person making it and doesn't question the measurement itself.; and whilst this paper did include a qualitative element, it was designed to capture clear behaviour changes without any further context or meaning.

Whilst a positivist stance is widely considered reductionist (Crossen, 2013; Hughes, 1994) in the context of the needs of this case the study fulfilled a need to answer a specific question on whether a knowledge and application of pressure training could enhance the performance of players facing a new challenge.

However, the level of personal experience could have been further explored by capturing players' individual experiences of the intervention as well as the coaches'. This approach would have drawn another level of understanding of the human experience of decision making and pressure, as well as the numerous other factors that influence these factors on any given day (Smith and Caddick, 2012). This approach was not taken here due to both time elements of analysing qualitative data from 20 players and myself moving on from the club at the end of the season, therefore contacting all players would have been difficult and unrealistic given their holiday and family schedules over the off-season. From a philosophical perspective this study is probably the weakest section of my overall portfolio, however I also feel that it gave me a good grounding to understand where my shortcomings were and allowed me to explore the areas of ontology and epistemology further.

Systematic Review and Research Paper 2

The process of beginning the systematic review element of the portfolio occurred by accident. On a particularly quiet day at work, with limited students in due to the pandemic, and after attending a suicide CPD day the week before, I had a quick search around papers that had looked at suicidal risk factors in football. Learning more about Mental Health in Football has been one of the main areas of CPD, and one of my career objectives is to improve the quality and availability of mental health provision and support for those in the game. After some initial screen and modifications to search terms to extract papers identifying psychological risk factors of suicide in sport, 11 articles remained, and after discussing my ideas and research question with my supervisors the systematic review was born. The systematic review helped me to gain a comprehensive understanding of factors within the sport of football that contributed to poor mental health and suicide risk, such as player rejection, migration, and identity.

As the research I had identified for the review seemed to me, so surprising and disappointingly limited, the review was a catalyst for the basis of empirical research paper 2, where I was interested in capturing the incidence of, and factors contributory to, poor mental health and well-being within a grassroots football population in the UK. I was, at the time working in a grassroots football club, so I had a strong practice informed motivation to conduct the study. I was also interested in using a qualitative constructivist, critical realist approach (Freyer, 2022) within the research study to explore how do develop policy and practice to provide more mental health support to stakeholders within grassroots football, as from my experience of working in the setting there was a clear gap in this provision. This formed the second part of Research Paper 2, where practitioners from mental health, wellbeing and coach education were interviewed for their perspectives on this question.

This was very much a piece of empirical research designed to target impact and at organisational rather than individual level. Therefore, I learnt a lot about the politics of conducting such research, specifically around gatekeeping of recruiting participants and accessing such large population of them, even though it was a narrowly focused pool. The number of emails and phone calls it took in the planning stage to persuade the league to participate on the project and identify the benefits were numerous, even though I had no idea what the take up or results would show, which took a significant amount of time. However, speaking to contacts within clubs beforehand was a useful way of practicing buy-in and explaining the rationale, most of whom, of those I spoke to, agreed was a useful piece to conduct, which I then used with the league chairman in getting agreement to proceed. Targeting organisational structures is not an easy thing to want to do as an early career practitioner, however the passion I have for safeguarding and improving mental health processes within football is something I feel helped drive and direct this project at every obstacle.

I explored the work of Bryman (2006) and the thinking that mixed methodology can be a way of encapsulating a 360° view of any dataset. While Giacobbi, Poczwardowski and Hager's (2005) position that pragmatism as a research paradigm is the best way to capture someone's experience resonated with my own emerging research philosophy. I reflected that given the potential size and scope of the participant sample; this would not have been practical in this study due to the numbers of players originally pooled for the screening process. Therefore, by combining quantitative and qualitative approaches, e.g., objective level positivist data as well as a constructivist paradigm to capture the perceptions of wider populations and culture surrounding the topic at hand, I felt this the best way to gather as rich a dataset as possible in alignment with the constructive realist epistemology of research. The critical realism epistemology balances and

expands the remit of constructivist approaches by asking further questions and wanting more information than theory informed conclusions. Thus, the second part of paper 2 provides grassroots football player driven data that may be generalisable to other sport participation populations that may be used to help safeguard players. I felt the philosophical principles were a lot clearer in this paper and were more aligned with my practice philosophy, where humanistic person-centred approaches inform my work.

Despite both the review and paper 2 aligning more closely with my personal interest and passion for improving exit strategies of football clubs and reasons for targeting consultancy in football academies, the 'motivation fairy' (Kearns and Gardiner 2011) was still avidly avoiding me throughout most of the writing process. I would find it difficult to spend further time in conducting my own research, and whilst I appreciate the time, effort, and importance of expanding the literature basis (Champ, 2020), my preference as a practitioner psychologist is to draw on current research to translate this knowledge into evidence-based practice and use new information in the field to ensure my applied work is current and innovative.

In summary, my research journey has felt exhaustive during the doctorate process, and whilst I can recognise significant increases in my own ability to plan and carry out research, especially in mixed methodologies, I also understand I lack the passion and dedication to undertake my own research. That said, I would be interested to collaborate on future research projects with academics that would inform applied sport psychology practice, and to publish consultancy case studies to inform the field, as this I do believe has been key to me learning more about my own practice and building client relationships throughout my Professional Doctorate experience.

