

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

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A Perspective on Consultancy Teams and Technology in Applied Sport Psychology

### 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.

*Key words:* iPsych, Problem Solving, Team Consultancy, Therapy Team, Observation Team

### A Perspective on Consultancy Teams and Technology in Applied Sport Psychology

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 lone ranger 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; Lindsay, Bawden, & Thomas, 2013). 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.

Within their example detailing how the group of USOC sport psychologists collaborated in their applied work, Cogan and colleagues (2012) illustrated how having a shared employer enabled five accredited 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 each other both emotional and professional support in a variety of work-related circumstances. For example, when a crisis arose, related to the death of an 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, Diment, and Hansen (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 shared 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. Lindsay et al. (2013) recently outlined the common framework of practice adopted by the sport psychologists at EIS throughout the last two Olympic cycles. 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 the service delivery and performance of the athletes, coaches, and support staff, and to develop

the practitioners working at the organization, 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 led the team of sport psychologists at the EIS to explore the use of consultancy teams in sport.

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 client. In this article we describe a novel approach to applied sport psychology, currently being trialed and enhanced by the EIS. This approach makes use of a team of practitioners when consulting with athletes, coaches, and other members of support staff. 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, 1982; Weakland, Weakland, Fisch, Watzlawick, & Bodin, 1974). Therefore, we begin our discussion at the root of this approach by providing a brief history of consultancy teams, and a discussion of the literature from family and single-session therapy that have 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 adapted such approaches and made this method of practice relevant to our discipline in the 21<sup>st</sup> century. Within this article we describe a technological innovation, entitled *iPsych*, which has been developed to assist and enhance the team consultancy process.

### **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 share and discuss their observations on the session. Moreover, sessions would regularly be recorded using an audiotape device and occasionally sections of therapy would be recorded using a videotape device (Bodin, 1977). This allowed the team to accurately analyze individual consultations, providing a precise source of information for reference in subsequent meetings with the client. Weakland and colleagues (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)

At any point during a session, a primary therapist could leave the room to consult with the team behind the mirror while the other therapist continued the session. The entire team would assemble in a separate room prior to concluding therapy. After a brief discussion, the primary therapists would return to the consulting room to close the session and offer a paradoxical task or suggestion relating to the client’s problem.

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 et al., 2007; de Shazer & Berg, 1995). In contrast to the focus on the formation and resolution of problems at the BTC, the BFTC began to explore the development of solutions. Nevertheless, the use of a consultancy team remained an essential



feature of therapy conducted at the BFTC. De Shazer (1985) concluded that 82% of clients at the BFTC reported that the complaint for which they had sought therapy was improved after an average of only five sessions. Although de Shazer (1985) noted that a team was not always necessary to SFBT, working in this way became central to consultation and research at the BFTC. Again, the primary therapist would conduct the session, while the rest of the team would observe behind a one-way mirror. A modification of previous team consultancy methods was the introduction of a break during therapy, enabling the team behind the mirror to become more active participants in the therapy process. The entire team assisted the primary therapist in composing a detailed word-for-word intervention message, which was to be delivered upon his or her return to the consultancy room. Since the likes of the BTC and IFS ignited interest in the use of a consultancy teams, it has become a popular technique with a number of models of family therapy. Family therapy literature therefore offers further insight into consultancy teams, their potential advantages and disadvantages of this process, and some considerations for practice.

### **Consultancy Teams in Family Therapy**

Selvini and Palazzoli (1991) noted that when working briefly as a consultancy team it is important that each therapist values each team member's individual style when they are the primary therapists, as these will undoubtedly differ. It is essential that there is co-operation and teamwork when consulting in this manner. Selvini and Palazzoli emphasized the importance of the "equilibrium" in the team (i.e., avoiding in-team competitiveness, implicit devaluing of certain members' opinions, and criticism of the primary therapist). To further assist this, the authors noted that team size, consultancy breaks, and the length of sessions should also be well managed. They used teams of three or four during their practice, would take two to four breaks each session at regular intervals, and would devote half a day's work per case to allow to for discussions and collaboration.

