

A case study of a trainee sport psychologist adopting a person-centred approach with a professional basketball player

Black, Zoe; McCarthy, Paul

Published in:
Sport and Exercise Psychology Review

Publication date:
2020

Document Version
Author accepted manuscript

[Link to publication in ResearchOnline](#)

Citation for published version (Harvard):
Black, Z & McCarthy, P 2020, 'A case study of a trainee sport psychologist adopting a person-centred approach with a professional basketball player', *Sport and Exercise Psychology Review*, vol. 16, no. 2.

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please view our takedown policy at <https://edshare.gcu.ac.uk/id/eprint/5179> for details of how to contact us.

**A case study of a trainee sport psychologist adopting a person-centred approach with a
professional basketball player**

Zoe Black & Paul McCarthy

Department of Psychology, 70 Cowcaddens Road,

Glasgow Caledonian University, G4 0BA

Abstract

This case study reports the experiences and reflections of a trainee sport and exercise psychologist adopting a person-centred approach to service delivery with a professional basketball player. We supplement personal reflections and notes from client work with learning logs and supervision as part of coursework components on a taught doctorate in sport and exercise psychology. This case study examines the client change process and how working in a non-directive and relational manner enabled the client to take responsibility for shaping sessions to meet his unique reality, needs and preferences. Throughout this paper the trainee reflects on the experiences and specific challenges of working non-directively, offering unconditional positive regard and empathy. This case study contributes to the literature by presenting person-centred therapy within a professional sport environment and supports the recommendation of counselling and communication skills training in the development pathway for applied sport and exercise psychology practitioners.

Keywords: person-centred, basketball, holistic approach, relationship

“It is the relationship that heals” (Yalom, 2012, p. 112).

Sport psychology consultants acknowledge the relationship between a client and psychologist as essential to therapeutic success (Sharp, Hodge & Danish, 2015). In clinical psychology the relationship between a client and psychologist accounts for a larger variance in client outcome than expectancy effects and therapeutic technique (Lambert & Barley, 2001). Similarly, in the sport psychology literature, the relationship between the client and the sport psychology consultant is regarded as a significant component in determining effective and successful consultancy (Longstaff & Gervis, 2016; Andersen, 2000; Sharp & Hodge, 2011, 2013; Andersen & William-Rice, 1996) and the clients’ ability to reach their goals (Horvath et. al., 2011, Shirk, Karver & Brown, 2011).

Traits that have been identified as critical to building an effective consulting relationship include honesty (Andersen et al., 2004; Anshel, 2003; Sharp & Hodge, 2014), trustworthiness (Andersen et al., 2004; Lubker et al., 2008; Sharp et al., 2015), an ability to connect with the athlete (Orlick & Partington, 1987), and being approachable and likable (Andersen et al., 2004). Counselling and communication skills including; active listening, focusing on the client and providing them with comfort, are essential to build an effective relationship with the client (Cropley et. al., 2010; Petitpas, Giges, & Danish, 1999; Poczwardowski & Sherman, 2011; Rosen & Lipkins, 2016; Sharp, Hodge, & Danish, 2014, 2015; Anderson et al., 2004). Sport psychology consultants have called for educators to integrate the training of counselling and communication skills into the pathway for trainee sport and exercise psychologists (Kelly et al., 2018; McCarthy & Giges, 2017; Watson, Hilliard & Way, 2017; Petitpas, Giges, & Danish, 1999; Poczwardowski, Sherman, & Henschen, 1998). A holistic approach has been advocated as the most effective method of service delivery because through supporting the person you can enhance the athlete (Collins,

Evans-Jones, & O'Connor, 2013; Friesen & Orlick, 2010). One overlooked holistic approach in the sport and exercise literature that uses counselling skills and emphasises the development of the relationship in the facilitation for therapeutic change, is person/client-centred therapy (PCT; Rogers, 1951, 1957). PCT is a client led, non-directive, humanistic approach, based on the assumption that “the client can be trusted to find his own way forward” (Mearns & Thorne, 2013, p.7).

