Experiencing the "unpredictable inevitables": Creating opportunities on a taught master's programme for structured 1-to-1 physical activity behaviour change support for adolescent girls (The HERizon Project)

Wood, H. C.[1 2], Carey, L.[3], Cowley, E. S.[1 4], Cacciatore, I.[1], Ballinger, J.[1], Glover, E. [1], Gore, P. [1], Simpson, A. [1 5], Wells, N.[6], Mansfield, C. [1], Whitcomb-Khan, G. [1], and Watson, P.M.[1 7]

[1] School of Sport and Exercise Sciences, Liverpool John Moores University, UK

[2] Department of Psychology, Institute of Psychiatry, Psychology & Neuroscience, King's College London, UK

[3] School of Health and Life Sciences, University of the West of Scotland, UK

[4] Department of Sport and Health Science, Technological University of the Shannon, Athlone, Ireland.

[5] Division of Health Research, Faculty of Health and Medicine, Lancaster University, Lancaster, UK

[6] School of Psychology, Sport Science & Wellbeing, University of Lincoln, UK

[7] Made Up To Move Ltd, UK

Author Note

Correspondence concerning this article should be addressed to Hannah Wood, email: hannah.c.wood@kcl.ac.uk

Abstract

This case study presents the experiences of MSc Sport Psychology students delivering a psychologically informed behaviour change intervention within the context of a PhD research project to develop their applied practice skills. We aim to provide an example of how higher education providers can create such an opportunity for master's students to conduct individualised support sessions within a safe and structured environment, whilst preserving the autonomy needed for professional growth. The placement was situated within the HERizon project (conducted between 2021-2022), an online physical activity behaviour change intervention for adolescent girls. MSc students worked as "Activity Mentors" and provided weekly 1-to-1 support for participants via video calls. In this case study, we reflect on what we learned as both students and supervisors responsible for the delivery of HERizon, both immediately after completing the project as well as three years on from the experience and offer recommendations for future practice.

Experiencing the "Unpredictable Inevitables": Creating Opportunities on a Taught Master's Programme for Structured 1-to-1 Physical Activity Behaviour Change Support for Adolescent Girls (The HERizon Project)

Context: The HERizon Project

This case study took place within EC's PhD project that aimed to develop and evaluate an online physical activity (PA) behaviour change intervention: the HERizon project (Cowley et al., 2024). HERizon was a 12-week randomised controlled trial that aimed to increase PA levels of adolescent girls aged 13-16 years old who had expressed an interest in accessing PA support and lived in the UK or Ireland. Adolescent girls are among the least active sections of the population: in the UK and Ireland, approximately 80% of adolescent girls are insufficiently active (defined as doing less than 60 min of daily PA of moderate-vigorous intensity; Guthold et al., 2020). Adolescent girls experience many barriers to participating in PA, such as fear of judgement or gender inequalities in PA provisions in schools (see Cowley et al. [2021b] for a full discussion of relevant barriers).

Participants in HERizon were asked to complete three PA sessions a week and were randomised to one of four intervention arms: an online PA programme group, a behaviour change support video call group, a combined online PA programme and behaviour change support video call group, or a comparison group that only received the PA logbook. All participants received this PA logbook which included PA ideas and weekly worksheets designed to support participants in creating new PA behaviours. This case study focuses on the behaviour change video calls. A total of 78 participants were allocated to take part in the behaviour change calls, 34 of whom also received the online PA programme. For a detailed process and outcome evaluation of the randomised controlled trial, readers are referred to the following HERizon publications: Cowley et al. (2022, 2024).

HERizon took place during the Covid-19 pandemic (Dec 2020-April 2021). Master's students were studying remotely and, with in-person placements being unfeasible, course providers were having to think creatively about how to provide practical development experiences for MSc students. In the UK, the path to becoming a Health and Care Professions Council (HCPC) registered Sport and Exercise Psychologist first involves a master's level one-year taught programme, typically referred to as "Stage 1". This is a pre-requisite for "Stage 2" supervised experience and professional training, which lasts 2-4 years and can be undertaken through either a professional doctorate, the British Psychological Society's (BPS) independent route (Qualification in Sport and Exercise Psychology) or the British Association for Sport and Exercise Sciences (BASES) equivalent route (Sport and Exercise Psychology Accreditation Route). A professional doctorate is a modular qualification, at an equivalent level to a Doctor of Philosophy (PhD), that combines elements of research and applied practice and is offered by several UK universities.

