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A Life-Span Approach to Understanding and Managing Choking With a Youth Athlete

Citation for published version:

Moffat, ZL, McCarthy, PJ, Burns, L & McCann, B 2023, 'A Life-Span Approach to Understanding and Managing Choking With a Youth Athlete', *The Sport Psychologist*, vol. 37, no. 1, pp. 69–77.
<https://doi.org/10.1123/tsp.2022-0103>

Digital Object Identifier (DOI):

[10.1123/tsp.2022-0103](https://doi.org/10.1123/tsp.2022-0103)

Link:

[Link to publication record in Heriot-Watt Research Portal](#)

Document Version:

Peer reviewed version

Published In:

The Sport Psychologist

Publisher Rights Statement:

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<https://doi.org/10.1123/tsp.2022-0103>
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A lifespan approach to understanding and managing choking with a youth athlete

Abstract

Lifespan perspectives illustrate the critical features of development that clients' experience; however, little evidence exists to illustrate how to integrate these approaches or use them in sport and exercise contexts. Attending to a clients' developmental stage is a critical component of ethical and effective professional practice. We present an account of how we considered, selected, or dismissed components of lifespan perspectives throughout the stages of service delivery with James, a youth sport athlete presenting with 'choking' difficulties. The lifespan approach offered a context to understand James' presenting difficulty, decide about the appropriateness and applicability of intervention and acknowledged bias and experience of the psychologist.

Keywords: Lifespan, Athlete Development, Sport Psychology, Referral, Assessment

1 In psychotherapeutic environments, a primary focus is often on a clients presenting difficulty,
2 asking ‘what is happening now?’. For practice to be effective though, sport psychologists may ask
3 questions such as ‘how did this client get to this point? What processes are occurring developmentally?
4 And what might the next steps be?’. The pertinence of such developmental questions is often
5 understated or overlooked (McCarthy et al., 2010). Two athletes may enter a sport psychologists office
6 with the same presenting difficulty – managing anxiety; however, differences in these athletes age and
7 developmental stage will inform the psychological processes shaping this presentation and highlight
8 avenues of action (Vissek et al., 2013). When working with clients’, sport psychologists may then
9 consider lifespan models that offer an account of the interplay between biological, environmental and/or
10 psychological forces and their influence on development (Wiese-Bjornstal et al., 2009).

11 Lifespan perspectives originated in developmental psychology and assume development is a
12 lifelong process comprising growth and loss embedded in multiple contexts (Whaley, 2007). Prominent
13 theories of lifespan development include Erikson’s (1963) psychosocial development theory, which
14 evaluates change through a series of tensions that arise during eight developmental stages from infancy
15 to late adulthood, and Piaget’s (1961) theory of cognitive development, a four-stage model focusing on
16 the acquisition and nature of knowledge across the lifespan (Crain, 2016). Traditional developmental
17 approaches are useful considerations in sporting contexts because intuitively athletes are people first
18 (Wylleman et al., 2013) but applied practitioners have acknowledged that these perspectives do not
19 fully account for the nuances or complexities of sporting contexts (Henriksen et al., 2010).

20 Researchers often approach sport-driven developmental models from a career development
21 (e.g., talent identification) or career transition (e.g., into elite sport) perspective (Schinke et al., 2018).
22 These models acknowledge sport as a microcosm, with athletes’ careers warranting or representing a
23 miniature lifespan course (Stambulove et al., 2020). The developmental model of sport participation
24 (DMSP; Cote et al., 2007) for example, presents a framework for participation trajectories (e.g.,
25 recreational vs. elite) or the athletic career transition model (Stambulove, 2003) which considers key
26 transitions in athletes’ journeys (e.g., junior-senior athlete). Although these models advance our
27 understanding of the developmental features that influence an athletes’ sporting journey, these models

28 cannot account for personal development, which influences wellbeing and performance (Cote et al.,
29 2008).

30 To ease these concerns, Wylleman and Lavallee (2004) developed the holistic athletic career
31 lifespan development model offering a comprehensive framework capturing traditional developmental
32 and sport-based models. The holistic model proposes four concurrent levels of lifespan development:
33 (a) athletic, which reflects athletes transitions through investment and skill development levels, (b)
34 psychological, which amalgamates different development frameworks (e.g., Erikson, 1963) to consider
35 cognitive and psychological changes across the lifespan, (c) psychosocial, which considers the influence
36 of socialisation (e.g., cultural competence and identity) and changes to the prioritisation of social
37 sources and (d) academic/vocational, representing individual pursuits outside of sport (e.g., education;
38 Wylleman & Lavallee, 2004; Wylleman, 2019). Developmental outcomes and processes are the product
39 of constant interactions between these nested systems (Wylleman et al., 2004).