Communication and counselling skills, empathy, and the relationship are all central tenants of PCT. We show these skills within the six core conditions proposed by Rogers (1957) as necessary and sufficient to produce therapeutic change. These conditions are (1) there must be psychological contact between the therapist and client, (2) the client must be in a state of incongruence, (3) the therapist must be congruent in the relationship, (4) the therapist must experience Unconditional Positive Regard (UPR) for the client, (5) the therapist must exhibit an empathic understanding of the client’s internal frame of reference and communicate this, (6) the client perceives communication of UPR and empathic understanding. Rogers (1959) proposed that in their perception of the world, the individual symbolises their self-experiences. Those that relate to the self, “I” or “me” (Standal,1954) create the concept of the self. When the “ideal self” (who they would like to be) and “actual self” (who they perceive themselves to be) do not align, one experiences incongruence. This incongruence creates a state of anxiety or disorganisation. The client’s experiences congruence when there is harmony/agreement between the ideal self and actual self.

The concepts of incongruence and congruence are fluid experiential states, affected by interactions (Berr, 2009; Cooper, 2005). As the self-concept develops, so does the need for positive regard (Mearns & Thorne, 2013). If an individual perceives that others discriminate against them as being more or less worthy of positive regard, because of a behaviour, they seek or avoid said behaviour. Individuals seek behaviours that elicits

approval and actively avoid/suppress behaviours that bring disapproval. The judgement and disapproval of important figures creates conditions of worth (Rogers, 1959; Mearns & Thorne, 2013).

PCT for the therapist involves offering the client the core conditions of congruence, UPR and empathy, which creates a non-judgemental environment that encourages the individual to accept their authentic self and reach a state of self-actualisation. Empathic understanding is the ability of the therapist to understand deeply the world from the client's frame of reference and their experiences (Rogers, 1957). UPR refers to a state of complete acceptance of the client without and conditions or requirements (Rogers, 1957). If the therapist can hold this non-judgemental and empathic stance toward the client, the client can learn to express themselves freely without fear or concern of judgement.

There are limited examples of the application of PCT in the sporting domain despite sport psychology consultants highlighting the client-psychologist relationship (Longstaff & Gervis, 2016; Sharp, Hodge & Danish 2015; Andersen, 2000; Sharp & Hodge, 2011, 2013; Andersen & William-Rice, 1996), and the focus of the relationship within PCT. Of the literature that has adopted a person-centred approach in sport, Nelson et al., (2014) focused on coaching practice, Barrett and Fletcher (2016) discussed the case study of a triathlete with a fear of water, and Patsiaouras (2008) used a PCT intervention to investigate motivation for athletic performance. Chandler et al., (2014) supported a person-centred approach in the sporting environment because empathy is a prerequisite to effective service delivery and reinforces how the success of therapy depends on the quality of the relationship between the therapist and client (Corey, 2009).

I (the trainee and first author) adopted PCT as the taught and practiced therapeutic framework in the first year of a taught doctorate in sport and exercise psychology. In this case study I discuss how I used PCT in practice with a professional basketball player. The

adoption of PCT at this stage in training provided the first author with key counselling and communication skills that will form the foundation of practice and demonstrate the importance and power of the relationship.

The Case

Context

As a trainee sport and exercise psychologist enrolled on a doctorate program in the UK, the first author was encouraged to seek an appropriate placement opportunity to log consulting hours using a PCT framework. The author contacted the general manager of a professional basketball team who facilitated access to the players. I supported clients in the therapeutic setting (one-to-one), observed them on the court, in social situations and ‘hanging around’ (Andersen, 2000). The organisation supported a person-centred approach to service delivery.