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Reflective Practice Commentary

Introduction

This meta-reflection represents a structured analysis of my journey to becoming a registered Sport and Exercise Psychologist in the UK. The commentary uses the Atkins and Murphy reflection model (1993) to detail how I have fulfilled the requirements of the British Psychological Society's training qualifications (BPS, 2018) and the Health Care Professionals Council (HCPC) standards of ethical practice (HCPC, 2016). Throughout this reflection I will focus on several critical moments (Nesti et al, 2012), and how they shaped my philosophies and frameworks to deliver sport psychology consultancy and dissemination during my practitioner development on the programme.

In the beginning

From childhood, I had always held a keen interest in psychology from criminal dramas and documentaries. However, in reaching the critical milestone of further education, I realised that psychologists also work in the sport and exercise domain. Being able to reflect later in life on how many people I had helped to achieve their sporting goals, rather than how many arrests and prosecutions I had helped secure felt a far more appealing, exciting yet challenging route for me to take. I had little to no sporting background, which meant no connections or experience to help forge a clear pathway to support the education and training process I wanted to pursue. The decision to undertake my undergraduate Science and Football degree at LJMU was largely influenced by the number of academic staff also undertaking high level consultancy roles in the field, as well as the specificity of studying football and the staff expertise within the Sport and Exercise Science department. Dr Mark Nesti, Dr Martin Littlewood, and Dr Dave Richardson all

held positions within Premier League football clubs and Dr Martin Eubank and Dr Zoe Knowles worked in elite sport settings as consultants. They would all talk enthusiastically of how their applied experiences became topics of debate and discussion for students through their lectures and seminars to inform the curriculum. I was also able to take on voluntary work with the Everton Active Family centre under Dr Dan Parnell which allowed me to gain experience I would not otherwise have had access to. These early exposures to the realities of working in elite sporting environments (Nesti 2014, Nesti, 2017, Gilbourne and Richardson 2016) meant I had early indicators of the levels I would need to reach during my career, as well as early modelling of good practice. The longevity of this academic network, the consistency in providing long term support unstable high-level sport / football environments, and my experience of the strong student support provided, heavily influenced my decision to return to the university in 2019 (after completing with BPS accredited MSc at MMU) to begin the Professional Doctorate. Having access to these professionals, as well as a peer network of support, I deemed invaluable over following the independently QSEP training route.

Ethical Considerations and Professional Standards

On induction, the pages of ethical considerations and professional practice standards from the BPS (2018) and the HCPC (2016) made for daunting reading. The concern for ensuring confidentiality, professional boundaries, clarity of communication, GDPR compliance, and record keeping seemed overwhelming and the need to create an authentic and integral framework of practice felt impossible to fathom. However, through exposure of clients and practice, these compliance factors became more automatic, and the development of my practitioner framework and values became more developed through one-to-one experiences. One particular interaction in practice allowed me to gain real confidence in my ability to practice the BPS ethical

decision-making criteria and standards robustly, when I was asked to report on improving standards and behaviours within an organisation. Both in pre-report decision making, speaking with my supervisor and in post-report reflection, I engaged in note-taking reflections of the full a-j list of considerations (BPS, 2018 pp 4) to validate my writing of a report about my concerns. It felt incongruent of me to accept the behaviours witnessed in this interaction when they were so at odds with my personal beliefs, and inauthentic of my practice to not allow the organisation to address and improve welfare concerns of players and staff, when it is part of my personal philosophy to adopt a 'person-first' approach to practice. This situation meant I learnt the importance of working in-action with the standards of ethical practice at the forefront of decision-making processes, and while allowing for professional judgement, that this must be validated and supported by robust and rigorous means to practise safely within the industry.

Confidentiality as an ethical issue became the subject of personal conflict during my time at a football academy. The coaching staff wanted to know which players I was having conversations with each week. When I explained the BPS standards and rules around confidential practice, they reiterated their understanding, but that they weren't asking for details of conversations, just names of those with whom I was speaking. Given BPS confidentiality protocols and the privileges clients are entitled to, I felt revealing the names of players to coaches was a breach of their confidentiality, and diminish their personal trust in me that could damage the important client -practitioner relationship. Whether or not the coach's requests had any bearing on player selection I couldn't be sure, but I felt that coaches did not need to know the identities of players being supported. I was therefore saddened that this refusal to share the requested information meant that the club halted its psychological support with me at the end of the season. I made it clear that asking practitioner psychologist for information about clients that went against the

confidentiality standards of conduct we are bound by would not be something that could be over-ridden. Sadly, this was not taken on board by the club, as they were more concerned about auditors asking for safeguarding information that they perceived they couldn't provide, despite me logging relevant safeguarding issues on the club's central recording system throughout the season, in cases where confidentiality was breached for player judged to be a risk of harm to self or others (BPS, 2018). At the time, this felt like a big personal set-back, as I was working at an English Football League level club. However, after reflection it reiterated to me how football clubs and coaches are still very unsure of psychology and the parameters within which practitioners must operate Nesti (2017). In taking my practice forward, one of my questions in job pre-application or interview is to ask about an organisation's understanding and expectations of the role of a sport psychologist and the ethical principles they are bound by to try and establish clear and agreed boundaries and expectations at the beginning of a work relationship.

