Practitioners in helping professions have recognized the importance of philosophy of service as a fundamental factor driving the process of behavior change. This article explores professional philosophy as an underlying element of successful sport psychology service delivery. A hierarchical structure of professional philosophy is proposed that delineates important components both overtly discussed and implied in the sport psychology literature. These components—arranged from the most stable and internal to the most dynamic and external—are (a) personal core beliefs and values, (b) theoretical paradigm concerning behavior change, (c) models of practice and the consultant’s role, (d) intervention goals, and (e) intervention techniques and methods. Each component is examined from the perspective that philosophy guides practice. The resulting conceptualization of professional philosophy may be used for both didactic and research purposes aimed at furthering consultant effectiveness in sport settings.

Sport psychology journal articles, book chapters, books, and conference presentations continue to address a wide spectrum of important professional practice issues such as ethics, education and training, scope of practice, professional identity and credibility, and certification and registry (Granito & Wenz, 1995). These practical and conceptual accomplishments combined have significantly...
increased professional and ethical awareness among working professionals and aspiring students within the field of applied sport psychology. The enhanced awareness of professional issues has grown to such an extent that more discussion is merited. Recently, Poczwardowski, Sherman, and Henschen (1998) proposed a set of elements that may rest at the foundation of effective sport psychology service delivery (SPSD). Based on the reviewed counseling and sport psychology literature, they argued that professional philosophy of a consultant is a driving force behind the technical aspects of the consulting process.

In the counseling and psychotherapy literatures (e.g., Shertzer & Stone, 1968; Wallace, 1986), a direct relationship between the philosophy of a helper and how the intervention goals are chosen and later pursued has been emphasized. Professional philosophy significantly shapes the consultant’s approach to the essential elements of the consulting process such as gaining entry, assessment, conceptualization of the issue and the intervention, implementation, evaluation, and bringing closure to the consulting relationship. More specifically, the consultant’s philosophy can serve to provide direction when confronted with the unique situations where there is not an established textbook solution. An exemplary list of questions that are common to sport psychology service (Neff, 1990, p. 383) includes, “When and where do I meet with players, and for what specified purpose? Do I attend games? If so, where do I go during these games? Where do I park? Am I allowed in the locker room, players’ lounge, coaches’ room, medical room? Do I travel? If I travel, do I eat with the teams during team meals?” These are pragmatic questions that must be answered by the consultant if he or she is going to be effective. The answers to these questions are grounded in the consultant’s philosophical approach.

In this article, we will focus on the philosophy of sport psychology service. Our purpose is to clarify the role of professional philosophy in consulting practice and offer a model of how professional philosophy can be conceptualized for didactic and self-reflective purposes. Once an emerging sport psychology consultant has a chance to examine the defining elements of his or her professional philosophy, she or he will have a greater opportunity to reconstruct and integrate these elements into an effective approach. We will propose a typology of the major components of professional philosophy that have emerged in the sport psychology literature. First, we will provide examples of how professional philosophy is the foundation of sport psychology practice. Second, we will present a conceptualization of the philosophy of service through a discussion of the basic components that were grouped hierarchically. Third, summary and conclusions reemphasizing the relationship between explicit and thoughtfully delineated professional philosophy and effective sport psychology practice will be offered.

**Professional Philosophy: The Foundation of Effective Sport Psychology Consulting**

Understanding one’s personal and professional philosophy is among the essential prerequisites to an effective consulting practice. It is the professional philosophy of a consultant that drives the helping process and determines the points of both “departure and arrival” regarding the client’s behavior change and also guides consultants in virtually every aspect of their applied work (Corlett, 1996; Hill, 2001; Murphy & Ferrante, 1989; Perna, Neyer, Murphy, Ogilvie, & Murphy, 1995; Ravizza, 2002; Shertzer & Stone, 1968; Vordenberg, 1953; Wallace, 1986; Weiss, 1991).
Orlick (1989) provided an example of how his professional philosophy has guided the consulting process and the working alliance formed with his clients. Orlick’s humanistic philosophy allowed him to “follow the client” during the entry stage (upon an invitation) when he emphasized his unconditional positive regard and a genuine and empathetic style. His consulting style allowed him to “physically” follow athletes and coaches in their sport surroundings. His professional philosophy resulted in his preference for open interviews during assessment as opposed to the use of standardized psychometric testing. This particular preference was due to his strong belief in the uniqueness of athletes and his conviction of an ongoing phenomenological change in their needs. Orlick chose to “play a nonintrusive background role” (p. 362) with his clients and used the positive relationship he developed with clients as the vehicle of behavior change. What was also evident in his approach was the importance of the client’s experience and personal perspective on their problems as major forces guiding behavior change. He believed in a humanistic notion of equalizing power and, consequently, invited his client-athletes to co-lead mental training workshops. Clearly, professional philosophy is an important foundational element that supports helping processes and the formation of interpersonal alliances. (For more examples see Hill’s 2001 in-depth examination of how four traditional theoretical psychological frameworks, i.e., psychodynamic, behavioral, cognitive, and humanistic, and a composite model of neuro-linguistic programming shape various aspects of the consulting process.)