Intake process

The trainee sought to be fully transparent and non-directive in her approach from the outset to avoid creating a power imbalance in the relationship (Rogers, 1959). During her introduction to the team, she therefore invited the players to think about how they could benefit from sport psychology and what they wanted psychological support to look like. The trainee (first author) provided options to the clients about the practical set-up of sessions (did they want to work as a group, in small groups or individually and where would they like the sessions to take place, in the media office, courtside or a neutral location). Providing individuals with choice and autonomy during the intake process provided the foundation of a collaborative process that matched the trainee’s personal philosophy (Cropley et al., 2010). All players stated a preference for individual sessions in the media office and were then encouraged to participate in one introductory session where the trainee outlined the person-centred framework and demonstrated the safe space that sessions could provide. During the

introductory session, the first author clarified that should they choose to further engage in these sessions, it would be the client's responsibility to lead them. We would base the therapeutic process on their unique needs, reality and what was important to them. It was then optional for players to sign up for sessions either directly with the trainee (text, email or verbally) or via a sign-up sheet in the team office. It was the client's choice and responsibility to engage.

Client introduction

Thomas was a twenty-three-year-old, professional basketball player. Thomas spent his early life in UK before moving to North America as a teenager where he disengaged from school and struggled with alcohol and substance misuse. He recently returned to the UK to embark on his career as a basketball player. His father, an ex-professional footballer, remained in the UK with his family. He described being amicable and communicating with him, but the relationship was fractured. Thomas shared in the first session that he attended an external therapist. I recognised that information received about clients before therapy was the subjective opinion of others and should not regard as fact. I had been informed that Thomas was the son of an ex-professional footballer and had witnessed comments regarding his lack of maturity and unprofessional behaviour. I held this knowledge as the reality of others and not allow it to interfere with my beliefs about Thomas. My initial observations of Thomas included frequent outbursts of swearing and shouting on the court, attending a game in the kit of another sports team and playing practical jokes on other players (e.g. throwing water over a teammate during an interview). I noted these observations as they were without attaching judgement to the behaviours.

Assessment and Formulation

Formulation is a requirement of practising psychologists (BPS, 2010). A formulation should summarise and identify the important features of the client case (Sim, Gwee & Bateman, 2005). It is a shared process where therapist and client collaborate to create a framework of client's presenting difficulties and their meaning (Blackburn, James & Flitcroft, 2006; Johnstone & Dallos, 2006). Person-centred practitioners have consistently rejected formulation and diagnosis in PCT (Johnstone & Dallos, 2006; Eells 2007) because they go against their core philosophy to remain non-judgemental (Mearns, 1997) and create an imbalance of power in the therapeutic relationship (Simms, 2011). Formulation is necessary for the practitioner to integrate with other models and methods of practice (Joseph & Worsley, 2005). Thus, if one uses case formulation with PCT, we must integrate it with careful consideration, ensuring a collaborative process, approached tentatively, to help the client make sense of their difficulties (Johnstone, 2006).

Assessment is gathering information about the client's presenting problem. It may be "considered as a function of the therapeutic process that has the potential to facilitate the client's therapeutic experience, insight and understanding" (Simms, 2011, p. 30). The process of assessment and gathering information in PCT is dissimilar to that of more directive frameworks. It develops through the sessions as the clients gradually shares more information that they believe is relevant. The role of the practitioner is to reflect, clarify and paraphrase the information provided, to develop a better understanding of the client's inner world. For this reason, early in the relationship with Thomas it was not appropriate to complete a formal assessment or formulation of his psychological difficulties. It was more appropriate to assess the potential for a relationship (Wilkins & Gill (2003).

During the introductory session, Thomas offered his thoughts and feelings about psychology and therapy. He attended an external therapist to discuss his previous issues with alcohol and substance misuse but was prohibited from discussing basketball. He was

transparent and genuine in his questioning of what these sessions could offer him. I felt comfortable in his presence and explained the core tenants of PCT. This was his space, and should he engage in these sessions it would be his choice and responsibility to use it to best help himself. Thomas immediately displayed happiness at this sense of responsibility, and he appreciated not being told what to talk about. He was comfortable discussing his thoughts, feelings and concerns early in the relationship. I determined that psychological contact had been made; Thomas was happy to share personal thoughts and feelings, and that he was in need, and able to use therapy. I felt an immediate sense of connection and engagement from Thomas and believed there was potential to build a strong therapeutic relationship. A full formulation was established later in the relationship and is presented in Figure 1.