40 Despite the extensive literature explaining and highlighting the importance of developmental
41 perspectives, little research exists highlighting how sport psychologists may integrate them in their
42 practice. Indeed, bridging theory-to-practice is a common challenge cited in applied sport psychology
43 (Keegan et al., 2017). The present paper seeks to fill this professional practice gap, critically exploring
44 theories of development and how they percolate throughout sport and exercise psychologists practice,
45 through the case of James. Case studies are significant contributors to the enhancement of evidence-
46 based practice (Edwards et al., 2004). It is hoped that James' case will provide readers an opportunity
47 to contextualise the use of lifespan perspectives and how they may integrate them within their own
48 practice. To provide an understanding of James' context, we begin with an overview of the case. Next,
49 we discuss how we integrate and apply lifespan perspectives throughout the consultancy process,
50 providing insight into how practitioners may integrate lifespan theories. No singular lifespan approach
51 has been adopted – instead instances where lifespan approaches can be incorporated and how, are
52 indicated and advocated. We achieve these aims using a reflective personal writing style. Reflective
53 writing styles facilitate author and reader development, providing nuanced spaces for criticality,

54 contextual information for understanding, and an increased capacity for immersion and relatability
55 (Banyard, 200; Barry & O'Callaghan, 2008; Lazard & McAvoy, 2017).

56 **Assessment Information (Referral and Context)**

57 James (17) engaged in psychological support from March-July (2020). Due to relocating
58 (university) and associated demands, sessions were indefinitely suspended. Session content had touched
59 on choking before exploring confidence and wellbeing. Following competitive experiences in
60 December 2020, James self-referred for further focused support regarding 'choking'. Self-referral was
61 based on the lead authors role as a trainee sport and exercise psychologist at a tennis organisation. The
62 lead author conducted the assessment process at the tennis organisation in a quiet space conducive to
63 psychological services while adhering to social distancing guidelines (Sanders & Lehmann, 2019). The
64 assessment phase sought to re-establish client expectations, develop an understanding of presenting
65 difficulties, explore underlying psychological processes, and shape an intervention plan. As James was
66 re-engaging in psychological serves, informed consent was re-established (Blese et al., 2020). This
67 process covered topics including anonymity, limits of confidentiality, and service provision. James was
68 deemed 'Gillick competent' (i.e., held the appropriate intelligence, competence and understanding to
69 consent to his own treatment) so parental consent was not obtained (BPS, 2018).

70 **Professional Philosophy/Lead Author Background**

71 At the time of the intervention, the lead author was a final year sport and exercise psychology
72 trainee on a British professional doctorate programme. Practice was underpinned primarily by both
73 person-centred and cognitive-behavioural therapy with the intent of helping clients develop: a)
74 performance, b) psychological wellbeing and/or, c) psychosocial development. These perspectives were
75 shaped by a combination of training (e.g., taught components and supervision), applied (e.g., work with
76 clients/organisations) and personal (e.g., experiences working with sport psychologists as an athlete)
77 experiences. The lead author was being supervised by the second-author supervising from a base of
78 person-centred and cognitive-behaviour therapy with an emphasis on the supervisee acquiring
79 competence by learning from experience. This experience coalesces from four learning modes:

80 reflection, conceptualisation, planning, and concrete experience; and fits within the seven key tasks of
81 supervision: crafting a learning relationship, teaching, counselling, evaluation, consulting, monitoring
82 administrative features, and monitoring professional and ethical issues (Carroll, 1996).

83 **Presenting Difficulties**

84 Presenting difficulties centred on the concept of ‘choking’ following a critical incident in which
85 James had eight match-points and lost. While acknowledging debate around conceptualisation (see
86 Mesagno & Hill, 2013) choking is an acute and significant decrease in skill execution, below
87 achievable, self-expected standards, because of increased pressure and anxiety (Gröpel & Mesagno,
88 2019). Discussions indicated that on seven of the match-points, James perceived himself to have made
89 unforced/uncharacteristic errors with first serve percentage dropping significantly (64% for the match,
90 0% on match-points). James referred to himself as a ‘serial choker’ perceiving that he ‘always loses
91 from winning positions (e.g., 40-15)’ suggesting this was a historical issue. Having ‘choked’ repeatedly,
92 James reported now experiencing a lack of confidence in his ability to close out matches.