Corlett (1996) offered a convincing argument for a serious examination of the powerful guiding function of professional philosophy. In his exploration of a sophist approach (i.e., “technique driven and concerned solely with specific skills,” p. 84) and a Socratic approach (i.e., “rigorous personal examination and improved knowledge of self,” p. 84) to sport psychology practice, he vividly illustrated the philosophy-practice connection and called for ongoing work on clarifying one’s professional philosophy as a sport psychology practitioner. Well-examined and integrated professional philosophy translates into a well-integrated and coherent delivery of sport psychology services. Importantly, explicit and well-delineated professional philosophy also offers guidelines on issues where the sport psychology body of knowledge is nonexistent or only emerging. This guiding function of professional philosophy has also been suggested in our new conceptualization.

**Professional Philosophy: Current Understanding**

In their reports of sport psychology service delivery, consultants have discussed professional philosophy from a number of perspectives; even the terms they have used varied. The most commonly used terms included the word *philosophy* (Botterill, 1990; Gordin & Henschen, 1989; Halliwell, 1989, 1990; Henschen, 1991; Loehr, 1990; Murphy & Ferrante, 1989; Nideffer, 1989; Orlick, 1989; Ravizza, 1990; Rotella, 1990; Salmela, 1989; Weiss, 1995). Alternatively, terms such as *framework of intervention* (Danish, Petitpas, & Hale, 1995) and *choosing a consultation model* (Perna et al., 1995) were also used. These differences in wording reflected some nuances in the consultant philosophies that will be evident in later discussion of various hierarchical components of professional philosophy in the current paper.
In reviewing the literature (primarily of the North American and Australian origin), not only was it apparent that the terminology differed, but consultants expressed considerable latitude in the components they included into their professional philosophy statements. Some examples included (a) the consultant’s role: an educator, an observer and learner of a given team and sport, a mental coach, a facilitator and catalyst (e.g., Botterill, 1990; Boucher & Rotella, 1987; Halliwell, 1989; Ravizza, 1990; Rotella, 1990; Salmela, 1989); (b) areas of service: performance enhancement, health and healthy lifestyle, personal growth/development, daily living, personal counseling, team effectiveness, organizational service (e.g., Boucher & Rotella, 1987; Bull, 1995; Gipson, McKenzie, & Lowe, 1989; Gordon, 1990; Neff, 1990; Weiss, 1995); (c) anticipated end-products: client independence (e.g., Botterill, 1990), providing positive and productive training and competition environments (e.g., Gipson et al., 1989), meeting an athlete’s every need (Orlick, 1989); (d) understanding of the place of sport psychology in the structure of the entire athletic preparation and how psychological skills are developed (e.g., Botterill, 1990; Gordon, 1990; Halliwell, 1990; Loehr, 1990; Rotella, 1990; Weiss, 1995); (e) type of organization in terms of group versus individual sessions (e.g., Botterill, 1990; Halliwell, 1989, 1990; Loehr, 1990; Murphy & Farrante, 1989); and (f) general features of the intervention program and specific techniques used in developing identified psychological skills (e.g., Boucher & Rotella, 1987; Gordin & Henschen, 1989; Halliwell, 1989; Murphy & Farrante, 1989; Rotella, 1990; Salmela, 1989).

Additional aspects of philosophy of service delivery have been labeled as theory based practice approaches (or as phrased by Weiss, 1995, p. 42, “theory-to-practice and practice-to-theory perspective”). Some examples of theory/practice perspectives used by sport psychology consultants included educational, educational/developmental, developmental, social-educational, clinical, humanistic, cognitive-behavioral, mental skills oriented, and social psychological (Botterill, 1990; Brustad & Ritter-Taylor, 1997; Danish, Petipas, & Hale, 1992; Gill, 1995; Gordon, 1990; Halliwell, 1989, 1990; May & Brown, 1989; Nideffer, 1989; Ravizza, 1990; Yambor & Connelly, 1991). For example, if a consultant’s philosophical orientation is more humanistic, it is going to be difficult to implement a “packaged” sport psychology program. Instead, a program that evolves from the athlete’s direct experience would be more appropriate. Finally, other components related to professional philosophy that were discussed in the literature included (a) the issue of the primary client (e.g., athlete, coach, organization, administrator, family member; Gardner, 1995; Gipson et al., 1989; May & Brown, 1989); (b) long-versus short-term benefits of the service (Gipson et al., 1989); (c) recognition of the importance of the consultant-client relationship (Halliwell, 1990; Henschen, 1991; Yambor & Connelly, 1991); (d) approach to using psychometric testing (Gipson et al., 1989; Gordin & Henschen, 1989; Halliwell, 1989; Orlick, 1989; Loehr, 1990; Ravizza, 1990); (e) use of individualized programs and mental training plans versus standardized packages (Gordin & Henschen, 1989; Orlick, 1989); (f) operating standards such as flexibility, adjusting to the situation, confidentiality, and player selection (Ravizza, 1990); and (g) making contact (Botterill, 1990; Gipson et al., 1989; Gordin & Henschen, 1989).