CPD

One of my main areas of interest before starting the doctorate was the psychological impacts on professional academy footballers, especially on release or termination of playing careers, and the need for psychological safety and mental health support specifically during this time. This has therefore formed one emphasis within my Continued Professional Development. Firstly, I wanted to gain knowledge and experience of supporting players using a model of practice that aligned to my philosophical orientation to adopt a person / client-led approach. I considered Acceptance Commitment Therapy as an option and undertook several online workshops and seminars to learn more. However, the concept of acceptance of a current presence never sat quite right with my values that people's perceptions of their own existence are more important than diffusing other possibilities. For example, if a client doesn't like how their feelings make them

think, feel, and behave, then for me, getting them to act on a change to those feelings is an important step for growth. To achieve that, it is important to look at where and how those feelings first developed and how their perceptions of the world, emotions and behaviours were learnt and became truths. This aligns more closely to Rational Emotive Behaviour Therapy (REBT) where core beliefs are challenged from presenting activating events that trigger thoughts and feelings that a client dislikes. It is widely considered that REBT is a time-consuming process that takes numerous sessions to find core beliefs and work on disputation (Ellis, 1959 and Dryden, 1997a). However, its principles resonated with my values about psychological intervention instilling lifelong changes in people's behaviours, and that it is not always necessary to undertake the whole process at once, but work over time to change core beliefs whilst helping a client deal better with activating events, building up to core belief change in small stages across an athletic season for instance. This is what led me to undergo both Primary and Advanced Primary Certificates in REBT and ultimately increase my confidence of using these principles with footballers during the release phase. Often players released talk of being "useless", "worthless", or catastrophising the event as, "the end of everything", where using REBT principles allow them to change the belief defined by their footballing identity and look to build in opportunities for wider personal growth. This is something I then targeted further down the academy pathway at clubs, so it became normal for players to talk about different interests, career paths and plans they might have. This was revisited on several occasions under the 'Future Me' programme I wrote and delivered to clubs and teams. This has now branched out as a product to be available for injury, deselection, and other transitions that not only footballers, but other sporting populations may make use of.

My provision of mental health support and experience has been further developed by becoming a Mental Health First Aider (through Mental Health England) so I can be better equipped at spotting signs and symptoms of clients who might need more direct and early intervention, as well as attending specific Suicide Prevention workshops and the Suicide Summit in 2020 to further my expertise in understanding this aspect of mental ill-health, which was the focus of my systematic review. On completion of my doctorate, I plan to attain further mental health accreditation through a Postgraduate Diploma in mental health support to help bridge the competence gap between clinical psychology and sport psychology support for mental health.

Research Products

Paper 1 centred around conducting research but in the consultancy environment. As detailed in similar ‘pracademic’ work (Champ *et al*, 2019) I was aware of the potential barriers to player participation in what is, essentially, research. For example, would players be less willing to disclose certain events or do certain things if they felt it would form the basis of a written project? However, the research was practice-informed, in that it attempted to answer a real-world problem, namely working with coaches to inform training patterns and protocols that would enhance decision making of players using pressure training. Thus, players were part of an evolved pressure training protocol that was research-based but had real world implications for their own performance and development, as well as my consultancy practice in relation to tailored psychological support of players. As Kearns, Forbes, and Gardener (2011) showed, engaging in active research with tangible and valued outcomes can facilitate participant motivation, engagement and adherence, and the research was, from the players perspective just part of the weekly training and assessment the club required them to do.

In completing research paper 2, I learnt that researcher resilience can be a big factor in completing research tasks. I was intrinsically motivated by the topic of paper 2. It meant something to me, both as a researcher and practitioner who strives to make a difference, and I was genuinely interested in what I might find. Thus, I felt genuinely deflated when the number of players who participated in the Mental Health survey was so poor. This could have led to me re-evaluate, even scrap the research question, and take a new direction, and I did consider it. However, I reflected on the importance of the topic and the motivation behind my decision to do the study, and I persevered. In discussion with my supervisor, the option to add a qualitative phase to the research direction provided additional meaningful data and research rigour and enabled the findings to have real-world implications for policy and practice and be a platform for future research in this important area of Sport Psychology. I am hopeful that the findings could support clubs and practitioners in developing better mental health support provision for players and influence the content and quality of their coach CPD. For me, conducting the empirical research was facilitated by having a clear 'Research means to an applied end', which helped motivate me to complete both studies.

The systematic review was a very tough task for me personally, which I knew would be the case. I accept their value and purpose in 'positioning' the status of research in an area and highlighting opportunities for further empirical research to be done to potentially direct future applied practice, often in completely new and unique ways. However, being honest I found the rigorous process drivers of systematic reviewing to be a very clinical and laborious process to get right, and perhaps because of my innate need to want to get to the application, I struggled with my own motivation to complete it. Receiving feedback from Dr Tod in the initial planning stages often left me confused and demotivated given the extensiveness of information and level of

understanding needed to progress the piece. The PICO and PRISMA frameworks are helpful, however missing one simple step of a process can regress the project weeks, and the monotony of ticking off processes can be frustrating after 2-3 attempts. That said, as discussed in the research commentary section of this portfolio, the original topic idea came from personal drivers to work in football academies and understand risk factors of suicide in young professional players released from the game. The ability to then take this research beyond the systematic review stage into empirical research study 2 kept me going and did ultimately make the task more rewarding once I'd completed it.