93 **Assessment Method**

94 Using multiple assessment methods mitigates cognitive biases, builds comprehensive
95 perspectives of presenting difficulties, and enhances intervention efficacy (Taylor, 2017). Having a
96 robust assessment process also increases assessment accuracy and acts as a marker for intervention
97 efficacy. Therefore, data was collected using:

98 ***Self-Report/Discussion:*** Discussions suggested James choked in matches perceived of high importance
99 because of outcome (e.g., ranking gains) or social expectations (e.g., social comparison; ‘big’ win). In
100 these moments James reported feeling anxious, unable to execute and ‘frozen’. James indicated high
101 investment in psychological support with work considered being of high priority to his development
102 (9/10). Ensuring that James; experience was captured in the assessment phase was critical to ensuring
103 he felt heard and understood, but also that a meaningful intervention could be developed.

104 ***Observation:*** Historical match-charts and video footage (Jan-Nov’20) were integrated in session two
105 on James’ request to evidence his perceptions. Collaborative analysis highlighted significant decreases

106 in skill execution (e.g., serve percentage, forehand error rate), changes in playing style (e.g.,
107 uncharacteristically defensive or aggressive) and behaviour (e.g., rushing between points) when in a
108 ‘significant’ winning position. This evidence endorsed James’ self-report. Data collection allowed for
109 a more objective assessment of intervention efficacy with observation considered a critical feature of
110 applied psychology practice.¹

111 **Psychometrics:** The lead author selected the Competitive State Anxiety Inventory-2 (CSAI-2; Martens
112 et al., 1990) as an appropriate measure, but interpreted the results cautiously consistent with best
113 practice recommendations for psychometric use (e.g., Collins & Cruikshank, 2017). This was
114 exacerbated as while the CSAI-2 is used extensively in choking literature, it does not explicitly measure
115 choking, but anxiety considering to precipitate choking. The CSAI-2 provided another objective data
116 marker and the opportunity to check if James’ conceptualisation of his presenting difficulties aligned
117 with theoretical perceptions of the construct. To increase the validity of results, the CSAI-2 was
118 completed prior to a competitive performance in which James perceived himself to be ‘under pressure.’
119 Responses are scored on a scale of 9-32 for each subscale. Results indicated high cognitive (28/32) and
120 somatic anxiety (25/32), alongside moderate self-confidence (17/32), aligning with previous laboratory-
121 based choking literature (e.g., Mesagno et al., 2008; Mesagno et al., 2009; Oudejans & Pijpers, 2010).
122 Weighted with other assessment information a conceptualisation of choking was endorsed.

123 **Relevant Background Information**

124 James had recently experienced a major lifestyle change, moving to university (living
125 independently) and changing education status (secondary to higher education). He reported
126 improvements in his general wellbeing, which he attributed to increased autonomy and a newly
127 developed social circle (Deci & Ryan, 2013). Having preciously struggled socially, he inferred a
128 perceived pressure to maintain his new status. Coming from a high socio-economic status background,
129 success in academic and athletic pursuits were perceived to correlate with social status (Shakib et al.,
130 2011). As the elder of two siblings, his parents considered him the ‘academic’ while his younger sibling

¹ Changes to Covid-19 regulations eliminated the possibility of new observations as competitions were cancelled

131 was the 'athlete'. He wished to shift this perception. This desire appeared to cause some internal conflict
132 because one of James' coping mechanisms was emphasising academic success and downplaying the
133 importance of sporting success. On a sport performance front, he had experienced a rapid increase in
134 sport-specific skill-development that did not correspond with psychological skill development, resulting
135 in limited practical coping strategies. In a protective mechanism, James had concealed/been selective
136 with discussions about competitive performances with significant others (e.g., family), however, it was
137 associated with feelings of shame and so not serving a protective function (Ryall, 2019).

138 The lead author identified a positive, functional therapeutic relationship between James and
139 themselves. The relationship re-emerged effortless and with fluidity, which reflected the strength of the
140 previous therapeutic relationship characterised by unconditional positive regard (Rogers, 1957). The
141 lead author was conscious of her own level of discomfort/regret that James had presented the issue in
142 previous therapeutic work, however; it has been side-lined because of other presenting difficulties
143 perceived (by both parties) to be of greater importance.

144 **Client Conceptualisation and Working Formulation**

145 James' sessions were re-instated using cognitive behavioural therapy (CBT). CBT asserts that
146 a reciprocal relationship exists between one's cognitions, emotions, and behaviours. Drawing on
147 learning theory, individuals can learn to identify, assess and adapt cognitions and behaviours. Such
148 adaptations are fundamental to therapeutic outcomes of change (McArdle & Moore, 2012). A tentative
149 working formulation was created, integrating these components with James' original formulation using
150 Wills and Sanders (2013) protocol.