Evidently, no systematic collective understanding of what is encompassed by professional philosophy has been accomplished. While the previous discussions
have illuminated the importance of professional philosophy in consulting effectiveness, they have also led to the conceptual contamination of different aspects of service delivery (e.g., professional philosophy, consultant’s role, content or topics of the intervention, methods and techniques of psychological interventions, intervention goals). We do not attempt to undermine the previous efforts to describe the importance of philosophical foundation in guiding sport psychology service delivery. We have, however, illuminated the diversity in thinking reported in the sport psychology literature related to professional philosophy and we will propose a model that is well grounded in that literature and sensitive to the special needs of sport psychology service delivery. Thus, the purpose of the remainder of this article is to present a more systematic way of conceptualizing and organizing professional philosophy as well as to discuss its role in guiding training and practice.

**New Conceptualization of Professional Philosophy**

While building on the conceptualization of Poczwardowski et al. (1998) and the review of the literature related to professional philosophy, we offer the following definition: Professional philosophy refers to the consultant’s beliefs and values concerning the nature of reality (sport reality in particular), the place of sport in human life, the basic nature of a human being, the nature of human behavior change, and also the consultant’s beliefs and values concerning his or her potential role in, and the theoretical and practical means of, influencing their clients toward mutually set intervention goals. We offer the following hierarchical structure (see Figure 1) as a systematic way of conceptualizing professional philosophy (this structure moves from the most stable and internal components of philosophy to those that are more dynamic and external): (a) personal core beliefs and values, (b) theoretical paradigm concerning behavior change, (c) model of practice and the consultant role, (d) intervention goals, and (e) intervention techniques and methods. As will be argued throughout the remainder of this article, these levels are hierarchically and interdependently linked; thus, each level influencing the others with greater impact exerted by the more fundamental levels. For example, the content of the personal core of a consultant’s philosophy has a profound effect on the way that his or her professional knowledge and skills are developed (e.g., theoretical paradigm, model of practice) and implemented (e.g., intervention goals and intervention techniques and methods).

**Personal Core Beliefs and Values**

It is an individual’s innermost beliefs and values regarding the world and human behavior that form the foundation for that individual’s professional philosophy. It is on this level of professional philosophy that the most stable views on human nature, behavior change, and growth exist. More specifically, these beliefs include (but are not limited to) convictions regarding free will versus determinism in human actions, people being rational versus irrational, and fundamental goodness (vs. badness) of human nature. For example, assuming a client’s free will, independence, and rationality in his or her choices, a consultant may opt to actively seek out and use the client’s input and feedback through the entire consulting relationship, assign homework, and use the internet as an aid in communication with the client. Additionally, sport psychology practitioners often inform their practice with a
number of values of profound personal importance (thus shaping the more external and dynamic dimensions in their professional philosophy). These include respect for human life; respect for truth; respect for privacy; respect for freedom and autonomy; respect for promises and commitments; concern for the weak, the vulnerable, or the helpless; concern for the growth and development of people; concern for human dignity and equality; and concern for gratitude and reparation (Blocher, 1987). Clearly, considering some of these values can lead to establishment of a more specific model of practice and clarification of one’s role within a specific consulting situation (e.g., elite athletes, inner city boys and girls, gay and lesbian athletes).

In more concrete terms, questions related to core beliefs and values might include these: Do I believe that injuries are a natural part of sport and could my interactions with clients desensitize their fear of getting injured (or re-injured)? How does my own sexual preference (or my views on sexuality) influence my work with athletes of different sexual orientation? It is important for consultants to reflect on these and similar questions to foster their self-knowledge and self-awareness. For example, a homophobic consultant might find it difficult to address some personal issues with gay or lesbian athletes. Notably, the nature of the above questions naturally overlaps with professional ethics (e.g., degree in “directiveness” or imposing of one’s own world view in addressing client issues) and is situated in the complex and dynamic web of the consultant’s needs and motives (e.g., a “need to be needed,” continued financial benefits with an extended consulting relationship). These issues should be carefully addressed through a consultant’s ongoing self-reflection started during their education and training that is further
The theoretical paradigm concerning behavior change

Sport psychology is an interdisciplinary field. Andersen and Williams-Rice (1996) stated that sport psychology “should draw from the best of both physical education, exercise science, and psychology” (p. 279). While developing one’s professional philosophy in helping professions, it is important to be grounded in one (or more) of the major theoretical and philosophical paradigms of psychology. These paradigms, in a very explicit way, describe and explain human behavior and allow for successful attempts to predict and control behavior change. For the purpose of refreshing the readers’ knowledge regarding these schools of thought, the following section will summarize the major points and contributions that each paradigm made to the field of psychology. For a thorough discussion of each theoretical paradigm in psychology, the reader may consult with any major textbook on personality (e.g., Ewen, 1998), counseling and psychotherapy (e.g., Corey, 1995; Norcross, 1986; Young, 1992), and Hill’s (2001) review of frameworks for sport psychology.

