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**From Barcelona to Tokyo: Counseling a High-Performance Center Through the
Disruption Caused by COVID-19 Pandemic and the Postponed Games**

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Abstract

As part of a growing line of interventions, sports psychology practitioners focus on supporting organizations and their members to better cope with the demands of career transitions. The aim of this article is to share our experience of counseling a High-Performance Center through two concurrent non-normative transitions: the COVID-19 pandemic and the disruption to the Tokyo Olympic/Paralympic Games. We report our reflections on what it means to consult for an organization rather than for individuals, and what adaptation to a period of constantly changing circumstances means in and for an organization. We also describe the lessons learned and share our evaluation of strengths and points of improvement for future interventions.

Keywords: counseling, intervention, non-normative transition, pandemic, sport organization

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March 2020, Beth (pseudonym, representative of the High-Performance Center) seeks our intervention as sport psychology practitioners (SPP) and explains how they are living the initial phase of the pandemic:

Only two weeks ago, in the echoing halls of our High-Performance Center, you could listen to the symphony of muscles and ambition, all moving in perfect harmony towards one goal: the Tokyo Games. Athletes, coaches, and staff would run up and down the different spaces of the Center. But then, like a sudden storm, the pandemic hit. These days there is one unique shared question: *How long will this last?*

First came the whispers of uncertainty, then the deafening silence as the Center had to shut its doors. Athletes dispersed to their homes, coaches vanished from their usual training spaces, and the once bustling gym fell into stillness. Training sessions became solitary endeavors, conducted through pixelated screens and makeshift home setups. The camaraderie you used to see at the locker rooms and cafeteria, was now replaced by the solitude of isolation.

The past Tokyo Olympic/Paralympic cycle was marked by the pandemic. Beth's story shows how beyond the challenges typically associated with the pre-Games phase (e.g., increased competitive demands, lack of recovery and self-care, fear of failure), athletes, coaches, and support staff had to deal with new stressors, such as social isolation, recalibrated training plans, potential loss of income, difficulties in accessing training facilities, and general uncertainty related to postponed or cancelled competitions (Reardon et al., 2020).

The concurrent non-normative transitions of the pandemic and the disruption to the Tokyo Olympic/Paralympic cycle had the potential to increase vulnerability to mental health problems. Mental health is recognized as an essential component of an elite sports culture of excellence (Henriksen et al., 2019), and, according to Reardon et al. (2020), sports organizations have the responsibility of creating environments that support athletes' mental health and resilience. Indeed, "mental health is everybody's business" (Henriksen et al., 2019, p.6), so a holistic and preventive approach is necessary to equip athletes, coaches, and support staff with the skills that will enable them to deal with both predictable and unpredictable transitions.

In this study, we share our experience of counseling a High-Performance Center (HPC) through the different phases of the pandemic and along the road to and in the aftermath of Tokyo 2020. Adopting a collaborative perspective as non-members of the HPC, we describe the strategies we developed in response to the HPC request for support.

Setting the Stage: Contextualization

The Pandemic in Spain

In Spain, the COVID-19 pandemic broke out initially towards the end of January 2020. By early March, the proliferation of cases was such that the national government declared a state of alarm that lasted from March 14 to June 21 (14 weeks). The resulting lockdown affected population mobility and necessitated adjustments to service provision and production operations. On 24 March, the International Olympic Committee (IOC) and Tokyo 2020 Organizing Committee announced that the Tokyo Games would be postponed to 2021.

After eight weeks of strict lockdown, high-performance athletes were permitted by the national government to train in public places (e.g., mountains, beaches, etc.) with

85 none of the time restrictions imposed on the general population (i.e., the general
86 population could only go outside for two hours, either in the morning or the afternoon).

87 Once the ‘new normal’ was declared on June 21 2020, HPCs were allowed to re-
88 open their doors and to continue supporting the ongoing goal of participating in the
89 Tokyo Games. To avoid re-closure, it continued to be crucial to manage and reduce the
90 possibility of infection in the HPCs.

91 By May 2021, a new milestone was the agreement reached between the IOC and
92 Pfizer pharmaceutical company, whereby national athletes, coaches, and their support
93 staff were authorized to receive the vaccine that would enable them to participate in the
94 Games. At that time, when the Games seemed to be constantly at risk of cancellation,
95 athletes and coaches felt that this was a demonstration of the future realization and, on a
96 personal basis, felt more secure with the vaccine. Finally, 326 Olympic athletes (10
97 participated in our intervention) and 142 Paralympic athletes (5 participated in our
98 intervention) represented Spain at the Tokyo Games.