151 Psychological distress (choking) is a consequence of an extremely high desire for success
152 exacerbated by a desire for social validation which was a product of James' developmental stage (e.g.,
153 peer rejection), personal characteristics (e.g., perfectionistic tendencies) and contextual factors (e.g.,
154 relevant background history). Automatic thoughts around the importance of situations (e.g.,
155 break/match point) and negative automatic thoughts about his capability incited feelings of anxiety and
156 fear. Emotional responses then impeded behaviour through skill execution and performance outcome

157 (Hill et al., 2010). Experienced compounded beliefs of ‘I always choke’, leading to a self-fulfilling
158 prophecy type effect (Merton, 1948).

159 **Intervention Plan**

160 The formulation supported conceptualisations of choking, leading the client and lead author to
161 choose a choking intervention (Mesagno & Beckmann, 2017). A recent systematic review identified
162 the most effective choking-based interventions used pre-performance routines, left-hand contractions,
163 acclimatisation or quiet-eye (Gröpel & Mesagno, 2019). James and the lead author discussed these
164 options to identify any preference, with James choosing acclimatisation, believing he would be most
165 engaged in this approach. Acclimatisation was perhaps not the optimal intervention considering the
166 mechanism of choking (Gröpel & Mesagno, 2019), however providing James’ autonomy was
167 considered more congruent with the theoretical perspective adopted and James’ current developmental
168 status. In addition, research highlights the value of client engagement, above intervention content in
169 therapeutic progress. A six-session plan was agreed upon; a period deemed sufficient for the work,
170 practically manageable and consistent with the therapeutic modality (Sheldon, 2011). An intervention
171 plan was developed by the authors, guided by the formulation and relevant literature (e.g., Oudejans &
172 Pijpers, 2009, 2010).

173 <Place Table 1 About Here >

174 In brief, the intervention comprised of six-sessions (two off-court, four on-court) development
175 based on professional judgement and adaptations to previous literature (e.g., Mesagno et al., 2011;
176 Oudejans & Pijpers, 2010). To assess change in psychological processes at a cognitive level the CSAI-
177 2 was completed. Performance (i.e., real world) changes were assessed by measuring
178 differences/improvements to first serve percentage and points won during competitive performances.
179 To monitor adaptation check-ins with James occurred regularly. This ensured the level of load could be
180 increased/reduced (i.e., intensity of pressure) as appropriate. An end of intervention evaluation was also
181 conducted to consider needs for another acclimatisation phase or the use of different/additional
182 intervention strategies.

183 **Intervention Outcomes**

184 Following the intervention all assessment measures were repeated. To maintain methodological
185 consistency, the CSAI-2 was completed immediately prior to practice matches of perceived
186 significance. James' CSAI-2 scores illustrated a slight decrease in somatic (18/32) and cognitive (24/32)
187 anxiety with an increase in self-confidence (20/32). These changes align reasonably with previous
188 literature highlighting the degree of change required in anxiety to mitigate an athlete's susceptibility to
189 choking (Mesagno et al., 2008; Mesagno et al., 2009). James' reflections suggested that while still
190 experiencing a degree of anxiety, it now felt manageable and that he was equipped to be able to cope
191 more effectively. Statistical analysis suggested that James' success rate in 'big-point' moments (e.g.,
192 break-point opportunities) increased to 52% across a short series of practice matches (4 matches).

193 **Viewing James Through A Lifespan Lens**

194 To begin incorporating a lifespan perspective, it was important to situate James' position within
195 a lifespan model. This process provided insight into anticipated developmental changes and transitions.
196 Developmental changes are estimated using an age-based approach (Boyd & Bee, 2015). Although a
197 beneficial guiding point, development occurs at an individuals idiosyncratic speed, raising cause of
198 caution (Bejer et al., 2019). The lead author perceived this requirement for caution to be exacerbated
199 by the Covid-19 climate. Lifespan approaches only account for normative changes – definite,
200 predictable changes in individuals (e.g., puberty) often for simplicity (Wylleman et al., 2013). However,
201 due to Covid-19 developmental transitions may have stalled or been sped up based on context. In
202 addition, James is likely to have experienced a series of non-normative changes (important, yet
203 involuntary and unpredictable events e.g., injury) and non-events (anticipated events that do not occur
204 e.g., prom) that may influence practice (Schlossberg, 1984). Care was therefore taken to assess James'
205 *actual* positioning (e.g., 'ahead' vs 'behind') to understand presenting difficulties at an individual level.