The major assumptions of the psychoanalytic perspective are (a) the development of the person is heavily determined by early life experiences; (b) the major psychological processes are unconscious and all human behavior has definite causes; (c) people are motivated to reduce drives and inner conflicts; (d) anxiety underlies a number of psychological problems and defense mechanisms (e.g., repression, denial, projection) are developed to cope with this anxiety; (e) the analysis and utilization of the process of transference and countertransference is fundamental to psychotherapeutic success; (f) intellectual and emotional insight into one’s psychological dynamics (e.g., past experiences) and problems (e.g., conflicts leading to anxiety) is necessary in behavior change; and (g) an extensive interpretation of symptoms offered by a therapist is the basis for patient insights. For a discussion of the psychoanalytic paradigm as relevant to sport psychology practice, see Conroy and Benjamin (2001), Giges (1998), Hill (2001), and Strean and Strean (1998).

Behaviorism or learning theories proposed the following tenets: (a) behavior is formed (learned) in response to the external environment; (b) behavior can be modified by a variety of techniques and procedures that are based on experimentally validated principles of learning (e.g., positive and negative reinforcement, punishment, extinction, generalization, shaping); and (c) the analysis of the antecedents, parameters, and consequences of overt problem behavior (i.e., behavioral assessment), defining precise intervention goals, and objective measures.
of client progress are building blocks of behavior modification. A cognitive shift in conceptualizing the causes of human behavior invited many behavior therapists to embrace a cognitive orientation in understanding human behavior change. Similarly, behaviorist principles had exerted a significant influence on cognitive theorists and practitioners. As a result of the merger of these two forces in psychology, the cognitive-behavioral approach to behavior change emerged as one of the most widely represented theoretical paradigms by general therapists as well as sport psychologists (see Brewer, Van Raalte, Petitpas, Bachman, & Weinhold, 1998; Hill, 2001).

Cognitive-behavior therapists wanted to accomplish not only concrete changes in problem behavior but also to develop and empower their clients to be in control of their thought processes. The major focus of a cognitive-behavioral intervention is to modify the client’s thinking patterns. Epictetus’s famous assumption that we are not directly disturbed by the events in our life but rather by our perceptions and interpretations of them provides a philosophical backbone for the cognitive-behavioral paradigm. The research of Cohn, Rotella, and Lloyd (1990) or Holm, Beckwith, Ehde, and Tinius (1996) and the debate between Ellis (1994) and Taylor (1994) are examples of cognitive-behavioral applications in sport. The current character of cognitive-behavioral therapies embraced more humanistic features and emphasized “personal choice and the value of collaboration [between therapist and client]” (Ivey, Ivey, & Simek-Morgan, 1993, p. 217).

Generally, humanistic therapies rejected the deterministic thinking of psychoanalysis and behaviorism. Instead, humanistic therapists emphasized freedom of choice to become the creator of one’s life and to make sense out of events that occur and circumstances that one encounters. Humanistic therapists focus on the current interpersonal relationships and moment-to-moment experiences of the client. The underlying assumption is that every person is unique and perceives and construes the world through developing meaning in an individual way. Through examination of the client’s perception of the present, humanistic therapists aim at promoting responsibility, personal growth, and self-actualization of their clients. The goal is not so much to treat the problem behavior but, above all, to explore current goals and create new meanings in life. An important contribution of the humanistic perspective is the nondirective approach in the therapeutic process (i.e., “following” the client’s process/direction, thus, at the same time promoting client responsibility) that assumes the profound wisdom of every human being. The consulting styles of Ken Ravizza and Terry Orlick are examples of a humanistic framework in sport psychology service delivery (see Orlick, 1989; Ravizza 1988, 1990, 2002). Through reviewing the major assumptions of the four traditional perspectives on behavior change (e.g., cognitive-behavioral), we wanted to demonstrate a direct connection between a given perspective and a particular model of practice and the consultant’s role (medical model), intervention goals (e.g., correcting “faulty” thinking and maladaptive overt behavior), and intervention techniques and methods (e.g., cognitive restructuring and behavioral shaping).