At the time of the project, PW was both a supervisor on EC's PhD and a placement supervisor on the MSc Sport Psychology at Liverpool John Moores University. The first stage of EC's research had shown that role models who are women are particularly important for adolescent girls' PA motivation (Cowley et al., 2021b) and we had a cohort of female MSc students currently looking for applied placements. Thus, when considering the mechanisms through which we might deliver the HERizon behaviour change intervention, it seemed an ideal opportunity to develop an MSc placement opportunity within the safety and structure of a research project. Research allows a vehicle through which a manualised approach can be delivered, while ensuring appropriate limits and safeguarding are in place. Equally, the ethics of a research project ensures participants are clear what they are signing up for and there is a fixed duration to the support provided, ensuring professional boundaries are clearly outlined from the outset. We therefore set up a placement that involved MSc students delivering

individualised PA behaviour change support sessions via video call to adolescent girls (n = 9, mostly Stage 1 trainees, but also included two Stage 2 trainees). Three Stage 2 trainees had also previously been recruited through the in-house Professional Doctorate course to run a pilot version of HERizon (Cowley et al., 2021a) and were given "sub-leader" responsibilities of assisting with the training and support of MSc students (supervised by PW and LC, both HCPC-registered psychologists). As the placement was managed "in-house", the lead academic psychology supervisor (PW) was the same person supervising the placement delivery, which allowed for greater oversight and control than would be possible with an external placement. The aim of this case study is to showcase the experiences of students delivering the psychologically informed intervention and thereby provide an example of how higher education providers can create an opportunity for Stage 1 students to provide individualised support within a safe and structured environment.

As co-authors, we are a mixed-career stage group. At the time of the project, we were two HCPC-registered Psychologists (PW, LC), four Stage 2 trainees (IC, NW, CM, GW), five MSc students/Stage 1 trainees (HW, JB, EG, PG, AS) and one non-psychologist PhD researcher (EC). In line with Cotterill & Schinke's (2017) recommendations, it was important to us to include voices from all "layers" of the psychology team in this case study. We will first outline details of the MSc placement, before sharing individual case studies in the voices of trainees at the time. We will then discuss key reflections from the perspective of both trainees and supervisors and conclude with recommendations for future practice.

The Case: The MSc Placement

The MSc placement involved conducting 1-to-1 behaviour change support calls as an "Activity Mentor". HERizon was underpinned by Self-Determination Theory (Ryan & Deci, 2000, 2017), with an emphasis on "needs-supportive counselling" to foster autonomy, competence and relatedness in participants. The structure and content of the behaviour

change support calls was based upon previous pilot research (Cowley et al., 2021a) and was developed by the team of Stage 2 trainees who had been recruited for this pilot work (the "Senior Activity Mentors": IC, CM, GW), led by a HCPC-registered psychologist (PW). The resulting 12-week structured intervention consisted of 6 weekly video calls, with a 9-week and 12-week follow up (see Table 1). Each session had a structured plan that was based on the logbook worksheet for that week and covered specific behaviour change techniques (Michie et al., 2011; see supplementary file for example intervention materials). The PhD researcher (EC) matched mentors with participants based on their mutual availability; each mentor worked with between 5 and 8 girls aged 13-16 years (see Cowley et al. [2024] for full participant characteristics).

Table 1

Overview of the Behaviour Change Support Calls

Week	Description of session	Duration
Week 0	Introduction - rapport building and goal setting	30 mins
Week 1	Setting action plans	15 mins
Week 2	Barrier identification	
Week 3	Action plan review (no specific topic)	
Week 4	Action plan review (no specific topic)	
Week 5	Coping planning	
Week 6	Reflect on achievements	
Week 7		
Week 8		
Week 9	Coping planning	15 mins
Week 10		
Week 11		
Week 12	Reflect on achievements Coping planning	30 mins

Training

Activity Mentors completed a two-day virtual training workshop facilitated by the lead HCPC-registered psychologist (PW), with the support of the PhD researcher and Senior Activity Mentors. Training included interactive skills practice and evaluation, and covered

needs-supportive counselling and behaviour change techniques, as well as safeguarding, ethical issues, and record-keeping procedures. Activity Mentors received a 50-page intervention manual, written by the PhD researcher and the lead HCPC psychologist. MSc students were required to video-record themselves undertaking a role play of session content, with a fellow student acting as the participant, which they then reflected on with Senior Activity Mentors to ensure their understanding of the intervention material prior to starting work with participants.