One principle reason for using a consultancy team is the difference of perspective provided by different team members, producing a more adequate view of each client's problem and possible solutions (Speed, Seligman, Kingston, & Cade, 1982). However, Speed and colleagues (1982) also noted that consultancy teams should share some basic assumptions when working as a team, such as how behavior is conceptualized, to avoid fundamental differences that may lead to confusions. In a later paper, Cade, Speed, and Selgman (1986) outlined several advantages associated with working as a consultancy team based on their experiences during family therapy. First, as noted by previous solution-focused therapists (de Shazer, 1985), the approach provided the opportunity for live supervision of trainee therapists. Second, despite sharing basic assumptions (Speed et al., 1982), the various members of the team were able to collectively offer a "kaleidoscope" of contrasting and overlapping perceptions to each case providing a richness and depth that was not available from a single practitioner (in fact, a single therapist was perhaps more easily persuaded by a client's perspective and unwittingly join in the families "game without end"). Third, members of the observation team could offer a greater level of objectivity. Fourth, team consultancy led to increased creativity and inventiveness, as ideas could be "thrown around" by the team to be argued about, built on, or modified. Fifth, the primary therapist was more willing to be adventurous or perhaps more risky, safe in the knowledge that the team observing from a more objective position could correct errors along the way. Finally, working as a team led to the rapid expansion of approaches and methods of intervening.

There appears to be several potential benefits associated with working as a team during a consultation, many of which have been echoed by other family therapists (Palazolli et al., 1978; Selvini, 1988; Smith, Winton, & Yoshioka, 1992), which together lead to increased effectiveness in producing change (Speed et al., 1982). However, Cade and colleagues (1986) also recognized a number of potential challenges of team consultancy.

These included the potential tensions created by one member of the observing team making a unilateral decision to communicate to the primary therapist or when other team members did not abide to their commitment to their role in the observation team. Likewise, its imperative that there is agreement about who gets the final decision if there is a lack of consensus amongst the team, and strategies for when a primary therapist does not agree with a message from the team.

Studies of families' perceptions have demonstrated that most clients prefer service with an observation team rather than without (Knott & Espie, 1997; Piercy, Sprenkle, & Constantine, 1986). Knott and Espie's (1997) survey of families' ( $n = 43$ ) perceptions of the one-way screen found that the majority (80%) of participants found it helpful, and 98% of participants responded that they would like to be introduced to the observation team. Most families were able to forget about the screen, especially if they had read the pre-session information leaflet. The authors concluded it is important to introduce clients to the observation team to "humanize" the experience, as well as giving information before the session regarding the use of a team and answering any questions at the start.

Another contemporary application of consultancy teams, with the specific goal of creating rapid behavior change, has been applied within the domain of "single-session therapy". In line with the growing demands for accessibility to mental health services, alongside limited funding for such facilities, single-session therapy (SST) and walk-in SST are becoming popular models of service delivery (Slive, McElheran, & Lawson, 2008). SST, in this sense, refers to a planned single-session intervention approach to problem solving (Hymmen, Stalker, & Cait, 2013; Talmon, 1990).

### **Consultancy Teams in Single-Session Therapy**

SST methods challenge many of the assumptions associated with traditional therapeutic approaches such as more is better, change happens slowly, and the therapeutic

relationship takes time to build (Fry, 2012). Therapists who practice SST often hold several alternative assumptions that are viewed as an essential part of this process, and often focus on clients' existing strengths and resources to overcome their current difficulties (Bobebe, Lopez, Scamardo, & Solórzano, 2008). As SST approaches grow in popularity, more organizations or specific therapy centers with a particular focus on SST have written about the central features of their works (e.g., Fry, 2012; Slive & Bobele, 2012). Although the psychotherapeutic techniques involved are often different from one another (Young, Dick, Herring, & Lee, 2008), a common feature amongst many of these approaches is the use of consultancy teams behind one-way mirrors or one-way screens (Bobebe et al., 2008; Fry, 2012; Hampson, O'Hanlon, Franklin, Pentony, Fridgant, & Heins, 1999; Harper-Jaques, McElheran, Slive, & Leahey, 2008; Slive et al., 2008). More often than not, these teams work in a similar manner to each other, utilizing one primary therapist supported by a team of observing therapists.

Advancing upon the earlier work of de Shazer (1985; 1988), the typical role of the observation team during SST is to view the session until the primary therapist feels it is an appropriate time to deliver the intervention. At this point, the entire team meets to design an intervention in the form of a "feedback" message or "homework" task that utilizes the clients' resources (Bobebe et al., 2008; Slive & Bobele, 2012). Jevne, Zingle, Ryan, McDougall, and Mortemore (1995) described the observation team in their SST approach as the "...eyes and ears of alternative meaning" (p.7), and noted that they were trained "...to avoid assumptions, to emphasize the strengths rather than deficits, to introduce options non-directively and to reinforce hope and empowerment" (p.8). Fry (2012) described a further evolution of brief team consultancy in which the client and primary therapist swap places with the observation team towards the end of the session. The observation team discusses feedback and share ideas for interventions while the client watches from the other room. The primary therapist and

client then swap back with the observation team and reflect on this feedback. This “reflecting team” approach is a modification on a traditional consultancy team and is discussed in greater detail by Andersen (1991), Johnson, Waters, Webster and Goldman (1997), and Willot, Haton and Oyeboode (2012).