Research Process

Research is a process I find very challenging to engage in doing academically it has been the biggest challenge of my Professional Doctorate journey by far. Ironically, when searching for images on procrastination to describe to a colleague the experience of doing research, I came across several papers and articles by Hugh Kearns, which I then spent time on allocated Prof Doc research days in my plan of training reading them extensively! "Waiting for the motivation fairy" (Kearns and Gardiner, 2011) became an instrumental paper for me in starting my research activity; I adopted the idea of breaking down research tasks into micro-chunks of 2-3 items a day amongst other tasks, rather than dedicating whole days to research activities as I would with case study work or reflective writing. This allowed me to make gains in formulating topic ideas, reading around topics and beginning ethical frameworks quickly over a period of weeks. Moreover, this paper helped me to ease the guilt and panic emotions I felt if there was a day where I skipped research altogether because motivation was just too low. Paglieri (2011), Kearns, Forbes, and Gardener (2011) and Kearns and Gardiner (2006) discuss where the risk of overworking or working to unrealistic time allocations runs the risk that whatever you do achieve

will be of such poor quality that you will end up re-doing it anyway, so it is preferable to do work well, once, when motivated. I took big gaps in research activities over the course of the Doctorate, choosing to use this ‘better’ method (over just blindly finishing “something”) and produce work that was viable and succinct. Philosophically, I locate myself as a constructivist, so am thus more motivated by research and research methods that lend themselves to a qualitative approach. Not surprisingly, interviewing had been the method used in all my pre level 8 research projects, and I reflected that both my empirical studies have a quantitative start driven by initial context informing the research question, but a qualitative end, certainly to benefit the research quality but perhaps to align to my research philosophy and my associated comfort zone. This also enabled me to place more emphasis in my papers on how my findings could directly influence my and others professional practice, and thus have real world impact.

I believe a lack of academic confidence played a big part in the research tasks being the most time extensive component of my Prof Doc experiences and my overall development. I remember a teacher from secondary school when I was in Year 10 once telling me “not to worry about being a typical B level student, some people just are, however hard they work” and that I “definitely have the personality type and work ethic to work in other ways to make the same impact that A* students get”. This comment is something that has always stayed with me. (*As well as being proven true with 11 GCSE’s at B grade, 2 Bs at A Level, a 2:2 (Hons) classification at BSc and “merit” at MSc levels*). I also believe this is a reason why I experience heightened enjoyment, motivation, and drive to complete consultancy work. Gaining practical experience, providing “active” psychology practice, and developing as a practitioner psychologist is what motivates me to get out of bed in the morning. I have come to accept that while I might not be

the best researcher in the world, I have developed my competence to undertake it and will always recognise and draw on research to evidence-base my practice.

Teaching and Training Dissemination

My personal teaching philosophies of using scaffolded approaches from Bloom's Taxonomy (1964) and the concept of a spiral curriculum by revisiting topics over time (Bruner, cited in Bransford 2000), have largely remained the same throughout the Prof Doc journey. Coming into the doctorate, I have found profound advantages in holding a teaching qualification (PGCE) and using this knowledge and skill to develop and disseminate psychological material in my applied work. I have always recognised and placed value on understanding different learner groups and types / styles of learners, and that creating materials and resources with the learner in mind and bringing humility and personality into the learning space as a teacher are all important. My PGCE also gave me an important 'Head start' in terms of being an effective reflective practitioner, something I learnt and practised extensively throughout my PGCE and have continued to use and apply in different context across the doctorate's learning outcomes and associated competencies.

The dynamic shifts in working with academic based populations to players and athletes in sport was daunting to begin with. Whilst I consider myself to be adaptable and easy-going in nature, which was sometimes at odds within the teaching profession standards, I wasn't sure how that would translate to working with athletes (Ledermann (1999)). However, I have found it to be advantageous to adopt a relaxed and social environment when delivering material, to place myself as a facilitator, and not a "teacher" where strict boundaries are automatically assumed. In this way, understanding athletes or players and making the intentions of sessions clear (Ledermann, 1999) and translatable e.g., by making examples relevant to each sport or age

range, and keeping material current whenever new working examples present themselves in the elite world of sport, I believe helped forge relationships with client groups to get buy-in to my workshop content and delivery.

In contrast to my extensive experience of this form of dissemination and communication, I have to date only delivered once in a formal setting (at one conference), which occurred during my doctorate study. While on reflection this was likely due to the lack of academic confidence with research I previously alluded to in this commentary, I did receive useful and positive feedback from my conference experience and going forward I would take the opportunity to present at conferences again should they arise. I have been invited to be a peer mentoring guide at LJMU Open Days to discuss my early practitioner experiences of doing the Professional Doctorate and have delivered to MSc students about embarking on consultancy placements and doing applied work in the field, and issues of consultancy, ethics and culture I have had to deal with from my own experiences of football club work (Nesti 2014, Nesti, 2017, Gilbourne and Richardson, 2006). I also delivered a session to the Professional Doctorate cohort detailing my experiences of providing athlete support at the 2022 Commonwealth Games, and the unpredictable issues that can present themselves when doing competition-based work. I do enjoy these types of academic exchanges where I am confident to discuss my experience of professional practice in a teaching context, and on completion of the Professional doctorate and am keen to ‘give back’ and share my experiences with students in education and training who are attempting to plot their own course to become a Sport and Exercise Psychologist.