Supervision and Group Reflection

The delivery team (PhD Researcher, HCPC psychologists, Senior Activity Mentors, Activity Mentors) met on a weekly basis for peer reflection. Within the sessions, the group went into "breakout rooms" of smaller groups (each facilitated by a Senior Activity Mentor), before coming back into the main room to feedback and reflect as a group (facilitated by the lead HCPC psychologist). In addition, all Activity Mentors had regular individual supervision with the lead HCPC psychologist. For further information about this reflective process see Wood et al. (2023).

Individual Case Studies – Reflecting on Skill Development

To give greater insight into the Activity Mentor role, both how we worked with the girls and what we learned from doing so, we now present six individual case studies of critical learning events. These were written on completion of HERizon in June 2021, when Activity Mentors were invited to write a 'mini case study' about one participant in the immediate months following their placement for the purposes of this paper. Whilst PW provided editorial support, this was limited to provision of a priori guidance (e.g., word count, structure, and reflective prompts) and comments on drafts, and did not entail writing or re-wording the narrative, aside from grammatical corrections. Further, Activity Mentors themselves also did not edit these stories when we re-convened to write this paper three years

later. Readers will notice common themes arising in these stories, most notably coming up against the unexpected, navigating professional and ethical boundaries, and use of supervision. To orient the reader, each individual case study begins with a brief overview of the participant (e.g., age and relevant challenges).

Hannah (MSc Student) – Resisting the Temptation to Jump in and "Fix" Things

RK (14 years old) was reasonably inactive at the start of HERizon and initially struggled to motivate herself to complete her PA sessions. By the end of HERizon she had discovered new activities that she enjoyed and, therefore, reported finding it relatively easy to maintain her increased PA.

Prior to HERizon, my first experience of applied psychology, I held the implicit view that practitioners have to 'fix' something for the client to be helpful (or offer practical suggestions), a notion previously described as our "inner solutioneer" (Lindsay et al., 2007, p. 345). However, through discussions during supervision and group reflection I realised that an intervention does not mean 'fixing' something but rather constitutes any kind of interaction that instigates change. Indeed, spending the time with a client thinking about what solutions we might offer will likely distract us from really listening to them.

I had these discussions in the forefront of my mind when a situation arose in my second call with RK where my instinct was to try and 'fix' things for her. She had disclosed that she was feeling unmotivated to complete her planned PA sessions, despite wanting to do them when she planned them in. I acknowledged that she was finding it difficult and then asked her if she could think of any strategies that she could use to help her complete her sessions. Her immediate response was "no", at which point I automatically started thinking about what strategies I could suggest to her (e.g., getting her exercise clothes ready the previous evening). I then remembered the above discussions and instead paused while I thought of a facilitative question to ask RK to help her to realise her own solution or at least

allow her to expand on her experience further. Although she had initially responded “no”, when prompted with further questions I discovered that she had much more to say. For example, I asked about her thoughts when she felt unmotivated, through which she identified that they were mainly negative and unhelpful and decided that she could try to reframe these into more positive phrases. This discussion was likely far more empowering for RK and personal to her experience compared to if I had just offered a strategy.

Not only did this experience teach me that often trying to ‘fix’ something for a client is not the most useful approach (a learning that was continually reinforced throughout HERizon the more that I refrained from doing this), I also learned the value of rephrasing questions and not always immediately accepting “I don’t know” as an answer (perhaps they just need the question asking in the right way for them).

Payal (Msc Student) – Tailoring Counselling Skills to Individual Needs

AT was a 14-year-old teenager, and, at the time of the project, she was participating in very little PA, but by the end of the project, she started working out four times a week and was able to do 15 push-ups and run for 5 km. During HERizon she not only developed her physical capabilities but also demonstrated growth in socialising skills.