From the client’s perspective, Miller (2008) found that the majority those who had received SST felt that the use of teams had helped them view things differently, and that the break allowed them to gather their thoughts regarding the first part of the session. Indeed, several descriptive reviews of SST and walk-in SST have concluded that while more experimental research is required in the area, these single-session approaches appear to be effective for a range of problems and can satisfy client expectations (Bloom, 2001; Cameron, 2007; Campbell, 2012; Hymmen et al., 2013). Although the use of a consultancy team is not a universal feature of all single-session therapeutic methods, like other brief methods (e.g., de Shazer, 1985; Selvini & Palazzoli, 1991), it is a characteristic of therapy that is commonplace to the majority of these approaches.

### **Consultancy Teams in an Applied Sport Psychology Setting**

#### **Setting the Scene**

As outlined above, the use of consultancy teams is associated with a number of different therapeutic approaches that nonetheless share the characteristics of being brief, yet effective, forms of treatment (i.e., solution-focused therapy, family therapy, SST). Therefore, a team-based approach appeared well suited to the EIS team’s goal of optimizing the consultancy process with techniques to create rapid change. Historically, a common influence across many of the brief approaches that have utilized consultancy teams has been the philosophy of Ludwig Wittgenstein (1889-1951). Indeed, Wittgenstein’s philosophical thinking has either underpinned or in some way influenced the works of Watzlawick and his

colleagues at the MRI (Sigmon, 1985; Watzlawick et al., 1974), de Shazer (1994) and his associates (2007), as well as the practice of many family therapists (Tuson, 1985).

Wittgenstein argued that philosophy constitutes the "...struggle against the bewitchment of our understanding by the resources of our language" (1953, §109) with our world being created by, maintained through, and constrained by our use of language. To this end, previous authors (e.g., Heaton, 2010) have suggested that language simultaneously acts as the source of our confusions and the primary route by which we may seek to resolve them. In this regard, language is not the result of our thoughts, but the very means by which we think (Blair, 2006; Proudfoot, 2009). Wittgenstein coined the term "language-game" to highlight the relationship between our words and associated behaviors. He used this term to refer to the tacit connections between words, actions, and situations, which are often left unexamined or unspoken. In Wittgensteinian terms, the observational team must therefore assist the primary practitioner in avoiding becoming bewitched by the client's "language game". Within a team consultancy setting, it is therefore the role of the observation team to allow the primary therapist maximum involvement with the client, while simultaneously guarding them from supporting or reinforcing tacit assumptions relating to the problem (Selvini & Palazzoli, 1991).

In recognizing the importance of the observational team in aiding the primary practitioner to avoid falling prey to the clients "language game", in order to resolve problems quickly, the EIS team realized that we had to create a therapeutic environment compatible with this approach. As noted in the reviews of family therapy and single session therapy, the use of one-way mirrors or one-way screens have emerged as a popular strategy embedded within team delivery. Mindful of technological advances, alongside environmental constraints, the EIS team attempted to develop and integrate a more contemporary solution into our team delivery of brief sport psychology support. As such, a high-definition camera and microphone was installed in the room in which one-to-one consultations between the

client and the primary practitioner were conducted. The output from the camera and microphone were streamed live to a personal computer in the room next door where the observation teams were based (see Figure 1). To assist in the analysis of consultations, seeking to move beyond the traditional note taking and/or group discussions used in family therapy and brief and strategic therapies (e.g., Fry, 2012; Selvini & Palazzoli, 1991; Weakland et al., 1974), the computer was installed with bespoke consultation tagging software (see *The iPsych System*). Together, the camera, computer, and software system has been entitled *iPsych* (i.e., interactive psychology).

\*\*\*\*\* Insert Figure 1 about here \*\*\*\*\*

In the following sections, we describe how we have developed a team approach to consultancy at the EIS in line with the research discussed in the first half of this article. In doing so, we will describe our initial application and experiences of operating as a consultancy team. We will then go on to provide further details regarding the *iPsych* system and how we have utilized technology to assist the evolution of this approach in an applied sport psychology setting.

As per previous approaches, when working as a team, it is the job of the primary practitioner to greet the athlete or client and then introduce him or her to the observation team (Knot & Espie, 1997), before then moving to the main office to begin the session. The observing practitioners, situated in the adjacent office, then assume individual roles within the team (see *Putting the System to Work*), viewing the session via the desktop computer. The entire team meets at least once during the session via consultancy breaks (see *Consultancy Breaks*), while the observation team can also communicate with the primary practitioner during the session at any time via iPads (see *Communication Between Rooms*). The sport psychologist who primarily works with the athlete or client decides whether they should assume the primary practitioner role, or whether they believe another member of the

psychology team should take this role while they form part of the observing team in the adjacent room. As Cogan et al. (2012) noted in their team-based model of applied sport psychology, when working as a team during consultations each member of the group brings their own unique strengths to the session as well as a collective richness in understanding due to the varying perspectives (Cade et al., 1986).