In recent years, despite voices of criticism from purists representing one specific kind of theoretical perspective, the counseling and psychotherapy literature has suggested that eclecticism, or developing one’s own unique approach to working with clients, is another legitimate approach to effectively help people to change their behavior (e.g., Corey, 1995; Norcross, 1986; Young, 1992). In short,
a practitioner assuming an eclectic approach is flexible and relies on a combination of different theoretical frameworks, uses one organizing psychological theory but different methods and techniques originated in various schools of thought, or has no preferred theoretical framework and draws from many (Young, 1992). Thus, a sport psychology practitioner (assuming appropriate credentials) may believe that behavior change stems from educational (e.g., PST model of practice) and psychological intervention (e.g., medical model of practice) and, as intervention goals, he or she targets cognitions and overt behaviors (cognitive-behavioral theoretical paradigm). At the same time, he or she believes in a client-centered approach (humanistic theoretical paradigm) and recognizes the need to clarify client’s emotional conflicts in the process of behavior change (psychoanalytic theoretical paradigm). As a result, the consultant may prioritize the intervention goals (in a close collaboration with the client) from among the three aspects of human behavior (i.e., cognitions, emotions, behaviors) and, additionally, rely on a wide array of intervention techniques and methods (e.g., focus on current experiences; examine current and past relationships with coaches, teammates, and parents; address life dreams and career goal; use systematic desensitization techniques). Clearly, eclecticism should not be mistaken for “no paradigm” (or for “anything goes”); rather, it should be viewed as a creative synthesis of a number of perspectives and techniques with an underlying coherent and rigorous theoretical logic to it. Consequently, consultants construe their approach from multiple perspectives without loss of their commitment to their personal core values and beliefs. There is a growing anticipation that eclecticism as a competing (not replacing) paradigm can integrate the body of knowledge about behavior change and embrace more empirical facts, and therefore prove effective when applied in practice (Norcross, 1986). Importantly, this approach seems to present a flexibility that is necessary to effectively address the diverse psychological aspects of athletic performance (May & Brown, 1989) and the multitude of diverse contexts that consultants must work in.

Model of Practice and Consultant Role

A sport psychologist’s selected model of practice and how he or she envisions the primary consulting role is a direct consequence of one’s deeper layers of professional philosophy (i.e., personal core beliefs and theoretical paradigm). Previously, these models and roles have been most commonly equated in the literature with professional philosophy as the only defining feature. We conceptualize professional philosophy as allowing for a broader and hierarchical understanding of the place of a preferred model of practice in a larger picture of what consultants believe their “mission” is and what they are expected to do (their primary role) while helping athletes and coaches achieve their full performance potential and personal growth. In the remainder of this section, we will review the five most widely used models: (a) psychological skills training (PST) model, (b) counseling model, (c) medical model, (d) interdisciplinary sport science model, and (e) supervisory consulting model with integrative approach.

Psychological Skills Training Model (PST). The terms of psychological skills training model (Vealey, 1988), mental training (Unestähl, 1982), or mental skills training (Thompson, 1999b) have long since been equated with sport psychology practice. The PST model seeks performance enhancement and personal growth
through behavior change that results from learning about psychological aspects of performance and developing psychological skills (Vealey, 1988). Vealey’s typology is one approach to conceptualize the sport psychologist’s professional toolbox and is composed of (a) foundation skills (volition, self-awareness, self-esteem, self-confidence), (b) performance skills (optimal physical and mental arousal, optimal attention), and (c) facilitative skills (interpersonal skills, lifestyle management). Further, she suggested that implementation of PST can be facilitated by three different delivery systems: implementation specialists (i.e., sport psychologists, staff for advising and counseling athletes, and graduate program interns), standardized training programs, and video technology. She also noted emerging approaches to PST delivery (i.e., sport-specific PST programs, emphasis on competition plans, and emphasis on coping and refocusing) and identified phases in PST (i.e., attainment, sustainment, and coping). Her conceptualization of PST, its implementation, phases, differentiation between skills and methods, and her discussion of other than just psychological skills areas of sport psychology consulting, implicitly included all five layers of professional philosophy that we introduce in this article.

Notably, all other described models in this article rely on psychological skills training as an important behavioral change component. We believe that sport psychologists concerned with performance-related issues need expertise in the PST area. However, limiting sport psychology services to just PST may be a dangerously narrow “philosophy” or even a “disservice” to a client (Thompson, 1998a, p. 5). Not surprisingly, some consultants (e.g., Danish & Hale, 1981; Vealey, 1988) attempted to move their clients beyond just an improved mental game. As surfaced in our own practice, although the consultant may start by addressing the sport issue, often this entry leads to personal issues. There are cases where personal or clinical issues must be addressed and sometimes referrals need to be made.

**Counseling Model.** The counseling model of sport psychology practice moves beyond the PST model in that it also is concerned with non sport-related areas of client coping and growth (Danish & Hale, 1981). Thus, both sport and life skills are viewed as goals of sport psychology interventions. Neff (1990) delivered personal counseling along with mental skills training and explained that personal counseling does not mean that a particular athlete has any sort of personal problems. Interestingly, he believed that performance enhancement is often a byproduct of a counseling intervention. An opposite scenario can also be true, namely, effective performance enhancement consulting addresses issues of a more general nature related to athlete well-being, his or her interpersonal relationships, and academic life. For an excellent example of a counseling approach to sport psychology practice, the reader may refer to the Life Development Intervention (Danish, Petitpas, & Hale, 1992, 1993, 1995) that is based on a psychoeducational-developmental perspective and embraces the performer holistically and developmentally.