206 Socratic questioning, personal reflections (from James and the lead author) and relevant
207 literature were used to facilitate this process. At an athletic level, James had jumped from the beginning
208 to middle of the developmental stage in approximately six months, a process suggested to typically

209 occur over six years (Wylleman et al., 2004). James appeared to be transitioning simultaneously on a
210 psychological level from adolescence to early adulthood and on an academic level, into higher
211 education. Meanwhile on a psychosocial front he presented earlier on the developmental trajectory, with
212 his focus on social cues predominantly on peers. A few points caught our attention. There appeared to
213 be high variability in James' positioning within different developmental areas (see figure 1), with
214 resultant tensions suggested to be associated with psychological distress (Wylleman et al., 2004). James
215 appeared to be in transitions between two, if not three of the models' levels. Transitions are stressful
216 and demanding periods with personal resources being a determinant of success (Holt et al., 2005).
217 Experiencing this pressure on multiple levels was likely to challenge James' resources. Finally, he
218 presented as least developed on a psychosocial level. The lead author considered that any consequences
219 of this tentatively delayed development may be magnified because he had spent seven out of 11 weeks
220 at university in Covid-19 mandated isolation with peers a concern considering James' previous history.
221 In pondering these reflections, the lead author sought to consider how James' developmental stage may
222 manifest in his presenting difficulties.

223 <Insert Figure 1 About Here>

224 **Linking Lifespan Stage with Presenting Difficulties**

225 Understanding how a clients developmental stage links with presenting difficulties can increase
226 the accuracy of target interventions, provide greater understanding of client experience and highlight
227 predisposing factors. Choking in sport is strongly associated with feelings of anxiety (Mesagno et al.,
228 2011). Sport could, therefore, act as a space for James to release anxiety (that typically accompanies
229 development) or, act as an amplifier for his emotional state resulting in choking (Senecal & Whitehead,
230 2018). Transition through adolescence/early adulthood accompanies the development of new
231 capabilities, coping mechanisms, and social priorities (Whaley, 2007). Changes in brain structure result
232 in adolescents having increased susceptibility to peer rejection, with the experience linked to an array
233 of adverse biological, cognitive and behavioural consequences (Janssens et al., 2017). The anxiety
234 driving James' choking could therefore be a consequence of a developmental need to impress social
235 peers. During the development phase originally proposed in Bloom's (1985) talent development model

236 (utilised by Wylleman et al., 2004), athletes gradually develop psychological skills and coping strategies
237 to manage increased demands, often framed as positive youth development. James' choking perhaps
238 then resulted from a deficit in contextually relevant coping mechanisms because of the speed with which
239 he navigated this stage, as opposed to coping mechanisms more broadly. While useful to consider
240 James' choking within a broader developmental context, we acknowledge the experience may well be
241 occurring in-silo (Hill & Hemmings, 2015).

242 **Integrating Background Information and Lifespan History**

243 To understand James' present context, the authors considered his previous development, asking
244 'what is your story?' (Stambulova, 2017). Aspects of a range of developmental theories could be
245 informative for sport psychologists and related practitioners practice (see Boyd & Bee, 2015). Two
246 elements of developmental history though stand out as key issues for sport practitioners to consider; the
247 influence and development of sport participation through childhood, and the evolving nature of
248 relational systems (Chan et al., 2012).

249 Schema and personal beliefs around the value and function of sport develop during childhood
250 (McCarthy & Jones, 2010). James discussed showing 'potential' in several sports during childhood,
251 only recently having the resource to invest fully in his tennis. An appropriate perspective to frame this
252 experience is the DMSP (Cote et al., 2007). The sampling years (age 7-12) typically involve individuals
253 participating in a variety of sports, combining deliberate play, structured play and deliberate practice to
254 maximising enjoyment (Cote et al., 2020). At age 13, individuals typically choose to continue sampling
255 (into recreational sport), or transition into specialisation years, where individuals increase investment
256 and deliberate practice to promote performance (Cote et al., 2007). In some sports (tennis included)
257 however, early specialisation occurs, where this process happens at age six or seven (Brouwers et al.,
258 2012). This process highlights a uniqueness in James' sporting development and may account for him
259 anecdotally showing and expressing more enjoyment than his peers, but a lack of resources to manage
260 demands. Understanding the sampling-specialisation process is a critical issue for sport and exercise
261 psychologists, with experiences of specialisation during childhood linked to several client presentations

262 including athletic identity, burnout and motivation (Cote et al., 2020). These considerations are
263 increasingly relevant considering the socialisation that occurs in (youth) sport.