Consultancy (Case Formulation)

Keegan (2011) outlines a clear formulation model for psychological consultation. Whilst the model shows a linear process from intake, needs analysis, case formulation, intervention choice,

intervention plan and then delivery, this linearity is not always the case in consultancy practice. For example, working within an organisation means intake can often feel like it is being bypassed, and often time constraints mean that small intervention tasks may be given to clients before a full case formulation is possible. Keeping a fluidity to this model was something I struggled with in early experiences, feeling I had to engage the whole process in a linear way before beginning work. Moreover, in some models of approach to practice, e.g., person-centred therapy, the concept of doing consultancy in this way would be misplaced. The nature of being embedded within sports clubs can mean players ask you for direct information on topics pitch side or during breaks in training. In that context, and in that moment, it feels unfeasible to take on a full needs analysis and case formulation; Rather, a working knowledge of your athletes is more beneficial to being able to give out advice ad-hoc, if you then formulate the case retrospectively, and crucially, follow-up this up with the athlete at a convenient time. From engaging with an online learning package of early practitioners in summer 2020, produced and facilitated by Dr Mike Rotherham, several guest speakers compounded this is an acceptable way of working, if BPS and HCPC standards were considered throughout the consultancy process and that a practitioner can justify and be accountable for their decisions throughout their record keeping. As my work has progressed, and I am now more embedded working in scenarios with high volumes of athletes, I have gravitated more towards using Egan and Reese's (2018) model of formulation. This three-stage model is useful within contexts where quick turnaround for performance enhancement, such as in university sports and athletic sporting calendars is required. Firstly, the model allows understanding of the "story" of where the athlete currently is, secondly, of where they ideally want to get to and with what goals in mind, and then to action plan towards these. As a more simplified model to Keegan (2011), it feels less 'academically

heavy' in nature and is more fluid and user-friendly in the fast-paced environments of sport. I also find this formulation structure cyclical in developing interventions, reviewing how they change the athlete's "story" or experience and then working collaboratively with the athlete to problem solve accordingly. This allows the athlete to become clear about the process and the development of intervention strategies. Now, I find that I tend to revert to Keegan's (2011) model when working in unfamiliar sport situations if I find I need to draw further on the evidence-base, and understand the culture, performance requirements and demands of a sport context, to properly formulate professional judgements and interventions that will be of most use to the client.

Developing my Theoretical Orientation

Understanding theoretical orientations and paradigms of practice took a lot of reading and work to understand and then develop my own practitioner identity (Tod, Hutter and Eubank, 2017).

Initially I felt I had to decide and answer these questions from the outset, but in supervision and from numerous CPD sessions on the Professional Doctorate it became apparent that this is a fluid developmental process that practitioners will and should develop over time, rather than having to align to something from the outset that you then glue yourself to in future consultancy practice.

Poczwadowski, Sherman and Ravizza's (2004) model of developing theoretical orientation is a much-cited framework that early career-practitioners use to help them in this quest, and I found it useful for me during the Prof Doc process to help me develop my own professional practice philosophy.

In CPD sessions, we used a consulting style framework (Keegan, 2011) to explore where we 'sat' on various style related continuum's and how this might evolve over time. I have detailed my 2019 and 2023 'answers' (denoted by the vertical blue and yellow lines) in Figure 1 below.