**Medical Model.** The medical model stresses the importance of psychological intervention to treat various behavioral, emotional, and cognitive maladaptive reactions to the stressors of the training process, athletic performance, and personal life (e.g., depression, anger and aggression, substance abuse, or eating disorders). It “focuses on elimination of sickness and/or abnormality” (Thompson, 1998a, p. 3). In that, successful therapeutic outcomes do have obvious positive implications for athlete performance, psychological well-being, and personal growth. For example, Murphy and Ferrante (1989) outlined their approach to sport psychology service as medical, implying their roles as “intervening in problem situations” as well as
“a proactive preventive approach . . . that will help prevent problem occurrence” (p. 375). They also professionally and philosophically identified themselves with “medical professionals” (p. 378). Consultants employing the medical model of practice do “not automatically assume that athletes possess all the coping resources necessary to deal with these [special stressors affecting athletes]” (Perna et al., 1995, p. 239); thus, the medical perspective can be contrasted with beliefs of educationally oriented consultants (e.g., practicing within the PST model) who look for a client’s strengths and build on them in the consulting process.

Consultants employing the medical model may implement PST, counseling, and perhaps even embrace an interdisciplinary sport science model or supervisory consulting. The characteristics discussed above are offered to delineate the philosophical underpinnings of the medical model in comparison to other models of practice. Historically, the medical model was the first (and the only one for a number of decades) to be used by applied sport psychologists and as such has been essential to the development of the practice of sport psychology (Thompson, 1998a). This particular model of practice, however, seemed to lose its dominance to models emphasizing, by their philosophical underpinnings, growth, and development (Heyman & Andersen, 1998). In the next section, we will review another development-oriented model of sport psychology practice, namely, the interdisciplinary sport science model.

**Interdisciplinary Sport Science Model.** The major philosophical and empirically based assumption of an interdisciplinary sport science model is that problems in athletic performance cannot be attributed to only psychological issues. At the very foundation of this model is the former Eastern Bloc approach that identifies multidisciplinary ingredients of sport success: physical, technical, tactical, theoretical, and psychological (e.g., Bompa, 1999; Drabik, 1996; Kurz, 2001). These five areas of athletic preparation are interrelated. Thus, an understanding of psychological issues or problems in performance is grounded in a larger knowledge of sport performance. Consequently, the consultant promoting the greatest chances for success in working in sport settings develops either a rich background in the exercise and sport sciences or collaborates with other sport science and sport medicine professionals. For instance, in the USA, such a team effort was a part of the service that was provided by Nideffer (1989).

Many consultants recognize that knowledge of a specific sport, knowledge of sport pedagogy, biomechanics, exercise physiology, motor learning, sports medicine, or sport nutrition is essential to their effectiveness while working with clients in sport settings (Boutcher & Rotella, 1987; Gordin & Henschen, 1989; Loehr, 1990; Ravizza, 1988, 1990; Weiss, 1995). Some consultants labeled this versatile approach *multimodal* (Gordin & Henschen, 1989) and *integrated sport science approach* (Weiss, 1995). Further, sport-specificity of mental training programs becomes more a rule than an exception if one is going to influence performance in the competitive arena (e.g., Loehr, 1990; Weinberg, 1988). Consistent with this philosophical view, mental or psychological training is an important component in the daily sport preparation of athletes and in that exceeds interventional (educational, preventive, or remedial) goals of PST, counseling, and medical models or “philosophies.” Consequently, some consultants (Botterill, 1990; Gordon, 1990; Halliwell, 1989; Loehr, 1990; Ravizza, 1988; Rotella, 1990; Salmela, 1989) postulated integrating training concepts into their work with athletes and suggested using the language of training periodization not only as a rapport builder but to account for their
exercise and sport science knowledge and experience as well. Philosophically, the interdisciplinary sport science model offers a bridge to the supervisory consulting model with an integrative approach.

**Supervisory Consulting Model With an Integrative Approach.** The supervisory model of sport psychology service delivery “includes the training and supervision of an appropriate professional within the organization who delivers the actual training to the athletes” (Smith & Johnson, 1990, p. 347). Some sport psychology practitioners (e.g., Gordin & Henschen, 1989; Nideffer, 1989) argued that in certain situations the coaches themselves, because of their knowledge and access, are in the best position to implement a PST program. Consequently, with some instruction and supervision coming from the consultant, “coachable” coaches may be very effective in teaching both physical and mental components of their sport simultaneously. In the counseling literature, this approach is referred to as triadic consultation (Woody, Hansen, & Rosberg, 1989). Sport psychologists prefer to use terms such as supervisory consultation model (Perna et al., 1995) or organizational empowerment (Smith & Johnson, 1990).