Ethics, contracting and therapeutic plan

I negotiated an informal, verbal contract with Thomas and he provided written consent. This was a safe space in which he would lead the session. I explained to Thomas that anything he chose to share with me would remain confidential unless I perceived he was at risk of harming himself or another, in which case we would discuss the appropriate next steps. I reiterated this point at the beginning of each session with confirmation of the client's understanding. The therapeutic plan was (a) to believe that Thomas had the ability and potential to change and trust that he could do so, and (b) to provide him with a warm loving kindness, UPR, non-judgemental acceptance, support and empathy in a genuine and congruent way. I hoped it that this way of being would allow Thomas to accept his natural way of being, move towards a more authentic form of himself and a state of congruence.

Therapeutic process

During the introductory session, I explained to Thomas that it was his responsibility to guide the session towards what he would find helpful. When he shared that he could not discuss basketball with his therapist, I remained congruent and expressed surprise. Because I have an expressive face, I knew that if I did not explain or say what I was thinking, my expression often would. By giving Thomas the choice and power to lead the session, acceptance was perceived. Thomas continued to share for the rest of the 50-minute session without hesitation. Much of the dialogue within that first session surrounded his competitive nature and battling between being a single-minded athlete and a caring boyfriend/son/brother.

Thomas described his principal concern as how often he lost his temper on court, shouting and swearing. He understood that this was not helpful, but he could not help it. I tentatively reflected this discussion, “it sounds like you get angry and frustrated?” and suggested labelling these emotions. In mentioning these explicitly, heightened Thomas’ awareness and ability to focus on their effect. Thomas revealed that he feared he “might be a psychopath”. Whilst it seemed initially that Thomas may exaggerate it was critical to ensure that the client and trainee were working from the same internal frame of reference and so I paraphrased to Thomas, asking what he meant. He described feeling selfish and one minded towards basketball, and his angry outburst as the by-product. Using reflections and summarising Thomas’ statements, Thomas could conclude that he was not angry all the time, only when he did not execute a skill he believed he could. Not that he did not care, but that he cared a lot about basketball. When I reflected to Thomas, he acknowledged that he cared not only about basketball but also for his family and girlfriend. Thomas could identify that he cared about others, he was not as selfish as he perhaps let on, and he cared about basketball. At the end of this session the I summarised all that had been discussed and could contrast Thomas’ initial statements with his final vocalisations. It was here that the power of being heard and unconditionally accepted became clear to me.

Thomas revisited his competitive nature in multiple sessions. He concluded that it was not a terrible thing; it helped make him successful and had pulled him out of a previous rut. He disclosed that he believed he got this trait from his dad, and ex-professional footballer and discussed their fractured relationship, the pressure and assumption of others that he would follow in his footsteps. He believed he was expected to be a successful professional athlete. Thomas arrived at the next session in shorts branded by his dad's old team. Noticing that this was the first time he had worn anything other than basketball kit, I shared this observation. Thomas was keen to assure her that was all he had that was clean to wear, but jumped straight back into discussing his relationship with his dad. Thomas had the responsibility to choose the direction of the sessions and he was choosing to guide them towards the discussion of this fractured relationship. Whether deliberate or subconscious, wearing the shorts provided Thomas with an easy lead into discussing what was most important to him.

In our fifth session Thomas shared that he had been reading more to help his girlfriend study than he had done in a long time and was enjoying getting carried away in a good book and learning about interesting things. This disclosure felt like an honest confession of Thomas' hidden maturity. Being transparent, the trainee shared this thought with Thomas, and he responded that maybe it was. After leaving a space for silence, curious if Thomas would further elaborate, Thomas was not yet ready to discuss this topic further. He had accepted and allowed the trainee to highlight her awareness of his authentic self-concept, but he did not seem ready to delve further into this notion. I decided not to prompt further, instead to allow Thomas to return to the topic when he was ready to do so. The same week the trainee observed Thomas when asked by a teammate about the possibility of going to university, respond immediately with a firm no, education "wasn't for him". It seemed he was not yet willing to the share the thoughts and components of the self he was expressing in

session with his teammates. Thomas was presenting a different, 'ideal' version of himself to the team.