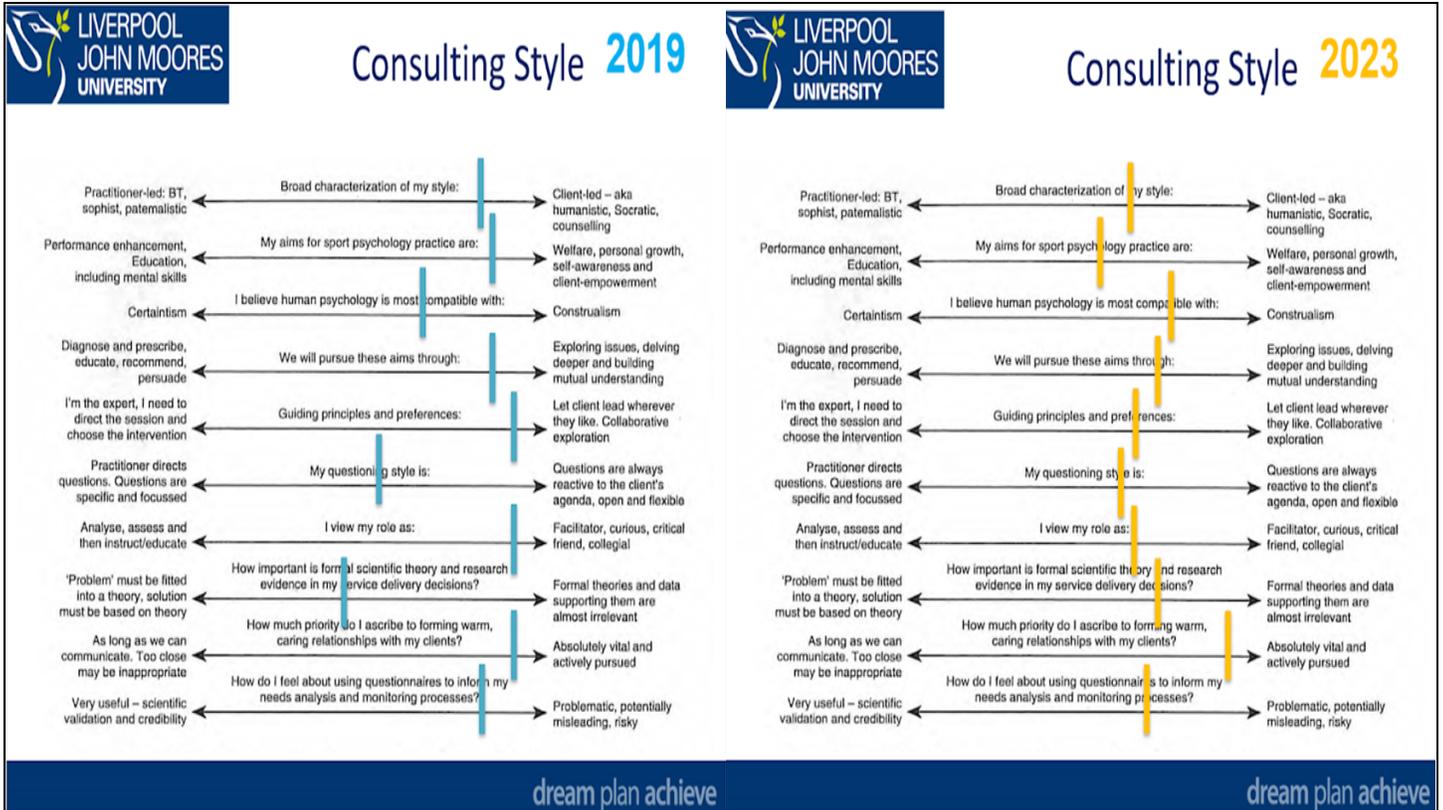


Figure 1: How my consultancy style has changed over the Prof Doc timeline

My initial beliefs in 2019 about where I felt the client-practitioner relationship should be based is strongly oriented towards being client-led, with client welfare and growth strongly emphasised above performance enhancement as the aim of my practice. I favour a humanistic theoretical orientation, whereby the narrative is generated and led by the client themselves and my role is to facilitate rather than dictate. During the early stages of my consultancy, I believed this is where I would continue to operate and develop my approach, largely using Person Centred Therapy (PCT) as a tool. However, over time, and through my experience of predominantly working with younger clients, a pure humanistic orientation and PCT approach was unrealistic for the client base and context, even though it aligned well with my own practice philosophy. Younger athletes often lack the emotional development to discuss their experiences in detail and lack the experience to be able to dispute other options and ways of thinking. This has seen me shift from

what I considered at the time would be a pure humanistic approach, to one that integrates humanistic principles of client autonomy and empowerment into a more cognitive-behavioural theoretical orientation and associated model of approach that draws on cognitive-behavioural interventions. I have found this to work well for the clients I work with and the contexts I work within, while still being congruent to my practitioner philosophy. This is reflected in my consulting style 2023 'map', where overall I remain towards the right of the continuums, but further left than I did in 2019. For example, when discussing the use of traditional psychological skills like anxiety or goal-setting (using Psychological Characteristics of Developing Excellence (PCDE's) with younger athletes, I do not find myself shifting to a fully prescriptive psychoeducational method of delivering these, which would be reflected in a practitioner-led cognitive-behavioural approach, but instead integrate the prescription with the client's thoughts, emotions and current experiences so that the skills are explored in a collaborative way. This integration of perspectives allows me to build a client's exposure and confidence over time in using psychology in their athletic journeys. I am therefore able to use different cognitive behavioural waves of working across different clients e.g., through using REBT in case study 3, when athletes can take more voice and control as they mature and develop and encounter more experiences. I am also more able to focus on performance rather than purely the well-being of athletes. This has partly come from the needs of environments I have worked in, but also from learning that athletes themselves want to hold very high and directed goals for themselves. Figure 1 shows the gravitation closer to performance than wellbeing, however, I would feel incongruence to ever put performance completely over wellbeing in any given situation. The Swimmer case study is an example of this, who had begun self-harming in visible places but wanted to compete in an upcoming tournament. To this end, we wrote a detailed self-care plan,

with emergency contacts and out of hours support she could access during the weekend; she was also booked in to review her mental health with her GP and a specialist on her return on the Monday morning, and I was checking in hourly with her during the tournament itself. In terms of intervention, we were able to agree to certain body positioning pre- and post-race, so that cameras and other competitors would not be able to see her injuries during that weekend. Therefore, I was satisfied from a well-being perspective that she was as psychologically safe as we could make it for her to do the competition, as it was a real desire of the athlete to do so and pulling her out may have made the client feel worse and more likely to need critical intervention if she had been left isolated and withdrawn from her team during that weekend.

This integration is something I feel confident in using and aligns to my values and beliefs as a consultant (Poczwadowski, Sherman and Ravizza, 2004).