### **Putting the System to Work**

Generally, the observation team comprises EIS practitioners with a range of applied experience. More often, the team will include at least one neophyte practitioner (Tod, Andersen, & Marchant, 2009). For neophyte practitioners, this way of practicing also provides an invaluable learning experience. Nonetheless, while one member of the team may be seen as more or less experienced and their views informally perceived as higher or lower status, all members of the observation team have equal right to agree or disagree with ideas.

When we originally began using a consultancy team we did not limit the number of practitioners within the observation team. However, having piloted the approach for several months we recognized that there was an optimal number of practitioners. In line with previous authors' experiences (Palazzoli et al., 1978; Selvini & Palazzoli, 1991), we have found that four is typically the optimal number of practitioners for effective team consultancy (although we have even found it beneficial to utilize only two practitioners when problem solving with clients). We have also found it useful to appoint one member of the observation team as the lead decision maker, who is responsible for making the final decision on feedback or communication with the primary practitioner.

Along with the primary practitioner, other roles within the team (whenever possible) include one individual who "tags" the consultation live, one individual who records all the client's strengths and resources (Jevne et al., 1995) that can be utilized when designing an intervention, and one individual who "maps" the session on a whiteboard. When working this



way we also try to abide by a number of shared assumptions regarding behavior change and problem solving as well as a number of “ground rules” for working as a team. These assumptions are common to the brief and solution-focused methods from which this approach was developed (cf. de Shazer, 1985; 1988; Watzlwick et al., 1974), and grounded in Wittgenstein philosophy. For example, the team will try to obtain “video-descriptions” (behavioral level descriptions) of a client’s problem (O’Hanlon & Wilk, 1987), rather than accepting abstracted terms such as a loss of “confidence” or a lack of “professionalism”.

### **Consultancy Breaks**

Consultancy breaks allow the entire team, including the primary practitioner, to come together to discuss and share ideas on issues relating to the consultation. The client is left in the consultation room to reflect on the previous conversation with the primary practitioner, giving them the chance to collect their own thoughts (Miller, 2008). These breaks have been used to collaborate on designing interventions near the end of consultations (cf. de Shazer, 1985; 1988). However, we have also used consultancy breaks to give the primary practitioner the opportunity to gain clarity on the direction in which he or she should take their enquiries or to reveal a critical insight to the primary practitioner regarding the client’s problem.

## **Technology and Consultancy Teams in an Applied Sport Psychology Setting**

### **The iPsych System**

As Murphy (2009) succinctly commented, “...sports and technology have always had a symbiotic relationship”, noting that for instance, “...the ancient Olympics of the early Greeks featured simple technological devices such as the discus and javelin” (p.487). Now in the 21st century, it is opportune for sport psychologists to embrace technology in both research and applied practice (Murphy, 2009). Murphy outlined the prospective role of video games in future developments of the discipline. Video games are perhaps the most recognizable example of the use of technology in sport psychology research as this trend

continues to grow. The iPsych, however, is a technological development designed to optimize the performance of applied practitioners, working as teams, during the consultation process; thus, it is also designed to increase the efficiency with which consultation goals are achieved when working as a team.

The iPsych hardware includes a high-definition camera and microphone that both stream a live feed from the consultation room to a computer situated in the observation room. This stream is then run through the iPsych software on a large screen monitor for the observing team to view the session. The iPsych software was formed in partnership with Sheffield Hallam University and UK Sport. It allows for the video stream to be “tagged” both during and after a consultation with an athlete or client. The “tags” are selected down the left-hand side and are then presented on a timeline running along the bottom of the screen so that the team can see when certain information was gained during the session (to refer back if needed). A screenshot of the iPsych software in use can be seen in Figure 2.

\*\*\*\*\* Insert Figure 2 about here \*\*\*\*\*

The “tags” currently incorporated in the iPsych software relate to both the primary practitioner’s use of questions and the client’s responses. They were developed in line with the shared basic assumptions the team adopts when consulting as a team to solve problems. Hence, these “tags” are grounded in the brief solution-focused methods (cf. de Shazer, 1985; 1988; Watzlawick et al., 1974) and philosophy of Wittgenstein from which this approach originates. The practitioner and client related “tags” used to analyze team consultations are described in Table 1.