During the introduction call I found it difficult to build a rapport with AT, she was a shy girl and opted for one-word answers where possible. The challenges increased when AT opened up in the third week, saying she is an introverted individual, and she was not comfortable to talk and share during calls. AT requested me to stick to the logbook questions and make it a quick call. Considering that the project drew on Self-Determination Theory, I kept her autonomously motivated and gave her the freedom to choose any physical activities. Positioning the girl as an expert and letting her lead the session and direct the calls helped her to express and share views on physical activities (Tod et al., 2009). We started talking more about her interests and favourite time of the week. AT started feeling more comfortable as the

weeks went by, with time the call duration increased, and she began talking about her day in detail. It gets easier for both mentor and mentee to achieve a goal by developing rapport and trust with each other (Leach, 2005).

This case developed my counselling skills, including rapport building, listening skills, summarising and confidence in service delivery. Practicing and observing roleplays during training sessions helped me in service delivery; it allowed me to make mistakes and educate myself (Tod et al., 2007). However, in the future practicing theme-based roleplays (e.g., body shaming or introverted individuals) would be beneficial. The supervision played a vital role for me in clearing self-doubts and nervousness. Through conducting reflection meetings with my supervisor, I learned how crucial it is to pay attention towards the client as a person first and to summarise the calls. At the end, through the help of prior role plays and reflection calls with my supervisor I was able to mentor AT to successfully achieve her goal and be active. This case also educated me on how to conduct client-led sessions.

Ellie (MSc Student) – Navigating Professional Boundaries and Addressing Bullying Concerns

TS was a 13-year-old girl who had online schooling due to the Covid-19 lockdown but was due to return to school in a month's time.

As a delivery team we decided to check in with how mentees were feeling about returning to school during our week 9 call. TS was apprehensive as she had been bullied at school before lockdown and online when lockdown began. Initially, I felt panicked as I was not expecting this response and felt underprepared for how to immediately deal with the situation because I did not want to say the wrong thing, undervalue her feelings, or seemingly pry too much and cause her further distress (Wadsworth et al. 2021). However, as the conversation progressed, I employed reflective listening and motivational interviewing skills

from the placement training to create an informed picture. I felt guilty that I perhaps should have picked up on this before but also reassured that she trusted me.

I sought advice from my supervisor regarding next steps (McEwan et al., 2019) as I was unsure what support I could provide and an appropriate timescale for that support. We signposted her to free to access websites with information about bullying in a WhatsApp message because she had previously told the school principal and her mum and was not in immediate danger, but it was too long to wait until the next call. I also created a Concern Report (a document detailing disclosures that have potential safeguarding implications) documenting the situation, supervision discussion, and response.

In our next call she had not yet returned to school but had made use of the resources and was feeling better. However, after this call she sent a WhatsApp message saying that she wished the contact did not have to stop in case she needed my support in the future. I consulted my supervisor and decided not to respond, in line with project protocol of ceasing contact after week 12, as I had previously provided her with supporting resources. I felt conflicted because my role was primarily for behaviour change support, however I also felt a duty of care. Although I understood the rationale for ceasing contact, had the policy not been there, I probably would have continued to provide support had she needed it, which made me consider professional boundaries. As she did not return to school before our last call, I do not know how she got on with going back and if the support we provided her was useful in the long-term.

Amelia (MSc student) – Navigating Professional Boundaries and Addressing Weight-Related Concerns

CT (15 years old) reported being active a couple of times a week when she started HERizon. By the end of the project, she was engaging in consistent PA four times a week.

During week one of HERizon the mentees reflected on how they felt their week had gone and rated this on a scale of 1 (low) -10 (high). During this exercise, CT rated her week a four. In line with HERizon's needs-supportive communication approach, I probed "why did you rate your week a 4 and not a 3". CT explained that it was low as she was trying to eat healthy but kept snacking. To stay consistent with needs-supportive communication, I should have guided CT back to a positive focus, however the mention of her eating behaviour made me panic. I was completely thrown at the mention of a subject not directly related to exercise psychology. I wanted to be supportive of CT but was very conscious of staying within my ethical and professional boundaries (BPS, 2018). I felt that discussing food was a clear limit of my competence as a MSc student and did not want to provide any advice that was outside my area of knowledge, skill, and training (BPS, 2018).