Within the media room where our sessions took place, Thomas presented as an individual who cared deeply about those close to him. He shared his love for learning new things and reading; however, on and around the court there was a difference in how he presented himself (he was lazy, the joker, immature, people laughed with him, he was not taken seriously). Comparing the behaviour and attitudes of Thomas during a session with Thomas outside the session, it was like two different people.

With the help of Roger's theory of personality (1959) and supervision, the incongruence within Thomas became clear to the first author. The difference between his authentic self which emerged during these sessions and his "presentational" self that he displayed on the court and to the world. Adopting a person-centred approach allowed Thomas to discuss his true thoughts and feelings in these sessions without fear of judgement. In providing him with complete acceptance, empathy, UPR and a warm loving kindness, the session became a safe space in which Thomas could step away from his presentational self, the need to please and seek positive regard, and towards his authentic self. Giving Thomas the choice and responsibility to guide the session displayed trust in him. It was his responsibility to bring this to the session every time, the ball was in his court.

As is often the case within professional sport, the therapeutic relationship came to a sudden ending as the team were knocked out of playoffs after losing an away game. This meant the immediate termination of Thomas' contract. Whilst travelling down to the game Thomas had contacted the trainee to ask for a session the coming week and agreed that he would confirm the day and time when he had received his schedule. Aware of the situation, I contacted Thomas explaining that she was still happy to meet with Thomas at a neutral location where he felt comfortable or speak over the phone. Thomas did not respond. Not

hearing from Thomas left me with some discomfort; however, if I had been truly person-centred, I should believe that Thomas could reach his potential on his own. Three weeks later, Thomas replied that he would soon leave for Canada and he wished me the best of luck. Whilst this was not the ideal therapeutic ending, it highlighted the uncertainty and ever-changing nature of professional sport (Rodrick, 2006; Eubank, Nesti & Cruickshank, 2014) and provided the trainee with a sense of closure.

Evaluation

Unfortunately, because of the ending of the relationship, I could not conduct an evaluation with Thomas. And as a result, I can only comment on what was potential evidence of growth observed. As the season went on, I witnessed less angry outbursts and swearing from Thomas and he received more game time. A noteworthy moment was when Thomas attended the last home game of the season. He did so in suit trousers, wearing a watch and had attempted to do his hair. This was distinctly different to his presentation earlier in the season when he had been reprimanded for wearing another team's kit and for wearing tracksuit bottoms. Members of staff eventually noticed the change in how Thomas dressed and his behaviour on the court, but it was unfortunately too late, and Thomas did not receive an offer to return to the team. This highlights one limitation of a person-centred approach; the work is not easily visible from the outside, and evidence of change may take time. Other challenges working with this approach include the willingness of the client to lead, managing the expectations of the client and key stakeholders and accepting that it will not provide a “quick fix”.

Difficulties

The biggest challenge I faced occurred during a conversation with the general manager as he shared his concerns regarding the potential re-signing of Thomas. I felt connected to the

client and could see the progress he was making within the sessions and wanted to share that I felt Thomas was more mature and capable than he portrayed. Not wanting to breach confidentiality, I suggested that he speak with Thomas about his concerns before any decision was made.

I could integrate with other members of staff, which promoted a feeling of acceptance into the team; however, this also meant that I was constantly witness to the judgements and opinions of others about the client. It was often challenging to distinguish between fact, statement and opinion. I had to remain aware that one individual's fact is their experience of reality. I was cautious when presented with information from another member of the team that may relate to the client and not make any judgements about a client's perception.

A final challenge was to become comfortable without "doing" anything. As a trainee I initially felt a need to prove my worth and "make a difference". Adopting a person-centred approach and being nondirective gave me the opportunity to discover the power of "being".