99 **The High-Performance Center and the Pandemic Challenges**

100 The HPC to which our intervention was directed is a public organization
101 dedicated to empowering athletes to achieve international competitiveness while also
102 providing education. In its commitment to holistic growth, the HPC places significant
103 emphasis on sporting, academic, and personal development, and so makes available the
104 corresponding services and facilities (e.g., career assistance programs and residence
105 services), provided without distinction to Olympic and Paralympic athletes and staff
106 (e.g., sport psychologists, medical doctors, biomechanists).

107 Because of the pandemic, the HPC faced the unprecedented challenge of having
108 to temporarily shut down. The repercussions of closure were significant, and decisions
109 had to be made immediately. Because the Games had not yet been postponed, it was

strategically decided to focus resources and efforts on just 70 Olympic and Paralympic-level athletes of the 378 athletes in the HPC. Athletes in residence had to swiftly devise their own plan for navigating the lockdown, (e.g., to return to their homes or seek shelter with friends). The fact that coaches and other support staff found themselves unable to maintain their usual proximity to the athletes presented a unique set of challenges, as it was necessary for everyone to quickly adapt to novel remote coaching and support methods.

Once the strict lockdown ended, the HPC had to adapt to new rules and create new protocols that allowed athletes and staff to slowly reengage with the functioning of the HPC in their pursuit of the Tokyo Games. This was one of the most stressful phases for the organization as it had to adapt its existing philosophy and know-how to a challenging and uncertain context. In this regard, one of the main aspects that were disrupted was the proximity that the HPC has as a key resource for providing their services with quality (i.e., educational, athletic, and health services are all five minutes away from each other, facilitating the interdisciplinary work and the assistance of athletes). Due to the pandemic, they had to create new ways of maintaining the same services, now at a distance. As each of the different pandemic phases was navigated, internal HPC organization became key to maintaining fluid communications, providing information, and notifying management decisions to representatives of different sports and departments, and to athletes, coaches, and their support staff.

The Practitioners

Rocío is an applied sports psychologist with experience of working with a range of individual and team sport athletes and coaches, at different participation levels (recreational to Olympic), and involving a wide variety of sports (e.g., soccer, sailing). In the past four years, she has enriched her applied experience with research experience

by PhD studies focused on career transitions. She participated in the design, planning, implementation, and evaluation of different stages of the intervention. Saul and Miquel are both experienced SPPs and researchers on the topic of career transitions. They contributed with their expertise to the intervention design and to the counseling sessions with athletes and coaches. Carme, an experienced researcher in sports psychology, contributed during the elaboration of this manuscript.

All four authors are scientist-practitioners who have collaborated closely with the HPC over recent years, developing evidence-based interventions focused on topics of interest (e.g., developing dual-career competencies). Given the initial difficulties occasioned by the pandemic for the Spanish population in general and the high demand that it placed on mental health professionals, the authors provided their sports psychology services in support of athletes and coaches at risk, considering the goal being pursued. As both practitioners and researchers, they considered the pandemic to represent a unique opportunity to help the HPC to better cope with the kind of unexpected demands imposed by non-normative transitions.

The Intervention Model

We followed the Research Group in Sport and Exercise Psychology (GEPE) model of evidence-based practice (Ramis et al., 2019). This model is structured in five steps: (a) literature review, (b) needs analysis, (c) intervention, (d) evaluation, and (e) follow-up. Further, in Table 1 we summarize how, in response to that HPC request, those steps were implemented and our intervention's outcomes (see Table 1).

Insert Table 1 here

The High-Performance Center Request

While the HPC employs professionals (e.g., coaches, teachers, psychologists) to take care of routine tasks and every day challenges posed by the pursuit of excellence, it

was not equipped to cope with the unprecedented situation resulting from the pandemic. A member of the HPC management team (Beth, a pseudonym) consequently requested our support regarding the concurrent non-normative transitions. Given the pre-existing services available at the HPC, we aimed to adopt a holistic and collaborative approach that would not interfere with routine tasks and everyday work. Thus, rather than provide specific psychological care, we adapted our intervention model to the principles of narrative theory understanding that human experience can be made meaningful through storytelling (Polkinghorne, 1988). In Figure 1 we present the timeline of the different intervention strategies we introduced to explore the stories and meaning making of the participants (see Figure 1).

Insert Figure 1 here

The Participants

Our counseling was provided to 10 HPC professionals (medical staff, tutors, sports psychologists, management team members), 22 Olympic athletes (12 female) and five Para-athletes (one female) preparing for the Tokyo Olympic/Paralympic Games, and 13 coaches (two females) of those athletes (11 Olympics and two Paralympics).