After the call I decided to approach my supervisor for support. After further discussion, we decided it would be appropriate to explore why she felt it was bad to snack, use other sessions to discuss confidence and healthy body image and to continue weekly supervision meetings[1]. This experience demonstrates how vital supervisory support was for my development. Without reflecting with my supervisor, I would not have had the knowledge to navigate this ethical challenge, particularly at such an early stage in my career. This would have also prevented CT from being signposted for further support. Going forward, I realise although you cannot foresee every situation that may arise when working with adolescents, you can prepare through utilising supervisory support and developing knowledge in other areas, such as body image and food.

Nicole (SEPAR, Year 1 Trainee) – Learning to Tailor Support

HG (14/15 years old) had previously been close to meeting national PA guidelines (Department of Health and Social Care, 2019), but she was experiencing lockdown challenges when she joined the project. This included clubs that had moved online and some

cancelled altogether. HG was very enthusiastic about PA and often described her frustrations at the significant change in routine. Even with the online activities HG did not demonstrate the same level of enthusiasm as when talking about returning to these activities in person and mentioned internet connections and change in content of these activities to contribute towards this lesser positivity.

I would have considered HG to have been 'active' prior to the project, yet she was not meeting the national PA guidelines of 60 minutes of PA per day (Department of Health and Social Care, 2019). I was concerned about the impact that these guidelines might have on HG, and therefore I was also careful of the direction of my support. I did worry that by encouraging HG to increase PA to meet guidelines (as I did with other cases) I could be facilitating an unhealthy relationship with PA, whereby there is a constant pressure or need to be doing more. Therefore, as HG was an active teen and her PA would likely increase as restrictions eased, I was not concerned about her sitting below the PA recommendations, and as such did not emphasise these recommendations throughout the project. However, I would say that HG's case does raise the question over the relevance of these guidelines. If a girl like HG, who thoroughly enjoys PA and is as active as she can be is not meeting the guidelines, are they really relevant to this population group? Especially a population group that is well known for its lack of PA due to lack of opportunities and fear of judgement from others to name a few reasons (Cowley et al., 2021b).

Instead of creating pressure to become more active and meet PA guidelines, I encouraged HG to express her goals. The main focus was to be able to take part in PA for fun, as opposed to forming part of the training for her other activities. By using the PA menu in the PA logbook, I was able to support HG to explore new ways to be active, whilst also building on her current PA in a healthy manner. This also helped HG to think about how to

manage her time and activities in the future, as it was likely that as restrictions eased, at least one of her usual activities was unlikely to resume.

Jennifer (MSc Student) – When is it Appropriate to Let Clients Make 'Mistakes'?

CR (16 years old) was doing no PA at the start of HERizon and reported not enjoying it for numerous reasons. By the time HERizon finished, CR had found PA she enjoyed and increased in both task and scheduling self-efficacy.

Allowing a client autonomy helps increase engagement and positive responses to PA (Ryan et al., 2009). However, sometimes with this autonomy clients may make choices that we ultimately do not think are the most effective, however could letting them use their autonomy to make these 'mistakes' result in a more effective outcome?

The aim of the project was to help girls work towards three 30-minute sessions of PA a week[2]. However, CR was so motivated that she immediately jumped from no PA to taking part every day. This resulted in my original dilemma; I did not want to discourage her from taking part, but I also did not want her to go too intense and burn out. Therefore, after discussing this in supervision, I highlighted the importance of rest days. However, this still did not change her exercise levels. I let CR take full autonomy over her PA levels but there was ultimately a point when she struggled to find the motivation to take part in PA, aside from walking. I acknowledged the success of still participating and helped her develop a plan to get back to doing some of the activities she had been previously enjoying at a lower frequency, which was successful. She was able to utilise the plan we had put in place again when she started to feel less motivated as she had encountered a busy period in school.

In this scenario, I ultimately gave CR autonomy which ended in her making the 'mistake' I was hoping to avoid, but it was a beneficial learning experience for her. It is important that this approach needs to be on a case-by-case basis to weigh the risk and benefits. This is where supervision and reflection helped, to ensure I was not putting CR in

danger. I handled this experience in a way I saw best suited the individual. If I faced a similar situation again, I would engage in reflection and supervision and if appropriate follow a similar course of action allowing the client to make the 'mistake' and be more confident in my approach.