Reflections

Initially, I found working in a non-directive manner challenging. I had to regulate my use of direct questioning and instead paraphrase and reflect to the client. Similarly, as someone who responds to nervousness by talking, it was challenging to allow space for silence. Like any other skill, this became easier with practice, and the benefits (allowing the client to be heard and really gaining a better grasp of their understanding) were clear. There were moments where I experienced feelings of imposter syndrome and would question whether I was doing anything, as it felt like nothing (Hings et al. 2020; Andersen, 2000). This feeling was quickly eased, as Thomas worked through his processing and discussed mature and complex thoughts in the sessions.

Using a PCT as the core therapeutic framework allowed for a holistic approach to practise, not just about performance, it was about the development and growth of the person. It incorporated all aspects of the client's life. It was valuable for myself and the client to incorporate this approach in the sporting environment, where for Thomas, much of his life was already dictated to him (what he should wear, where he should be and when) and he was constantly being scrutinised and compared to other teammates. UPR and complete non-judgmental acceptance are not compatible with the feedback loop and constant comparison that exists with the elite sporting environment. Autonomy is a privilege that elite athletes rarely experience in their day-to-day lives. The person-centred approach provided Thomas with choice and responsibility, trusting that he would guide the session in the direction most helpful for him and his own unique reality. The shared space of our sessions gave him the opportunity to share his thoughts and feelings with someone who was willing to listen and accept him as he was with no fear of judgement or consequences. The person-centred approach allowed for Thomas to develop as a person and not just a performer.

Adopting a person-centred approach allowed me to step away from needing to do something, to incorporate a holistic approach putting the person first and allowed the client to be responsible for his development. The person-centred approach demonstrated the importance of a method in which we can treat clients as people and not only performers. It validated the importance and power of the therapeutic relationship. The core skills and qualities developed from working with Thomas in a person-centred manner form the foundation of my practising philosophy. Moving forward...

Figure 1. A tentative formulation of Thomas' difficulties embedded within a person-centred theoretical framework.

CONDITIONS OF WORTH

I am expected to be a professional athlete/footballer
It is essential to be successful

INTROJECTED VALUES AND BELIEFS

I am a psychopath
I am liked if I am funny

DENIAL AND DISTORTION OF EXPERIENCES

Denial of caring for others
I am invincible

STATE OF INCONGRUENCE

Presenting self as angry, immature or the class clown, doing things half
assed
Hiding real self as caring, inquisitive.

PSYCHOLOGICAL DIFFICULTIES

Anger/frustration

References

- Andersen, M.B. (2000). Beginnings: Intakes and the initiation of relationships. In M.B. Andersen (Ed.), *Doing Sport Psychology* (pp. 3–16). Champaign, IL: Human Kinetics.
- Andersen, M.B., & Williams-Rice, B.T. (1996). Supervision in the education and training of sport psychology service providers. *The Sport Psychologist*, 10, 278–290.
- Anderson, A., Miles, A., Robinson, P., & Mahoney, C. (2004). Evaluating the athlete's perception of the sport psychologist's effectiveness: What should we be assessing? *Psychology of Sport and Exercise*, 5, 255–277.
- Anshel, M. H. (2003). *Sport psychology: From theory to practice* (4th ed.). Pearson Education.
- Barrett, L., & Fletcher, D. (2016). Case-study 5: Working with an athlete afraid of water. *Sport & Exercise Psychology Review*, 12 (2), 61-69.
- Berr, M. (2009) Constructing emotions and accommodating schemas: A model of self-exploration, symbolization, and development. *Person Centred and Experiential Psychotherapies*, 8 (1), 44-62
- Blackburn, I.M., James, I.A. & Flitcroft, A. (2006). Case formulation in depression. In N. Tarrow, case formulation in cognitive behaviour therapy. London: Routledge.
- British Psychological Society (2010). Guidance for Counselling Psychology Programmes. September. www.bps.org.uk/partnership.
- Chandler, C., Eubank, M., Nesti, M., & Cable, T. (2014). Personal Qualities of Effective Sport Psychologists: A Sports Physician Perspective. *Physical Culture and Sport: Studies and Research*, 61 (1), 25-38.
- Collins, R., Evans-Jones, K., & O'Connor, H. L. (2013). Reflections on three neophyte sport