\*\*\*\*\* Insert Table 1 about here \*\*\*\*\*

There are also three elapsed-time “tags” which are used to denote the phases of the consultation; these include “Formulation/Cleaning of Problem”, “Consultancy Break”, “Design of Intervention” (cf. Bobele et al., 2008; de Shazer, 1985; 1988; Fry, 2012). These

are used to record the time that is spent in formulating and understanding the problem, in taking breaks, and in designing and delivering the intervention with the client. At the end of each consultation, both the practitioner and client rate the session on a scale of 1 (*poor*) to 10 (*very good*) on how well the consultation went. Each consultation and its corresponding data are saved to an encrypted hard disk drive for later reference and analysis. Going forward, this information may serve to enhance practice both in the moment (e.g., allowing the team to refer back to a specific moment during a consultation for information) and in retrospect (e.g., analyzing the types of questions or client responses which were associated with the discovery of effective solutions).

### **Communication Between Rooms**

When we initially started using a team approach to consultancy, we experimented with a number of different methods of communication between the two rooms. In line with the team-based approaches adopted in family therapy (e.g., Palazolli et al., 1978; Weakland et al., 1974) this began with a simple knock on the door to indicate that the team wanted to speak to the primary practitioner who would then come next door for the team to share their insights. However, we soon found that this method to be overly intrusive, and at times disruptive to the flow of the session. For example, the primary practitioner may have been pursuing a particular line of enquiry with the client, to then only be interrupted by the observation team (unaware of the primary practitioner's intentions) before they reach their key question.

We have recently begun utilizing iPads© in order to facilitate more effective communication between the primary practitioner and the observing team during the session. We have adopted these devices to send brief messages between the observation team and the primary practitioner, guiding potential areas for exploration, or seeking further information regarding a critical piece of the problem. This method has proved less intrusive than

knocking on the door and allows the primary practitioner the control to act on these messages in their own time and as they see fit. There are however times when messages are too long to be conveyed via the iPad©. In such cases, a message is sent to the primary practitioner to “take a break when convenient”. It is generally the job of the observation team to then allow the primary practitioner to describe his or her current understanding of the client’s problem and then subsequently coach them on where to take the session next based on the team’s observations.

### **Challenges and Limitations**

Working as a team during a consultation is not without its challenges or limitations. For example, in line with Selvini & Palazolli (1991), we found that the individual acting as the primary practitioner may feel a sense of anxiety about having their own “performance” assessed by a team of colleagues. There were also initial concerns whether clients may feel anxious due to the camera and observing team in the room next door. Nevertheless, in reality, we have found that once a session has begun and the client’s situation is being explored, both the client and the practitioner quickly become somewhat oblivious to the camera and their initial concerns. In line with previous research, other challenges we have experienced have related to disagreements amongst the team (e.g., Cade et al., 1986). These have included: when certain members of the observation team have wanted to send a message through to the primary practitioner while others have not felt this necessary; or alternatively, when the primary practitioner has not agreed with a message that has been sent from the observation team; and also, when the observation team have contrasting perceptions regarding a problem and thus the content of the feedback to the primary practitioner during breaks. In response, we have found it useful to set clear guidelines around such disagreements when working in this way. For example, it has been agreed that prior to each session one member of the

observation team will be chosen to get the final say on whether a message is to be sent to the primary practitioner, usually being the most experienced practitioner in the room.

Sport psychologists employed by the EIS are based around the country, however, at this time, there is only one iPsych system set-up within the organization. As a result, the team has to invite potential clients to Sheffield if they wish to try and solve problems using a team consultancy approach assisted by the iPsych system. Although this may require clients to travel in order to utilize the team approach, it is often not an issue because of the potential benefits associated with practicing in this way. Indeed, we believe that two of the main reasons why clients do not mind having to travel to use the iPsych system are that, (a) client's seem to appreciate the concept of having several psychologists trying to solve their problem (Knot & Espie, 1997; Piercy et al., 1986), and (b) problems are usually resolved quicker by working in this way, and so taking a day to resolve an issue may be more efficient than several weeks of one-to-one consultations (Campbell, 2012; Speed et al., 1982).

### **Discussion**

The use of a consultancy team is in its early stages of development at the EIS. It is an approach to consultation that remains ever evolving as we continue to refine the manner in which it is practiced within our organization. Nevertheless, as per de Shazer (1985; 1988), we feel that practicing as a consultancy team can offer a stimulating and efficient method of problem solving with athletes, while also offering a number of practical benefits to the efficacy of an intervention and its delivery.

One of the most obvious of these benefits is the increased number of sport psychologists and the additional "brainpower" attending to the athlete and the problem they bring to the consultation. As the adage goes "two heads are better than one". In a team of practitioners, there is a greater depth of experience and expertise with which to interpret the client's situation. Furthermore, clients themselves appreciate several professional minds

trying to solve their problem (O'Neill & Rottem, 2012; Piercy et al., 1986), perhaps giving the intervention more credence.