This experience has helped show me that when working with clients, the path they take may not look linear, but setbacks are not negative, they are a way for the client to learn what works best for them. It has also shown me that for adolescent girls' PA, a main priority is to help keep their confidence levels high, because if they are confident in their own abilities they are more likely to keep taking part.

Reflections

Reflecting on What we Learned from our HERizon Placements: Activity Mentor Perspective

The structure of HERizon supported many of us through our first experiences of providing 1-to-1 support. Having the agreed session plan for each call gave us confidence as we knew 'what' we needed to cover and could therefore focus on 'how' we were delivering the support. The training in needs-supportive delivery (Teixeira et al., 2020) also gave us the skills to competently work with the participants from the first call, skills we then developed as HERizon progressed.

Perhaps the most valuable lesson we learned was understanding the importance of building rapport and developing trust in the practitioner-client relationship. If there was one aspect that we felt most affected the outcome of our delivery, it was the "therapeutic alliance" that is so often documented to be at the heart of effective practice (Sharp & Hodge, 2011; Stubbe, 2018). This was particularly pertinent given the heightened challenges of building rapport online (Carter et al., 2021) coupled with the vulnerability of adolescent girls to feeling self-conscious about their PA and fearing judgement from others (Cowley et al.,

2021b). It was therefore important to show we cared and were interested in each participant as a person (e.g., asking about school or other hobbies) and to tailor the support we provided. We also saw for ourselves the merits of autonomy-supportive delivery, which differed so much from participants' previous experiences of physical education at school. When we developed a trusting relationship and allowed participants to take ownership of their PA, we saw their confidence and autonomous motivation for PA grow (Cowley et al., 2022, 2024).

We often found setting and maintaining appropriate boundaries challenging. Paradoxically, the characteristics that likely made it easier for us to build rapport with participants also likely made it easier for boundaries to become blurred (i.e., young people of the same gender). Whilst we aimed to make clear that this was a professional relationship with an end date, rather than a friendship, there were times when participants would overstep this boundary (e.g., messaging us between calls), leaving us questioning whether we had been clear enough when establishing boundaries. We learned it is imperative to set clear boundaries upfront and to continue to manage participants' expectations throughout, striking a balance between building rapport and navigating professional boundaries.

The weekly group reflection sessions were particularly beneficial as we discussed our successes, concerns, and challenges, and thereby vicariously learned through each other's experiences. Often situations arose during our calls that had previously been discussed during group reflection, so we had already considered how to respond appropriately. At the start of HERizon we perhaps felt like we had to stick to a script in terms of our delivery, but we came to understand how considering the individual you are working with is highly important and impacts how you respond to the situation.

The training we undertook before starting the project included role plays which were observed by the supervising psychologists, who gave us individual feedback. This practice and evaluation gave us the confidence that we were competent to deliver the intervention

from the first call with participants. However, the role plays we had practised were 'best case' scenarios, whereas, in hindsight, it would have been useful to practice more challenging situations in that safe environment where our mistakes were inconsequential. We had covered the actions to take (i.e., following safeguarding procedures) but less about how to respond to the situation in the moment.

For everyone in the team, the HERizon project gave us the opportunity to trial delivering a remote behaviour change intervention during a time when the world was adjusting to the benefits and limitations of online video calls. While participants appreciated the convenience and accessibility of calls, there were however some challenges. For example, participants struggling to find a private space for the calls or parents wanting to sit in on the earlier calls which made it challenging to engage participants, particularly if parents tended to answer for their daughter. It was also noticeable that some participants were uncomfortable having their camera on and would try to angle it so they could only partially be seen. Given that online video chats have the potential to heighten existing body concerns or even introduce new appearance concerns (Pikoos et al., 2021), this highlights the importance of considering online-specific risk factors. For example, it might be helpful to use online video platforms that allow participants to hide their self-view to prevent them fixating on their appearance. For further insight into the process factors of delivering HERizon, and considerations when working with adolescent girls, readers are referred to Cowley et al. (2022) and Wood et al. (2023).

Three Years On: How Did This Early Experience Influence our Development and Careers Moving Forward?