- and exercise psychologists' developing philosophies for practice. *The Sport Psychologist*, 27, 399–409.
- Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research*, 5 (2), 87-95.
- Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy*. (8th ed.). Belmont, CA: Thomson Brooks/Cole.
- Cropley, B., Hanton, S., Miles, A., & Niven, A. (2010). Exploring the relationship between effective and reflective practice in applied sport psychology. *The Sport Psychologist*, 24, 521– 541.
- Elliot, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy*, 48, 43–49.
- Eubank, M., Nesti, M., & Cruickshank, A. (2014). Understanding high performance sport environments: Impact for the professional training of sport psychologists. *Sport and Exercise Psychology Review*, 10 (2), 30-37.
- Friesen, A., & Orlick, T. (2010). A qualitative analysis of holistic sport psychology consultants' professional philosophies. *The Sport Psychologist*, 24, 227–244.
- Giges, B. (1998). Psychodynamic concepts in sport psychology: Comment on Streat and Streat (1998). *The Sport Psychologist*, 12, 223–227.
- Hings, R.F., Wagstaff, C.R.D., Anderson, V., Gilmore, S., & Thelwell, R.C. (2020). Better Preparing Sports Psychologists for the Demands of Applied Practice: The Emotional Labor Training Gap. *Journal of Applied Sport Psychology*, 32 (4), 335-356.
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48, 9–16.
- Johnstone, L. (2006). Controversies and Debates about Formulation. In L. Johnstone & R.

- Dallos (2006). *Formulation in psychology and psychotherapy: Making sense of people's problem*. London: Routledge.
- Johnston, L., & Dallos, R. (2006). *Formulation in psychology and psychotherapy: Making sense of people's problems*. London: Routledge.
- Joseph, S., & Worseley, R. (2005). Psychopathology and the person-centred approach: Building bridges between disciplines. In *Person-centred psychopathology: A positive psychology of mental health*. Ross-On-Wye: PCCS Books.
- Jooste, J., Kruger, A., Steyn, B. J. M., & Edwards, D. J. (2015). Mindfulness: A foothold for Rogers's humanistic person-centered approach. *Journal of Psychology in Africa*, 25, 554– 559.
- Kelly, S., Thelwell, R.C., Barker, J.B., & Harwood, C.G. (2018). Psychological Support for Sport Coaches: An Exploration of Practitioner Psychologist Perspectives. *Journal of Sports Sciences*, 36 (16), 1852-1859.
- Lambert, M.J., & Barley, D.E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy*, 38, 4, 357–361. doi:10.1037/0033-3204.38.4.357
- Longstaff, F., & Gervis, M. (2016). The use of counselling principles and skills to develop practitioner–athlete relationships by practitioners who provide sport psychology support. *The Sport Psychologist*, 30, 276–289. doi:10.1123/tsp.2015-0029
- Lubker, J. R., Visek, A. J., Geer, J. R., & Watson, J. C., II (2008). Characteristics of an effective sport psychology consultant: Perspectives from athletes and consultants. *Journal of Sport Behaviour*, 31, 147–165.
- McCarthy, P., & Giges, B. (2017). Helping coaches meet their psychological needs. In R. C. Thelwell, C. Harwood, & I. A. Greenlees (Eds.), *The psychology of sports coaching: Research and practice*. Oxford, UK: Routledge.

