



## A perspective on consultancy teams and technology in applied sport psychology



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### ABSTRACT

**Objectives and method:** This article introduces the concept of consultancy teams to a sport psychology readership, presenting an overview of initial applications and findings of this approach in applied settings. Although the notion and application of consultancy teams in therapeutic settings has been around for many years (e.g., Weakland, Fisch, Watzlawick, & Bodin, 1974), they have yet to be explored within our discipline. Here, we present the theoretical foundations and historical application of consultancy team models, outlining our experience of using consultancy teams in an applied sport psychology setting. Moving towards the development of expertise and excellence in team consultancy methods, we subsequently describe how this process was assisted with the use of technology (i.e., the iPsych system). **Results and conclusions:** When consultancy teams practice it is necessary for one practitioner (the primary practitioner) to conduct the session with the client. The remaining team (the observation team) allows the primary practitioner maximum involvement with the client, while simultaneously assisting them to solve the presenting problem. The implications of working in this manner, alongside the novel use of technology, are considered with respect to the consultancy process and the development of excellence in training (neophyte) and existing practitioners. It is hoped that this article will provoke interest among sport psychologists in this way of consulting and direct thought towards other novel approaches to delivering interventions.

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Traditionally, sport psychology consultancy is a one-to-one engagement between practitioner and client. Although many practitioners find themselves immersed in teams of athletes, coaches, and support staff, the extent of their professional teamwork may be limited to little more than the occasional reflective conversation with an external colleague or supervisor. In their paper detailing how a group of sport psychologists collectively supported the United States Olympic Committee (USOC), Cogan, Flowers, Haberl, McCann, and Borlabi (2012) suggested this solitary approach primarily exists because often, only one active sport psychologist works with a sporting organization. The authors commented, "... because of the individual nature of our work, rarely do we hear about how a group of sport psychology consultants within the same organization

collaborates in working with athletes and teams" (p. 78). This is despite recent evidence emerging on how groups of sport psychologists who work within National sporting organizations operate through a context of team orientated service delivery (e.g., Cogan et al., 2012; Henriksen, Diment, & Hansen, 2011). This paper aims to build upon these early professional practice examples by detailing how a group of sport psychologists at the English Institute of Sport (EIS) embarked upon operating as a collaborative team of practitioners during consultations with athletes and other clients.

When detailing how the group of USOC sport psychologists collaborated in their applied work, Cogan et al. (2012) illustrated how having a shared employer enabled practitioners to regularly work together on challenging consultation issues via reflective conversations with colleagues. Their combined model of support allowed the USOC practitioners to offer both emotional and professional support in a variety of work-related circumstances. For example, when a crisis arose, related to the death of an

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athlete's relative during an important moment in their career, the team consulted together offering professional support to develop an appropriate response plan. Further examples of this team approach were provided by [Henriksen et al. \(2011\)](#) in their summary of service provision for Team Denmark. These authors outlined the overarching philosophy of the sport psychology team and described the content and implications of this shared philosophy on their work. This philosophy was used to enhance the quality and consistency of the sport psychology service they delivered as a team. Finally, [Poczwadowski and Lauer \(2006\)](#) outlined the process of the renowned "Redondo Beach Think Tank" in which several leading sport psychologists gathered to share ideas, knowledge, and experiences from their applied practice. Despite the collaborative works described within these three examples, practitioners have yet to approach the actual "doing" of sport psychology consultancy from a team perspective.

The English Institute of Sport (EIS) is the primary supplier of sport science and sport medicine support to Olympic, Paralympic, and a select number of non-Olympic sports in England ("[About the EIS](#)", 2013). The EIS provides a variety of services to more than 50 sports, and much like the USOC and Team Denmark, have a team of applied sport psychologists employed within its organization. At present, there are circa 20 sport psychology practitioners working for a range of different sports through the EIS. These practitioners, of varying experience, work in a range of Olympic and Paralympic sports and are stationed in various EIS regional support centers throughout England. Following the 2012 Olympic games, the EIS sport psychology team has focused its attention on systematically exploring both brief approaches to therapy (e.g., [Høigaard & Johansen, 2004](#)) and supporting practices to facilitate creating rapid change in an elite sport context. In an attempt to optimize service delivery and enhance the professional development and expertise of practitioners working at the organization, underpinned from a theoretical perspective, the EIS sport psychologists initially began exploring the roots of brief, solution-focused, and single-session therapeutic models of practice (e.g., [de Shazer, 1985, 1988; Watzlawick, Weakland, & Fisch, 1974](#)). A common feature at the core of these approaches was the use of consultancy teams (i.e., a team of therapists) when consulting with clients. This therefore underpinned our exploration of using consultancy teams in an elite sport setting.