When we reconvened three years later to write this paper, we collated reflections from Activity Mentors on how taking part in HERizon influenced our developing careers. A key theme evident in these reflections was confidence: starting to work with clients 1-to-1 is often

intimidating but doing this in a structured research project with training and support available undoubtedly allowed us to rapidly build confidence, both within the project and beyond. As Payal reflected: “I remain deeply grateful for the comprehensive training and ongoing supervision provided. Whenever I encounter moments of nervousness or uncertainty, I instinctively revisit the invaluable lessons gleaned from that experience”. Further, for some Activity Mentors, HERizon helped them in acquiring future work, as Izzie explained: “this experience helped me to gain confidence and provided me with the skills that I needed to land my first job role as a health coach…without this experience I believe that it would have made it harder for me to get a ‘foot in the door’”.

As well as the tangible value having this experience on our CVs provided in being able to evidence our skills, many Activity Mentors also reflected on how the experience prompted us to start developing our professional philosophy. During HERizon we worked with a diverse range of individuals, which often required us to reflect on and challenge our values. As Amelia reflected: “through working 1-to-1 with people, I was able to develop and test my values, which provided me with a solid foundation to build upon as I started my professional doctorate”. Nicole experienced changes in how she viewed client work: “being able to focus on building trust and rapport with the girls and worrying less about what I was delivering (due to the standardised session structure) reminded me of the importance of *how* we deliver…I think without HERizon, I would feel a lot more pressure in terms of the content that I deliver, whereas now my main focus is on building and maintaining the client relationship”. Such experiences are examples of the “accelerated learning curve” we all experienced as a result of taking part in HERizon.

Supervisor Perspective: How Can we Create a Structured Space in Which Early-Stage Trainees can Deliver Safely Whilst Maintaining Autonomy?

When planning the HERizon placement, we knew the Activity Mentors would face the 'unpredictable inevitables' you get when you work with people. To help manage this we tried to create the best safe and structured environment we could. We also did not want to shy away from the messy world of delivering support and tried to prepare the mentors for such eventualities. Crucial to the creation of the supervision environment was: the provision of live interactive training (covering necessary theoretical models, intervention content, delivery skills, safeguarding procedures, practical processes, and ethical considerations); a manualised approach (including intervention outline, session plans, safeguarding information); weekly group reflection (including opportunities to reflect in small groups of peers); and individual supervision (aimed at facilitating critical reflection and offering an 'on-demand' space to work through ethical scenarios as they arose; Andersen & Van Raalte, 1994; Poczwardowski et al., 2023). Despite this training, it is clear reading the case scenarios that there was a sense of nervousness about unexpected issues, under-preparedness, and fear of 'doing the wrong thing'. As highlighted by the students/trainees, we perhaps could have done more as supervisors within the training to prepare for these 'what if' scenarios. For example, by doing role plays with participants who are reluctant to speak, who have not been engaging with their planned PA, or who raise a question about diet or another trouble they are experiencing. Too often, when planning skills practice, we can fall into the trap of focusing on 'ideal' scenarios, which bear little resemblance to the variety and complexities of real clients. On the other hand, we acknowledge it will never be possible to prepare for every situation and the most beneficial way to learn how to handle these 'unpredictable inevitables' is to experience them in practice. The fear of the unexpected, feelings of under-preparedness, and hyperfocus on 'doing the right thing', are what we frequently observe in neophyte practitioners at the start of their supervised experience. Therefore, rather than reflecting the student/trainees' (early) stage of development or anything lacking in their training, we feel this is more likely a

process we all must go through as neophyte, inexperienced practitioners. These reflections also highlight the importance of the continued reflection space and supervision during the delivery of the manualised approach.

Critically, in the applied and research domains, SDT interventions are often delivered by untrained psychologists through using a similar manualised approach to that adopted in this case study (e.g., Buckley et al., 2019; Duda et al., 2014; Watson et al., 2021). Therefore, the intervention/style of work delivered in this case study was made possible as it can be considered more psychoeducational rather than an intervention delivered by trained sport and exercise psychologists. By utilising a research project and this manualised approach, the Activity Mentors did get direct experience of key fundamental skills, knowledge, and processes, as described by Tod et al. (2007), including: meeting clients' needs and expectations, developing and maintaining mutually beneficial relationships, empathising with girl's unique situations and interpreting them through the lenses of suitable theory, and reflecting on how they have influenced the interactions and outcomes of service provision. The mentors' reflections show how transferable these skills are and how important giving students these types of experiences are for future training and professional development. In terms of replication, the choice of support work being delivered is vital to maintaining the best interest of the clients and staying within the scope of practice and competencies.