Personal Core Values:

- Not everything can / needs to be measured.
- How a client is experiencing something is the most important factor.
- The process is to build/scaffold a narrative as to how they got to where they are currently and create a clear vision of where they want to go.
- Always consider factors of time, education, relationships, and presenting barriers to work with a whole person frame of reference.
- A psychologist's role is to **teach** skills where there are gaps, **collaborate** where the athlete is sufficiently self-aware or to **support** an athlete using their own methods to approach a problem.

Reflective Practice

During my PGCE teacher training, I became very adept at reflection both in and on action, as it was constantly instilled in me that there are things teachers need to adapt to in the teaching environment, and to be aware of standards, behaviours, language, and body language throughout lessons. This mirrored my experience of sport psychology consultancy, where we must analyse and measure how well you are listening to a client, whether they have understood your response, whether your response holds psychological merit and is appropriate for that client. Active listening is a major skill for this to be successful, and one way I adapted my consultancy was to practice use of neutral, non-threatening or non-judgemental responses when listening to a client (Owen, 1991). The use of “ok” or “thanks for sharing that” were psychologically safe responses to whatever a client said whether it was “I didn't perform great at the weekend”, to “I have had a significant problem with an eating disorder for many years' ". Here, the use of such responses means I acknowledge that this is a safe space without judgement to talk about that, and the important thing is “what next” as an end focussed goal orientation during counselling practice (Young and Valas, 2016). In sport, the alignment with a counselling approach that is goal oriented generally allows clients to be more open if they feel it is being used to action plan a solution. My clients often reported being surprised they had disclosed so much detail about certain events, as they weren't aware they were disclosing such narrative when, for example, giving reasons why their current plan may not be working well, or where they were confident in an intervention that would stop them thinking about a difficult aspect of their life. One client who was discussing feeling anxious about being in the middle of a running pack mentioned he had “happened” to have been a stab victim the year before but “didn't need to talk about that”, however, when we got to discussing the reason why his brain was interpreting people close to him as a threat, he described the feeling of the gang surrounding him during the stabbing and

how this linked to his current running track experiences. When asked about how he felt when leading a pack, he described the scenario of him running from the gang and running to his friend's house. At the end of the session, he realised how much detail he had given about the traumatic experience and reported “maybe it is something I need to look at because I've literally never told anyone that much about it, but I see how it is probably affecting me more than I thought”.

Working in Football can be Brutal

During my undergraduate Science and Football degree, I gained a motivational intent to work with the football culture and environment, despite Nesti's (2007) description of Football as a brutal entity, but felt I was probably way behind my peers and had no chance. On leaving university I gained an internship in elite cricket, which gave me my first experience of first team environments, delivering strength and conditioning programmes to a division 1 County 1st team squad. The feedback from my mentor was that I was “good at the knowledge but lacked confidence in delivery”. I believe this was in part due to an abusive relationship I had found myself in during my university days, and by cutting this connection in 2012, I was able to rebuild my self-confidence, esteem, and self-image. When I returned to study psychology and completed my masters in 2014, my applied experience was still extremely limited, however I was more upfront in developing a network, using connections, and making my views known in discussions, which I had never done before. By the time I started my PGCE in Autumn 2014 I was happy in myself and was fully confident in making mistakes and learning from them, giving myself opportunities to sink or swim in airing views and ideas as well as trying things out and accepting they might not work.

Coupled with the extensive self-reflections required, when I finally began the doctorate in 2019, I felt a real desire to return to the footballing environment. I then worked in a non-league first team, and a football league academy during my training, implementing my own development plan, delivering workshops, coach CPD, 1:1s and education sessions across the clubs. This felt like a significant milestone in my professional journey, as I had proved to my 21-year-old self that it was possible and showed me how far I had come in my personal development over the previous 10 years. I had been able to implement a new academy philosophy and set of standards through leading a project at the club I was working in and was able to work within my own core values and beliefs across my work. When I moved to a new club in 2021, within three months I was clear that the standards, values, and culture at the club was blatantly at odds with my own, and from lengthy deliberations with my supervisor and working through the BPS code of practice standards (2011) I decided that it was in my remit and responsibility to bring this to the attention of key stakeholders. This was to be another critical moment in my professional development and is something I have learned a lot from in terms of how I deal with conflict.

From my teaching days, the line “whatever behaviours you ignore you condone”, was instrumental in my decision-making. Leaving and not addressing the issues was not an option for me; it felt incongruent to the job I'd been tasked with doing and meant I would have done nothing to improve the situation for the players and staff within the club. Even though every day at the club was uncomfortable as the environment was so incongruent with my own beliefs, I decided I had to keep true to my values, and so wrote a ‘psychologists report’ that I shared with key stakeholders to address issues and concerns I had witnessed during my period of work. This then triggered several attempts to intimidate me and other staff within the club by interrogation meetings, shouting and belittling staff into revealing exact conversations and behaviours that had

been witnessed during the writing of the report. When this was unsuccessful (I adhered to the ethical code of conduct principles and protocols laid out by the BPS, 2016), and I could see that no improvements would be forthcoming, I made the decision to leave the football club. I never would have imagined myself directly standing up to a key person within a football club and blatantly calling out what I believed was bullying behaviour. I could not work being at such incongruence with my beliefs and values. I was proud that acted, keeping professional, calm, and deliberate throughout the process, but I really felt that that was the only way to stay true to my authenticity as a practitioner and provide a duty of care to the players and colleagues that I worked with. This later triggered several personal threats from the individual concerned, for which I sought support from the BPS and my supervisor in disregarding, putting it down to an occupational hazard of encountering certain personality types. Nesti (2007) was right, football can be brutal. I am now more aware of potential red flags in the football environment and am more attentive to them now than I was ever before and am confident that I can challenge key stakeholders where necessary when welfare issues are at stake.