The relatively high number of applied practitioners working within the EIS has allowed us to explore techniques associated with working as a team during a live, ongoing consultation with a single client (e.g., athlete, coach, or other member of support staff). In this article we describe a novel approach to applied sport psychology, currently being trialed and enhanced by the EIS, that aims to develop excellence in the field of solution-focused and problem-solving methods ([Høigaard & Johansen, 2004](#)) and in professional development within sport psychology. The rudiments of this method originate in the late 1960s with the practice of strategic and solution-focused brief models of therapy (see [de Shazer, 1985; Weakland, Fisch, Watzlawick, & Bodin, 1974](#)). Therefore, we begin our discussion by providing a brief history of consultancy teams, and a discussion of the literature from family and single-session therapy that systematically developed and utilized consultancy team models for a number of years. The second half of this article details how we have begun to apply a consultancy team approach in sport settings based on this previous literature. We then proceed to describe how, in line with technological advances, the EIS have developed the *iPsych*, a system designed to help expertise and excellence in the delivery of team consultations and in the development of practitioners.

## A historical perspective on consultancy teams

The use of consultancy teams was popularized in the 1960s by a group of psychotherapists based at the Brief Therapy Center (BTC) at the Mental Research Institute (MRI) in Palo Alto. The Palo Alto group, guided by the MRI's research, developed an approach to therapy whose primary focus was rapid problem resolution. The length of therapy was limited to a maximum of 10 sessions, after which it would be terminated if the client's problem had not been resolved ([Weakland et al., 1974](#)). The BTC therapists believed that clients' problems persisted only if they were maintained by ongoing patterns of behavior or by interactions with other individuals (for detailed reviews, see [Fisch, Weakland, & Segal, 1982; Watzlawick et al., 1974](#)). Their model of therapy was strategic in the sense that the therapists designed interventions to deliberately change or eliminate the problem-maintaining patterns of behavior ([Weakland et al., 1974](#)). A significant innovation of the BTC model, of particular relevance to our developments at the EIS, was the way in which they conducted therapy as a team. Their utilization of a consultancy team was significantly different from the one-to-one format of traditional therapeutic models.

At the BTC, one member of the team would be assigned as the primary therapist, whose role was to conduct the session with the client. The remaining members of the team would observe the session through a one-way mirror. These observers were able to interrupt the session to offer comments, advice, and suggestions over intercom telephone or by momentarily entering the room. The collaboration would extend to the end of therapy, when the entire team would meet to discuss their observations on the session. Therapy sessions would regularly be recorded using an audiotape device and occasionally sections would be recorded using a videotape device ([Bodin, 1977](#)). This allowed the team to further analyze individual consultations and provided a precise source of information for reference in subsequent meetings with the client. [Weakland et al. \(1974\)](#) noted that 72% of cases at the BTC, treating problems usually associated with extended treatment (e.g., schizophrenia, depression, anorexia-bulimia), were resolved in an average of only seven sessions.

During the same year in which the BTC opened at the MRI, Mara Selvini Palazzoli founded the Institute for Family Study (IFS) in Milan (see [Palazzoli, Boscolo, Cecchin, & Prata, 1978](#)). The Milan model of therapy was significantly influenced by the research of Gregory Bateson ([1972](#)) and the team at the MRI. As their approach evolved, similarities could be noted between the Milan and BTC models of therapy; specifically, the Milan based group also began to conduct therapy in teams. Their teams would consist of two primary therapists (one male, one female) and two other therapists who would observe behind a one-way mirror. They identified the observers as invaluable to the consultation, remarking that:

"External as they are to what occurs in the treatment room, they are less easily drawn into the play and can observe in perspective, in a global manner as it were, as if they were spectators watching a football match from the grandstands. The game on the field is always better grasped by the observers than by the protagonists themselves"

([Palazzoli et al., 1978](#), p. 16)

The BTC model of therapy also had a significant influence on solution-focused brief therapy (SFBT) developed by Steve de Shazer and colleagues (e.g., [de Shazer, 1985, 1988; de Shazer et al., 2007](#)) at the Brief Family Therapy Centre in Milwaukee (BFTC). De Shazer had several connections with the MRI in Palo Alto, and has acknowledged its influence on the development of SFBT ([de Shazer](#)

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