Palazzoli and colleagues (1978) noted that, due to their external position, those practitioners who were observing the session could maintain a clearer, more objective perspective than the primary practitioner. It is the job of the observing practitioners to notice (and if needed, communicate) if the primary practitioner is being drawn into the “language-game” and the assumptions relating to the problem that the athlete is currently adhering to (Selvini & Palazzoli, 1991), alongside detecting relevant information from the client. We often use the analogy of a poker game to explain the benefits of working as an applied team to athletes and coaches. When you are playing a hand of poker, due to our perceptual and cognitive limitations, it can prove very difficult to maintain your composure, make clear and rational decisions about risk versus reward, and maintain an external focus on those other individuals also in the game. However, once you have folded your hand and effectively become an observer of the sub-section of the game, even novice players are able to notice subtle shifts in other players body language, make intuitive leaps about likely cards held, and predict the outcome of the hand. We would suggest that this “head in the game/head out of the game” phenomenon is not dissimilar to the experience of being the primary therapist versus being in the observation room. The observers essentially loan the primary therapists their cognitive and perceptual “real estate” for the duration of the session. This analogy also helps explain the principle of “language-games” and how it is easy to become drawn into the rules of the existing “language-game” relating to the problem (currently being played by the client) when a practitioner is physically in the same room as the client, their emotions, and their assumptions.

There are also advantages associated with the breaks taken during and near the end of sessions. It provides all practitioners with the opportunity to pause and gather their thoughts,

and to discuss their observations as a group. It also allows the team to collaborate on designing the intervention. Taking a break near the end of a consultation offers the time needed to plan the intervention and its strategic presentation (e.g., using the client's language). De Shazer and colleagues (1986) have suggested that, as the client has been kept waiting during this break period, their receptiveness may be increased upon the eventual delivery of the intervention. The short break allows the client, alone in the room, time to reflect on the consultation as they are left anticipating the practitioner's return. With the potential distraction of what is being discussed outside the room, the client's attention towards the primary practitioner (and the intervention message they deliver) may be heightened as they re-enter the room. Future research in sport psychology may wish to explore further the use of consultancy breaks (in team or traditional one-to-one consultations), and how this strategy can be used to optimize the performance of practitioners and the effectiveness of their interventions. From a research perspective, the use of the iPsych system during team consultancies also has potential application in providing an evidence base for applied practice. With a sufficient volume of video-recorded sessions, effectively analyzed and followed-up, we can explore the factors associated with successful consultations. Clearly, informed consent would have to be gained from the clients prior to consultations in order to conduct such research. Indeed, the therapy centers discussed in the first part of this article (e.g., the BTC) produced a significant amount of academic research articles and books as a result of their team-based approaches. With a library of recorded and analyzed consultations, we would perhaps gain insight into the most effective techniques for the rapid resolution of certain performance related problems.

Consulting with athletes as a team offers an invaluable training tool for all practitioners however experienced (Cade et al., 1986). In a general sense, it allows practitioners to offer each other support in a stimulating environment while performing what

is traditionally a solitary activity. For experienced practitioners, being observed in this manner provides a different examination of their skills, keeping them “on their toes”. With a team of observers there may be added pressure on them to demonstrate their skills to the group. For neophyte practitioners, viewing live consultations (without the potential intrusiveness of a normal observation) provides opportunities to gain valuable experience in their development. Moreover, the opportunity to *be* observed in this way allows for detailed and specific feedback to be gained from more experienced practitioners. In line with these training benefits, the iPsych system may also enhance the effectiveness of reflective practice. The benefits of reflective practice have been well evidenced by Cropley and associates to practitioner development (Cropley, Hanton, Miles, & Niven, 2010a; Cropley, Miles, Hanton, & Andersen, 2007), as well as their effectiveness (Cropley, Hanton, Miles, & Niven, 2010b). However, Andersen and Stevens (2007) noted that one potential limitation of reflective practice is that reflections are primarily based on the *practitioners’* perceptions and recollections of events and are therefore subject to distortions or exaggerations. The video-recordings and analysis provided by the iPsych system may enhance reflective practice by providing a more accurate means to reflect on applied experiences, with assistance from other practitioners within the team. Future research may wish to explore the associated benefits of consultancy teams and reflective practice using video-recorded and analyzed consultations on factors relating to professional development (e.g., rate of development of consultation skills, the impact of working in this way on practitioner development).