- Mearns, D. (1997). *Person-centred counselling training*. London: Sage.
- Mearns, D., & Thorne, B. (2013). *Person-centred Counselling in Action*. 4th Ed. Sage Publications.
- Nelson, L., Cushion, C. J., Potrac, P., & Groom, R (2014) Carl Rogers, learning and educational practice: critical considerations and applications in sports coaching, *Sport, Education and Society*, 19(5), 513-531.
- Orlick, T., & Partington, J. (1987). The Sport Psychology Consultant: Analysis of Critical Components as Viewed by Canadian Olympic Athletes, *The Sport Psychologist*, 1(1), 4-17.
- Patsiaoulus, A. (2008). Person-centered support and athletes' motivation for performance. *Perceptual and Motor Skills*, 106, 849-858.
- Petitpas, A. J., Giges, B., & Danish, S. J. (1999). The sport psychologist-athlete relationship: Implications for training. *The Sport Psychologist*, 13, 344–357.
- Poczwardowski, A., & Sherman, C. P. (2011). Revisions to the sport psychology service delivery (SPSD) heuristic: Explorations with experienced consultants. *The Sport Psychologist*, 25, 511–531.
- Poczwardowski, A., Sherman, C. P., & Henschen, K. (1998). A sport psychology service delivery heuristic: Building on theory and practice. *The Sport Psychologist*, 12, 191–207.
- Rodrick, M. (2006). A very precarious profession: Uncertainty in the working lives of professional footballers. *Work, Employment and Society*, 20 (2), 245-265.
- Rogers, C.R. (1951). *Client-Centred therapy: Its current practice, implications and theory*. London: Constable.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103.
- Rogers, C.R. (1959). A theory of therapy, personality and interpersonal relationships as

- developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science. Vol 3: Formulations of the person and the social context* (pp.185-256). McGraw-Hill.
- Rosen, G. A., & Lipkins, R. H. (2016). *Sport psychology certification job task analysis and validation prepared for the Association for Applied Sport Psychology*. Retrieved from <http://files.ctctcdn.com/f5827c33201/07b603b3-d624-4b91-9252-3dbaa4cda42f.pdf>.
- Sharp, L., & Hodge, K. (2011). Sport psychology consulting effectiveness: The sport psychology consultant's perspective. *Journal of Applied Sport Psychology*, 3, 360–376. doi:10.1080/10413200.2011.583619
- Sharp, L., & Hodge, K. (2013). Effective sport psychology consulting relationships: Two coach case studies. *The Sport Psychologist*, 27, 313–324.
- Sharp, L., Hodge, K., & Danish, S. (2014). Sport psychology consulting at elite sport competitions. *Sport, Exercise, and Performance Psychology*, 3, 75–88.
- Sharp, L., Hodge, K., & Danish, S. (2015). Ultimately it comes down to the relationship: experienced consultants' views of effective sport psychology consulting. *The Sport Psychologist*, 29, 358-370, <http://dx.doi.org/10.1123/tsp.2014-0130>
- Shirk, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy*, 48, 17–24.
- Sim, K., Gwee, K.P., & Bateman, A. (2005). Case formulation in psychotherapy: Revitalising its usefulness as a clinical tool. *Academic Psychiatry*, 29 (3).
- Simm, J. (2011). Case formulation within a person-centred framework: An uncomfortable fit? *Counselling Psychology Review*, 26 (2), 24-38.
- Standal, S. (1954). The need for positive regard: a contribution to client-centered theory. Unpublished doctoral dissertation, University of Chicago.
- Walker, B. (2010). The humanist/person-centered theoretical model. In S.J. Hanrahan &

M.B. Andersen (Ed.) Routledge *Handbook of Applied Sport Psychology: A Comprehensive Guide for Students and Practitioners* (p.123-130) Routledge.

Watson, J., Hilliard, R., & Way, W. (2017). Counseling and Communication Skills in Sport and Performance Psychology, *Oxford Research Encyclopaedia of Psychology*, 10.

Retrieved from:

Wilkins, P., & Gill, M. (2003). Assessment in person-centred therapy. *Person-centred and Experiential Psychotherapies*, 2 (3), 172-87.

Yalom, I.D. (2012). *Love's executioner: & Other Tales of Psychotherapy*. Basic Books.