264 One pivotal relationship in an individual's development is the relationship with their parents
265 (Nollet et al., 2013). The expectancy-value model (Fredricks & Eccles, 2004) which considers parents
266 general and child-specific beliefs, expectancies and values, aligns closely with lifespan frameworks.
267 Throughout childhood and adolescence, parents' interpretations of events (e.g., winning a match) result
268 in children internalising parental values and expectations. James described his relationship with his
269 parents positively, yet stated he felt a lot of pressure to perform, indicating that while broadly functional,
270 his relationship with his parents may be contributing towards his choking. James often discussed the
271 importance of maintaining 'status' and academic success being instilled by his parents, which led to his
272 feeling little autonomy in the university selection process. Much of this internalisation will probably
273 have occurred during early childhood, meaning that while the consequences were clear to James in his
274 presentation, he had little recollection of the process by which this happened (Erikson, 1963). The
275 value of social status in relationships appeared to transfer to his peers during adolescence, a common
276 developmental transition (Ragelienė, 2016) however, to achieve acceptance, he often publicly tolerated
277 behaviours from peers (e.g., bullying) that were detrimental to his self-esteem and confidence (Beenstra
278 et al., 2010). Tentatively, this could be considered to re-enforce a self-concept of failure, which, when
279 presented with an opportunity to challenge the belief in sport, may have led to anxiety and choking (Hill
280 et al., 2010; Hill et al., 2017). In selecting an intervention, it was considered important to provide James'
281 and opportunity to challenge this assumption, in environments that were free from peer judgement, a
282 heavy developmental weight for James. James' sporting path meant he did not perceive any significant
283 relationships with coaches during childhood. But, some elite athletes will spend more time with their
284 coaches than parents during childhood, rendering this a key issue for sport practitioners more broadly
285 (Bergmann-Drewe, 2002).

286 Although important to understand James' development trajectory and lifespan history,
287 consequential assumptions can be presumptive and may not fully account for individuation (Wylleman
288 & Reints, 2010). All associations/reflections on James' previous development are thus tentative and

289 flexible, particularly where links have not been explicitly discussed by James. This, is often a feature
290 of sports practitioners practice, where practitioners are tasked with using a range of sources to build a
291 picture with which to base interventions and practice. The lead author reflects that exploring lifespan
292 history, and consequences, can be quite sobering. This is prominent if the client has had adverse
293 childhood experiences (e.g., James' bullying) with empirical literature often offering a poor prognosis
294 (Wolke & Lereva, 2015). This criticism is reflected in recent literature on developmental models or
295 markers of lifespan history in clinical settings (e.g., ACES; Kelly-Irving & Delpierre, 2019). In addition,
296 this perspective may contradict the professional assumption that people are capable of change and a
297 positive future. In that regard, while it is important to hold an awareness of James' developmental
298 history in continuing work; it is not a fixed perspective from which to practice. In that, while embracing
299 developmental markers and associated literature can be critical to effective practice, practitioners should
300 hold flexibility to diverge away from their grounding when meeting the best interests of the client. This
301 broadly, may be a key issue for sport and exercise psychologists – considering how much weight to
302 place on developmental markers in various parts of the consultancy process and where to acknowledge
303 them with the client (Stambulova et al., 2009).

304 **Encompassing Lifespan in Intervention Development and the Therapeutic Relationship**

305 Intervention development and implementation is the phase of the consultancy process in which
306 the authors perceive considering lifespan perspectives to be the most pertinent, at least in terms of direct
307 influence. Developmental considerations (e.g., choice of intervention, use of language) should be
308 continually etched in therapeutic decisions, with practitioners tailoring content to the clients' cognitive
309 and developmental stage (Kipp, 2018). For James, these considerations were guided by a combination
310 of professional experience and relevant literature (e.g., Henriksen et al., 2019; Visek et al., 2013). First,
311 James was presented with various intervention options. Literature suggested that several intervention
312 routes applied to choking. Presenting options openly to James provided autonomy and understanding,
313 likely to enhance motivation and adherence. The opportunity to provide instrumental contributions to
314 decisions promotes healthy autonomy development in adolescence (Fulgini, 2019). This was considered
315 particularly important as James had described having limited autonomy historically, attached to his

316 parents expectancy-values (Costa et al., 2016). The provision of autonomy may be a key issue for sport
317 practitioners, with autonomy, explored in relation to social determination theory (Deci & Ryan, 2002)
318 linked to various positive sport-focused outcomes and the development of functional therapeutic
319 relationships.

320 The therapeutic relationship is a critical determinant of a sport practitioners practice (Sharp et
321 al., 2015). The lead author endeavours for their practice to be underpinned by Rogers (1957) core
322 conditions, in particular unconditional positive regard. Development may influence the way athletes
323 perceive these conditions or how they may be demonstrated (Schipper & Permann, 2013). James and
324 the lead author appeared to have a strong therapeutic relationship in which both parties presented
325 openly. It was important in the early stages of work to address potential power-imbalances due to age
326 or position (Cook & Monk, 2020). Approval seeking behaviours are common among
327 children/adolescents (Visek et al., 2013). It was important therefore to take care of establishing trust,
328 building rapport and providing space. Previous autonomy-supportive behaviours can facilitate this
329 process, alongside taking care and attention to ensure James' subjective experiencing was valued
330 (Rogers, 1957). If working with younger children however, this may need to take place in a more
331 structured or concrete fashion based on levels of abstract and relational thinking for example
332 (DiGiuseppe et al., 1996).