### **Implications for Practice**

Although future research is required to provide evidence-based guidelines for consultancy teams in sport psychology, the following recommendations are grounded both in the application and use of consultancy teams outside of sport and our own initial experiences of using this approach. Indeed, the initial exploration and increased practice of consultancy



teams is essential for generating more research in this area within our domain. Sport psychologists may wish to consider working together as consultancy teams when problem-solving with athletes or other clients. This may be a feasible option for practitioners who work at the same organization, such as those who are employed by the same universities or national sporting institutes. The practicalities of this approach could be adapted to the available facilities. For example, if observation rooms are not accessible, primary practitioners working in a team may wish to consider having the observers in the consultation room with them and the client. The main principle being that the observing practitioner(s) is/are there to assist the primary practitioner, to observe the “language-game” being played by the client, to prevent the primary practitioner unwittingly joining the client in playing this game (thus, accepting their tacit assumptions relating to their problem), and to assist in the design of the intervention. In such cases, practitioners may wish to set some “ground-rules” on how they are going to communicate with each other, and how often they are going to break to discuss pertinent issues.

Consultancy breaks may offer sport psychologists, working in a traditional one-to-one manner or as a consultancy team, an invaluable opportunity to obtain personal or external reassurance, gain their composure, and gather their thoughts during a consultation. These breaks may range in time-length, and can be taken at any point that the practitioner feels suitable. Practitioners should make the client aware as to why they are taking a break, and perhaps ask them to reflect on what has been said so far in the session. Whether working alone or as a team, these consultancy breaks provide the practitioner with allocated “thinking time”; giving them the opportunity for more in-depth reflections on the information gathered from the client and thus better decision-making regarding any intervention or future line of questioning.

### **Conclusions**

The purpose of the present article was to introduce the concept of consultancy teams to a sport psychology readership, and to present an overview of initial applications and findings of this approach in applied settings. In so doing, we hoped to engage, challenge, and involve readers in this novel approach, intending to provoke thought, debate, and discussion around this method in applied practice. Whilst the notion and application of consultancy teams in therapeutic settings has been around for many years (e.g., Weakland et al., 1974), they have yet to be explored within our discipline. Here, we presented a contemporary modification of consultancy team methods, utilizing technology such as the iPsych system, in an applied sport psychology setting. It is hoped that this article will provoke interest among sport psychologists in this way of consulting, and perhaps direct thought towards other novel ways of delivering interventions. Additionally, it may allow the readership to question some of the assumptions and “language games” that remain tacit when we think of the practice of sport psychology.

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Table 1. Practitioner and client related “tags” that are built into the iPsych software.

<b>Practitioner “tag”</b>	<b>Client “tag”</b>	<b>Description</b>
<i>“Searching for Exceptions”</i>	<i>“Exceptions to Problem”</i>	Client recalls a time when their current problem does not occur or practitioner uses exception related questions (e.g., when is this not a problem?”; de Shazer, 1985; 1988)
<i>“Search for Desired State”</i>	<i>“Desired State”</i>	Client reveals information regarding a problem-free future or practitioner questions related to the client’s problem-free future to look like (e.g., the “miracle” question; de Shazer, 1985; 1988)
<i>“Search for Video Description”</i>	<i>“Video Description”</i>	Client describes their problem or an event at a behavioral level or practitioner questions related to acquiring behavioral level descriptions (O’Hanlon & Wilk, 1987)
<i>“‘Re-label’ of problem”</i>	-	Practitioner re-defines the client’s problem
<i>“Utilization of Strength”</i>	<i>“Statement of Strength”</i>	Client recalls an existing strength, skill, or resource or practitioner incorporates these existing strengths or resources into an intervention (Bobebe et al., 2008)
-	<i>“Attempted Solution”</i>	Client recalls a previous attempt to solve their current problem (Watzlawick et al., 1974)
-	<i>“Metaphor”</i>	Client uses a metaphor to describe an event
-	<i>“Constraint”</i>	Client recalls a factor that prevents their problem being solved