Considering the sport organization as a client in sport psychology service delivery shows a distinctly emerging pattern and has been termed organizational intervention (Gardner, 1995; Gipson et al., 1989; LaRose, 1988; May & Brown, 1989; Neff, 1990; Nideffer, 1989; Ravizza, 1988, 1990). The essence of this approach is to extend the service beyond the athlete and prepare the coaches and administrative staff to facilitate the sport psychology intervention. We decided not to identify it as an independent model of practice, but instead as a consultant’s philosophy to work with the entire organization (based on any of the above described models).

Although the supervisory model may be beneficial to the organization and the consultant, both Smith and Johnson (1990) and Perna and his colleagues (1995) warned that this model of practice faces a number of implementation challenges. These challenges include assurance that the knowledge and skills taught are used appropriately: the quality of direct and indirect supervision, the occasional need for crisis intervention, the multidisciplinary preparation of most coaches (e.g., appropriate background in psychological skills training), and performance of the role of a mental coach effectively. Assuming these challenges are controlled for, the supervisory model enables coaches and athletes to benefit from an integrative approach to instruction.

The integrative approach (subsumed under the supervisory model of practice) suggests that sport skills are logically taught together with mental skills (Sherman, 1999; Sinclair & Sinclair, 1994). Specifically, the model proposed that learning is more efficient, more effective, and more meaningful when physical, technical, and tactical components of sport skills are integrated with mental skill instruction. This approach views mental skills as life skills. Clearly, the integrative instruction model espouses an educational, developmental, and holistic perspective in developing mental and physical skills.

**Models as Tools.** As our model of professional philosophy suggests, many consultants, drawing on their personal core beliefs and values and their diverse educational and training backgrounds (or theoretical paradigms), choose a model of practice depending on the situation. The use of a particular model varies not only from setting to setting (or across different sport psychology interventions), but also within one particular consulting intervention as a function of intervention...
goals, coaching requests, or behavioral issues a consultant faces (e.g., limited behavior change in response to the used intervention techniques and methods). This situation illustrates the top-down influence when the peripheral layers influence the deeper layers.

**Consultant Role.** It is difficult to highlight a conceptual difference between the preferred model of practice and the consultant’s role other than that the preference of the model resides more within the individual consultant, given a specific situation, whereas the role is more a set of consultant behaviors that are expected by the client (LaRose, 1988). Traditionally, consultants have assumed two primary roles: clinical or educational (Nideffer, 1984, as cited by Newburg, 1992; Weinberg & Gould, 1999). In light of the discussed models of practice, the PST model, interdisciplinary sport science model, and supervisory model are usually used by educationally oriented consultants, whereas the medical model is used by clinical sport psychologists. Counseling models fit both the clinical and educational roles.

Naturally, consultants play a number of other roles, both formal (expected or imposed) and informal (emerging). Examples of formal roles include negotiator, a learner or student of a given person, team, or sport; a mental coach (e.g., Botterill, 1990; Boucher & Rotella, 1987; Halliwell, 1989; Rotella, 1990; Salmela, 1989); or a facilitator and catalyst (Salmela, 1989). Ravizza’s (1990) operating standards such as flexibility, adjusting to the situation, confidentiality, and approach to involvement in player selection can be viewed as another attempt to clarify numerous aspects of the consultant role in sport settings (see also Ravizza, 1988).

**Intervention Goals**

In our hierarchical model, the intervention goals (e.g., performance enhancement) are grounded in consultants’ model of practice (e.g., PST model), their theoretical paradigm (e.g., cognitive-behavioral), and personal core beliefs and values (e.g., concern for the growth and development of people). Consultants differ philosophically on the issue of what is or should be the goal of an intervention. Because the components of professional philosophy are interrelated, the issue of intervention goals is partly a function of how a particular consultant approaches the deeper building blocks of his or her philosophy (as shown above). In addition, the specified intervention goals are also a function of contextual features of each consulting relationship and previous experiences with specific intervention techniques and methods, for instance, inability to foster adequate levels of organizational support for mental training. Consequently, formulating goals on an organizational level such as educating administrators about sport psychology and the consulting process is necessary to create an atmosphere conducive to performance enhancement goals and athlete personal growth (see Ravizza, 1988, or Gardner, 1995).

There are as many intervention goals as the number of different behavior issues and problems that athletes and coaches report. Based on consultant reports (e.g., Boucher & Rotella, 1987; Gordon, 1990; May & Brown, 1989; Neff, 1990; Ravizza, 1988; Weiss, 1995), the list of most common and general areas (goals) of service follows: performance enhancement (e.g., through teaching stress management skills, through ideomotor training), health and healthy lifestyle (e.g., rehabilitation after injury, exercise behavior change), personal growth/development (e.g., developing social skills, self-exploration, dream fulfillment), daily living (e.g.,
emotion control, goal setting), team effectiveness (e.g., group cohesion, leadership; see the special March 1997 issue of the *Journal of Applied Sport Psychology*), and organizational service (e.g., applying a sport psychology perspective to administrative decisions, gaining support for sport psychology service from the organization, fund-raising).