We could not have achieved the success we did without the support of a full-time coordinator; in this case, the PhD researcher (EC) was the essential 'glue' that held everything together. EC was responsible for managing the recruitment process and all administration for the project. This structure, alongside the ongoing supervision and additional training, meant that skills and competencies could be matched to the project without breaching scope of practice. As can be seen from the case scenarios, even in a safe

and structured setting, issues will arise that cause student practitioners to reflect on their ethical and professional boundaries, and to reflect in-action on how to proceed.

For this project to work, we (as supervisors and HCPC-regulated professionals responsible for delivery) had to take the risk to trust others to deliver 'on our watch'. We achieved this by providing a clear and structured framework and making non-negotiables clear, whilst simultaneously allowing students/trainees the space to develop their own practitioner identities. One aspect that was crucial to the development of safe and effective practice within HERizon was the regular individual and group supervision that provided space for students/trainees to reflect, conceptualise, and plan (HCPC, 2022; Morris & Bilich-eric, 2017). The message we gave was that no problem was too small, and it was important to seek supervision for *any* potential red flag, however small in the student/trainee's eyes. As well as the scheduled supervision sessions, PW was available for ad hoc (including out of hours) supervision should something occur that a student/trainee was concerned about. This combination of scheduled, peer, and ad hoc supervision allowed students/trainees to learn how to use supervision effectively and to develop their own reflective practice (in line with Kolb's [1984] components of experiential learning). In turn, as new or unanticipated situations arose, we were able to develop iterative protocols to share with the rest of the team (Wood et al., 2023).

Perhaps for us, our greatest learning has been in how to develop a structured safe environment, within which we can empower others and trust in the process of training. In the same way, we asked the mentors to trust the protocols. By being a part of this experience, we gained trust that collectively everyone could develop skills and support each other, and risk could be managed to help play a part in creating inspirational experiences and support behaviour change for adolescent girls. Not least, this unique model combining research, applied practice and teaching, allowed us to deliver an impactful physical activity behaviour

change intervention that provided mutual benefits for participants, students, researchers and teaching staff.

Recommendations for future practice

To ensure the project is within the scope of practice of those delivering it and to protect the wellbeing of any future clients we recommend:

- Comprehensive training before intervention delivery
- Manualised approach that is psychoeducational (i.e., intervention is not intended to be delivered by trained psychologists)
- Both scheduled and reactive supervision (varied format: group and individual)
- Emphasis on sharing practice and seeking support (i.e., 'no problem is too small' approach)
- Project reviewed by an ethics committee and utilising an evidence-based intervention

Conclusion

This case study highlights the merits and challenges of providing early experiences for MSc students to deliver manualised 1-to-1 support. We acknowledge the unique environment and conditions that allowed for this project to take place, including an in-house Professional Doctorate and MSc course, combined with a relevant PhD project. The reflections three years on illustrate the long-lasting nature of creating such experiences; the students have continued to pursue applied training pathways or research opportunities. Further, the project was successful on multiple levels, not least for the MSc placement students, but also the participants themselves (see Cowley et al. [2024] for an outcome evaluation of HERizon), Stage 2 trainees and supervisors' experiences and learnings, as well as EC's PhD research project. Combining applied practice, teaching, and research enabled these mutually beneficial outcomes to be realised. Whilst we recognise the limits and scope

of such projects, we hope this case study provides fruitful insights into the potential of delivering such interventions, and the opportunities this may bring.

Footnotes

[1] We also arranged for CT to have a meeting with PW to discuss potential referral for dietary-specific support.

[2] We decided on the goal of three 30-minute PA sessions a week as an achievable first step for participants who were not active before the intervention. It was also explained to participants as *approximately* 30 minutes, so a more intense workout might be shorter but organised sports training or a lower intensity walk might be longer.

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