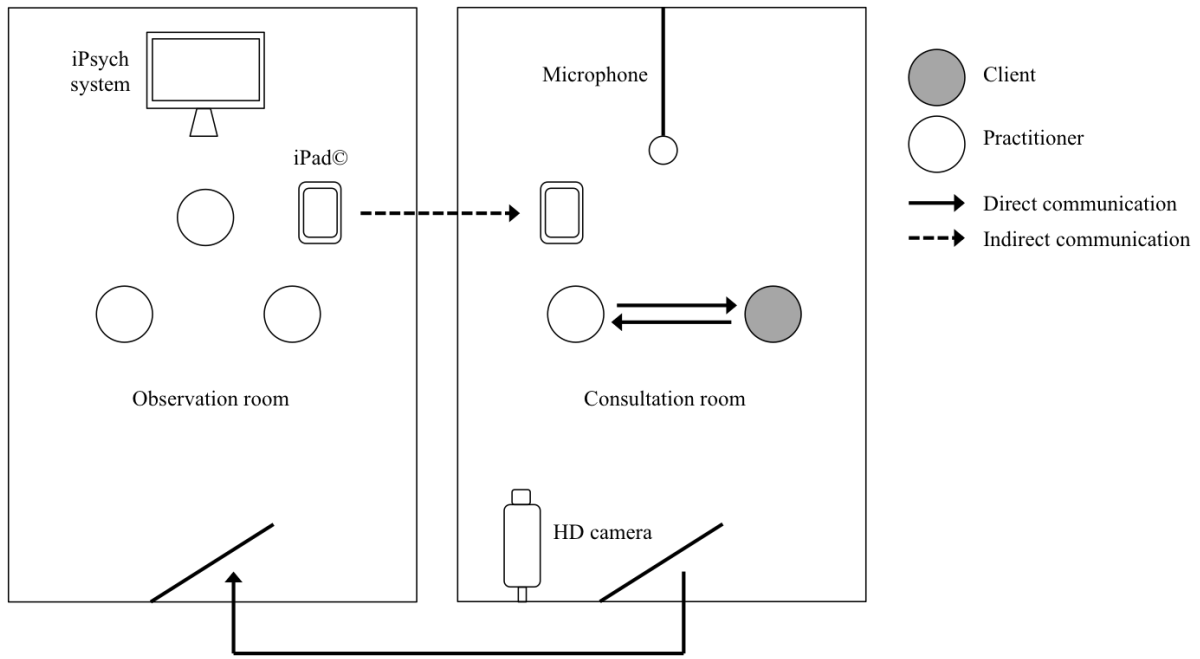


Figure 1. A diagram to represent the way the two rooms are set up during a team consultancy and the communication methods between the observation team and the primary practitioner.

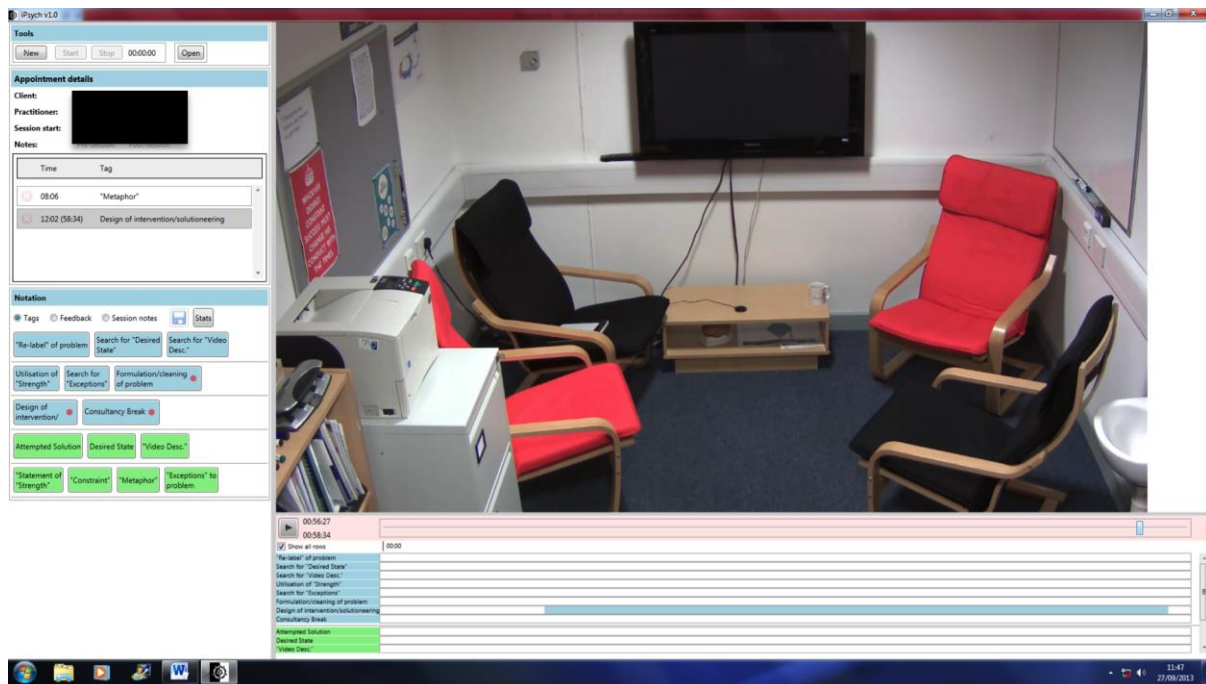


Figure 2. A screenshot of the iPsych software.