333 **Considerations for Practitioners**

334 Lifespan frameworks can be used to pre-empt, prepare and adapt for upcoming developmental
335 changes (Wylleman & Reints, 2010). James is completing most transitions into adulthood. Upon
336 reaching adulthood, many developmental markers remain consistent until older-adulthood/old-age
337 (Whaley, 2007). All developmental periods are associated with loss (Boyd & Bee, 2015); however, loss,
338 for example, loss of identity or cognitive function, is more consciously recognised during this period
339 (Heckhausen et al., 2019). Considering James' age it is highly unlikely work with James will be
340 continuing when he reaches this point. As part of a long-standing longitudinal study, Waldinger et al.
341 (2015) observed that experiencing fulfilling relationships helped reduce loss-related challenges and
342 promote psychological wellbeing. This highlights a potential avenue for future consideration with

343 James – the development of healthy, functional relationships. The volatility of sporting contexts means
344 sport and exercise psychologists may rarely work with individuals in that *life* transition. Despite this,
345 the transition into old-age remains a key issue for sport and exercise psychologists, in relation to
346 athletes' athletic careers (Menke & Germany, 2019).

347 To contextualise this point, we interject with an example from the lead author. On enrolled in
348 the university doctoral programme, the lead authors athletic career was abruptly ended, with
349 participation decreasing from approximately four hours per day, to being lucky if it were four hours per
350 week. Literature suggests the transition into old-age is associated with feelings of loss, challenges to
351 identity and reduced perceived value (Boyd & Bee, 2015). Having identified as a 'tennis player' for
352 most of my life, questions around what this meant for my identity were rife. Older adults can typically
353 moderate this response based on factors, including life experience and life satisfaction (Baird et al.,
354 2010). However, in the lead authors experience, and perhaps for athletes more broadly, far fewer
355 experiences or coping mechanisms may be available to draw upon. It is important to acknowledge that
356 the lead authors transition was though a) chosen, and b) based on a progressive move, factors suggested
357 to mitigate the disruption associated with this transition (Cosh et al., 2013). Contrastingly, many athletes
358 do not get to choose the end of their athletic career (e.g., deselection) and/or do not have other vocational
359 activities to immerse themselves in (Knight et al., 2016). This is a key issue for sport and exercise
360 psychologists and may explain the emergence and endorsement of dual-career pathways (Li & Sum,
361 2017). In addition, considering the potential adverse psychologist impact of athletic career termination,
362 sport and exercise psychologists may consider preparing those that they work with for this transition
363 where that is a possibility. Understanding one's own positioning enables practitioners to consider the
364 effect this may have on their practice and how they interact with clients.

365 **Concluding Reflections**

366 The role of lifespan perspectives in sport and exercise psychologists' practice is undeniable.
367 Acting as an organising framework, lifespan perspectives offer the opportunity to systematically
368 consider components of a clients' presenting difficulties and the varying mechanisms that may underpin
369 or sustaining them (Stambulova et al., 2020; Wylleman, 2019). Holding a comprehensive understanding

370 of relevant models allows practitioners to tailor practice, increasing client engagement, enjoyment and
371 efficacy (Henriksen et al., 2019). Further, practitioners may then be afforded the insight and opportunity
372 to promote psychological development that prepares clients for upcoming developmental transitions,
373 instead of being reactive when these transitions occur (Danish et al., 1993). In adopting lifespan
374 approaches, and indeed sharing them with the client, clients may become increasingly aware of,
375 prepared for and accepting of upcoming transitions and developmental stages. Client's too may also use
376 this as a processing tool with which to make sense of their presenting difficulties. In receiving greater
377 ownership over their personal history and current states, client's may feel more control and power in
378 the assessment process and to therapeutic relationship. However, the use of lifespan perspectives does
379 not come without complexities.