**Intervention Techniques and Methods**

As the most peripheral and dynamic layer of professional philosophy, the choice of intervention techniques and methods is determined by more fundamental layers in the consultant’s philosophy (i.e., personal core, theoretical paradigm, model of practice, and intervention goals). In addition, intervention techniques and methods vary greatly as a result of the dynamic context that the consultant operates in and, importantly, current knowledge regarding effective sport psychology practice. Research support for the effectiveness of psychological interventions in sport is growing (Greenspan & Feltz, 1989; Weinberg & Comar, 1994). We have already described Vealey’s (1988) efforts to systemize the approach to psychological skills training and the terminology used to describe techniques and methods. These efforts represent an important step toward developing a common sport psychology language. Nevertheless, our field still lacks adequate guidelines of what constitutes a recommended approach to the optimal combination of techniques and methods used at different stages of the consulting process (i.e., from the entry, through assessment and conceptualization, to implementation and leaving the setting). Consequently, the question of which psychological skills are taught seems still to be in the domain of professional philosophy (i.e., its deeper layers). Examples of other issues that consultants philosophically confront are aspects of program delivery such as group versus individual sessions, long- versus short-term benefits of the service, approach to using psychometric testing, and use of individualized programs and mental training plans. We believe that with the growth of our field, this issue of matching the type of intervention with a specific problem (e.g., the matching hypotheses in arousal management; see Maynard, Hemmings, Greenlees, Warwick-Evans, & Stanton, 1998) will become a concrete, integral component of a consultant’s toolbox that is directly informed by the theory and practice of behavior change.

In summary, based on a thorough reviewed of the literature and the authors experiences as consultants, the discussed model of philosophy of sport psychology service delivery offers a clear structure (i.e., personal core beliefs and values, theoretical paradigm concerning behavior change, model of practice and the consultant role, intervention goals, and intervention techniques and methods) and suggests hierarchical interdependence among the identified components of one’s philosophy. In that, the philosophy of service should not be mistaken for just the range, organization, and content of the service provided, or just the consultant’s role. We also attempted to make a point that due to a number of sound theoretical and practical approaches to the same challenges in consulting work, the pattern in consultant’s professional thinking and acting will be a function of the deeper layers of his or her overall professional philosophy. The deeper the level of professional philosophy, the greater influence it will exert on the levels that are built upon it. Finally, contextual factors have a potential to influence more peripheral layers of the philosophy and impact the content of deeper layers (top-down influence).
A natural quality of professional philosophy is that it is dynamic and evolves along with the professional development of a consultant. For instance, a number of consultants with a background in psychology (e.g., Loehr 1990) as well as in exercise and sport science (e.g., Weiss, 1995) observed an interdisciplinary shift in their career development. Clearly, with years of practice, some sport psychology practitioners may notice a shift in how they approach their choice of a model of practice, their role, and the intervention goals, techniques, and methods as reported by many accomplished consultants (e.g., Gloria Balague, Shane Murphy, Jim Loehr, Ken Ravizza, Bob Rotella) interviewed by Simons and Andersen (1995).

Conclusion and Recommendations

Sport psychology consultants have recognized the importance of making explicit and clear their philosophical assumptions that guide their helping mission in sport settings. This article proposed a hierarchical structure of the philosophy of sport psychology service delivery. The proposed conceptualization may facilitate didactic work aimed at preparing future sport psychologists. Additionally, the introduced model has a potential to direct research efforts examining the relationship between professional philosophy and the content, process, and effectiveness of sport psychology services.

We suggest that a theoretically eclectic approach seems to best fit the nature of an applied sport psychology consultant’s work as noted in a number of anecdotal reports. Namely, “No single mental skill or intervention strategy provides all the answers for the problems encountered by athletes in competitive sport setting[s]” (Boutcher & Rotella, 1987, p. 128), and there is no “one true method” in mental skills training as voiced by a number of renowned sport psychology consultants (Simons & Andersen, 1995, p. 456). Similarly, the interdisciplinary sport science model of practice might be optimal for an experienced sport psychology consultant and may form a developmental direction in the professional career of future sport psychology consultants.

Finally, we suggest that a reflective consulting approach regarding professional philosophy has the potential to increase the effectiveness of sport psychology practice. Consultants’ personal core beliefs and values, their theoretical paradigm concerning behavior change, and their preferred model of practice and perceived role along with the situational variables codetermine the intervention goals and the intervention techniques and methods. Effective delivery of sport psychology services is maximized by realizing one’s own philosophical underpinnings that underlie consulting decisions. According to Poczwardowski et al. (1998), these decisions begin with gaining entry and continue until the consultant leaves the setting. Additional examination that delves deeper into these philosophical issues is necessary to advance the standards of sport psychology education and training and, eventually, guide the practice within the profession.

References


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