Athletics and Beyond

In December 2021 I gained my first psychology role working within a multi-sport environment. The chance to challenge my practice outside of the footballing sphere was exciting yet slightly unnerving in the beginning. My knowledge of university sports was also weak, so to stave off too heavy a feeling of imposter syndrome, I kept myself focused on my philosophy and values that were well formed to provide solid foundations for my practice, with my application to the different settings and contexts being the main challenge. Coach buy-in and support was crucial in my settling into the role and beginning work. Whilst Nesti (2011) had always said to focus on doing little for the first few months to establish yourself, I felt adequately supported by both my

colleagues and coaches in beginning 1:1 intervention early in the new year. This was magnified by athletes having missed out of psychological delivery in the first half of the year, BUCS fixtures beginning in February as well as a big summer of Commonwealth Games, European Championships and World Championships, which some athletes had ambitions to qualify for. This quick delivery start did not impact significantly on my formulations, as I took deliberate time in-between sessions to formulate through Keegan's (2011) model rather than the Egan and Reese (2018) approach I had used in my comfort zone of football. I was able to build quick rapport and relationships with athletes, being honest about my areas of previous expertise and being new to the role and environment in getting to know them and their stories (Tod and Eubank, 2020). The student athletes were very reciprocating and accepting of this honesty and valued the time I took in being personable and to ask broader context-based questions, not just focussing on "fixing" any presenting issues. I believe this approach was key in helping several athletes overcome performance anxiety in those first few months, which gave athletes stronger acceptance of me, and confidence for myself that I could apply my knowledge competently in this new work context, and that I was able to adapt my support as clients become more experienced and developed. I believe I have always had more of a growth mindset in terms of personal development, happy to admit and make mistakes and take calculated risks when needed.

One such case of overcoming severe performance anxiety in a client was to use a crowd noise soundtrack in the lab when an athlete was scheduled for lactate testing. This athlete had previously pulled out midway through her last four major competitive races due to panic attacks. This involved a long conversation with the athlete in understanding this was not just a performance issue, but something she had felt in all areas of her life, and we discussed both the benefits and drawbacks of her not trying to overcome this fear of busy loud environments

throughout her life. Collaborating with the physiologist, I compiled a playlist of several different crowd noises to be played intermittently at various frequencies, over a period of weeks. I was honest with the athlete that the intervention may cause heightened anxiety, but that I was aware of her testing times and was on-hand to support should a panic attack occur. This use of desensitisation seemed appropriate in this case given the athlete reported crowd noise being an overbearing sensation when performing. After three weeks of this intervention, plus weekly 1:1s to talk around herself, general anxiety, lifestyle, and personality factors, the athlete was able to finish third in her next competitive race, and thus qualified for the BUCS World Championships. Within the next 12 months, she completed all major race events she was fit for, picking up Team Gold and Individual Silver and BUCS XC and 25th place at World XC championships. This case is probably the one that has given me the most satisfaction in my training, such was the severity of symptoms at the beginning of the process, and the strides the athlete has made in the last six months of building a relationship with a practitioner that has helped to support tangible behaviour changes. While in-person approaches work best in my experience, examples ranging from doing consultancy during covid -19 or from afar when athletes are away competing means that this is not always possible and needs to be done through online support. During the Hockey Junior World Cup in South Africa, Zoom was used for 1:1 work with the captain to help her navigate anxieties associated with living in a camp environment for a month. The team came away with the bronze medal and the player received the overall player of the tournament award. Since then, I have used on-line consultancy for several athletes, across numerous sports, such is their varied, dynamic, and changing schedule of world-wide competitions and timings, to maintain a source of contact and conversation with athletes when away for long periods.

Finally, what next?

The last 15 years of my life have been dedicated to this Sport and Exercise Psychology education and training development pathway and reaching this point. In writing this, I'm still struggling to comprehend that my training is nearly at an end, despite the numerous setbacks I have encountered along the way, specifically, being made redundant, obtaining the funds to live, and the impact of Covid19 on sport and my work. I've also experienced some 'left and right turns' during this pathway, that while elongating the journey have led me to gain a PGCE and experience of working within another sport (Cricket) in a different discipline (Strength and Conditioning), All these experiences have helped me to become a better, more rounded practitioner with a wide range of knowledge and communication skills. My aim remains to work at the highest level of sport possible and to continue to support psychological development of clients to the best of my ability, preferably in academy football! I would like to see changes to psychological policy at the NGB level in this sport that I am so passionate about and will continue to network and produce material to help achieve this reality. I also plan to continue with my own CPD to gain more expertise around mental health support in sport, which remains a particular area of interest I am passionate about enhancing.

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