380 On an applicability note, one challenge I faced writing this piece is trying to first select and
381 second integrate a range of a developmental model that often provides a differing, if not competing,
382 understanding of development (Boyd & Bee, 2015). Theories exploring how most psychological
383 constructs evolve across the lifespan now exist, with practitioners required to ensure the complexity of
384 these elements of development are captured, while maintaining simplicity in their practice (e.g., the
385 intervention; Smith, 2014). From an individual professional standpoint perspective, this expansive
386 range of frameworks can make exploring development appear somewhat disjointed and clunky. It may
387 therefore be of benefit to consider what the primary developmental features are in relation to the client
388 that a sport and exercise psychologist is working with (Cote et al., 2008). A limiting factor of all
389 psychological theories and frameworks is just that, they are theories, created to be generalisable and
390 applicable, neglecting individualisation (Wylleman et al., 2004). Practitioners should exercise caution
391 over being presumptive about a clients' developmental history, present or future, endeavouring to take
392 client presentations at face value (Sharp et al., 2015). I believe this importance is further emphasised
393 when accounting for my previously articulated concerns around the prediction or assumption of an
394 individual's future based on developmental markers. While these challenges are evident, it is perceived
395 that the incorporation of lifespan approaches is both positive and necessary for applied practitioners.
396 Most British psychology undergraduate programmes provide an overview of lifespan perspectives.

397 However, despite their potential importance in all applied practice they may not be something all those
398 operating in sport are familiar with. Those without such a background may be encouraged to become
399 familiar with basic developmental markers in both a sporting (e.g., sport transition) and personal (e.g.,
400 developmental points) contexts to provide awareness around different clients presentations.

401 In summary, the use of lifespan perspectives can help practitioners in a magnitude of ways.
402 These include 1) providing additional context of a clients' current presenting difficulty, 2) highlighting
403 practical considerations for the appropriateness and applicability of interventions and 3) enabling the
404 consideration of psychologist bias and experience. Psychologists may choose to select a lifespan
405 perspective and integrate key tenets in existing assessment, formulation, intervention and evaluation
406 processes. Overall, the relevance and importance of lifespan perspectives is grounded in the value held
407 to the person in front of us.

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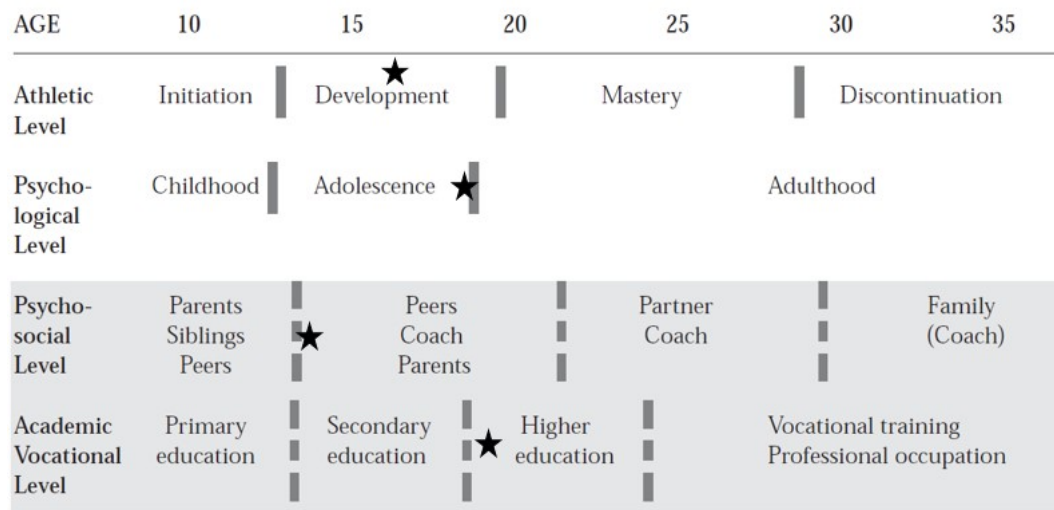
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Table 1. Intervention Plan Developed Using Previous Literature (e.g., Mesagno et al., 2011; Oudejans & Pijpers, 2010).

Phase	Core Details
Assessment	Completed CSAI-2. Data tracking from competitive performances.
Session 1	Psychoeducation: Exploration of negative automatic thoughts under pressure. Discussion around situations that may induce pressure outside competitive experiences (off-court).
Session 2	Low Pressure Familiarisation Phase 1: (on-court)
Session 3	Low Pressure Familiarisation Phase 2: (on-court)
Session 4	High Pressure Phase: (on-court)
Session 5	Exploration of Cognitive Processes and Skills: (off-court)
Session 6	Evaluation and Performance Measurement: (on-court)
Evaluation	Change in psychological processes at a cognitive level to be assessed by completion of the CSAI-2. Performance (i.e., real world) changes assessed by measuring changes to first serve percentage and points won percentage during competitive performances. Particularly from winning positions. Consider need for another acclimatisation phase/use of different interventions dependent on James' perceived success.
*Check-In's	Check-ins to be completed through the process to increase/reduce load as appropriate.

Figure 1. A visual representation of James' perceived positioning in developmental stages (adapted from Wylleman & Lavallee, 2004).



Note: A dotted line indicated that the age at which the transition occurs is an approximation. A black star indicates James' location in the developmental stages.