The Intervention Outline

In response to the request for support, we conducted a longitudinal intervention, summarized in Table 1. The first column labels the five phases of our intervention (GEPE model; Ramis et al., 2019), namely, literature review, needs analysis, intervention, and evaluation; the second column outlines the purpose of each phase; the third column describes the implemented actions; the fourth column describes participants and their roles; and finally, the fifth column describes the main outcomes of each phase. In Figure 1 we present the sequence of the specific actions proposed during the 23 months of our intervention and the main topics discussed at each phase.

Reflections and Lessons Learned

To provide a glimpse of the stories collected through our intervention and lessons learned, we provide a short creative non-fiction (see Cavallerio, 2022) that shares the experiences of a management team member: Luca (pseudonym). This is his story:

Today, I have been invited to participate in a round table where athletes, coaches, and staff members will share their experiences of navigating the uncertainties brought by the pandemic. I'm wrestling with what to say, what to share. Should I focus on the challenges and hardships? Should I open up at all? It's difficult to decide because it's all part of an ongoing journey.

As I run through my thoughts one thing comes to mind: there's no doubt that through it all I've fallen even more in love with my job and role. Who would have thought that in this chaotic, challenging, upsetting scenario I would have found the sense of what I do?

If you ask me, of course, I wouldn't have chosen to go through this. But somehow, amid the chaos, I discovered new strengths and found ways to contribute more meaningfully to the organization I love so much. I believe that as an institution we now have more resources that will help us improve our services. After years and cycles of working here, I feel that this time, I truly helped us reach our goals. Now, I genuinely feel like a part of the journey to Tokyo. I feel more connected than ever with each team member. I know there were times when they were frustrated with me, especially when I sent emails with new rules that disrupted their routines. But thanks to my role, thanks to OUR collective efforts, we are back on track.

I now know that if we had to go through it all once more, we would be better prepared. This Center is not the same, I am not the same. I hope that as time goes by, we remain aware of what we've conquered. I think I've found my answer, this is what I should share.

What Does it Mean to Consult for an Organization?

A main feature of our intervention was the need to switch from an intervention targeted to individuals as part of an organization (i.e., mostly athletes and coaches) to an intervention targeted to the organization itself. This meant not only targeting a wider population (i.e., including other relevant members of the organization), but also exploring how new challenges were impacting not only individuals but also the philosophy, culture, and values of the organization.

While supporting HPC members playing different roles and with varying levels of power, we could observe how differing needs and goals sometimes caused conflicts. For example, as Luca's story shows, while the management team was focused on implementing strict protocols aimed at avoiding HPC closure, athletes and coaches were uncomfortable because these sometimes interfered with their training). As practitioners, we helped the organization reflect on how the pandemic experience helped members reinforce their working philosophy and equipped them with the resources necessary to maintain their know-how even in challenging conditions (e.g., maintaining connectedness despite the virtuality of communications). It is worth mentioning, that those who took part in the collaborative groups and the closing event, had the opportunity to share their stories with the members of the HPC, thus strengthening relationships within the organization.

As SPPs, we also had to reflect on our own understanding of our role and decide which form of consultation we were undertaking: expert consultation or process

consultation. The former implies that the consultee needs advice or a service that the counselor can provide, while the latter implies a less directive intervention aimed at helping the consultee examine how a problem is being addressed rather than on the problem itself (Anderson et al., 2022). Due to our less directive approach and our emphasis on storytelling and the cathartic effect that the interview itself can have as an intervention, we recognize that our overall intervention strategy had a distinct impact compared to others where SPPs adopt the role of teachers or experts. As we too were transitioning through the challenges brought on by the pandemic, we provided support through the creation of reflexive spaces and believe that through this action we were able to demonstrate how powerful these spaces and storytelling itself can be.

What Does it Mean that an Organization is in Transition?

We understand that equally to athletes, organizations face transitions too. Organizations undergo processes of change that can be more or less predictable and because of these, can transform the attributions of their goals, philosophy, etc. From our experience of counseling the HPC, we observed that the multifaceted nature of the phenomenon required us, as SPPs, to develop skills and knowledge across different domains of practice. In terms of organizational psychology, we observed that a key factor in the pandemic context was that organizational change occurred mainly by adaptation (Choflet et al., 2021). The unpredictable nature of the pandemic, coupled with the need for rapid and effective decision-making amidst limited information, necessitated cooperation in sharing knowledge to address complex and emerging issues. From this reflection, we found the dyad of trustworthy leaders plus trusting followers to be key factors in the HPC's capacity for organizational change. As shown in Luca's story, due to the new demands, not only did the members of the HPC change, but also

the organization itself. New protocols, relationships, and resources (e.g., online sessions allowing follow-ups while athletes are outside the HPC) were gained.

Regarding future interventions, we believe that it is important to focus on evaluating readiness and capacity for change; moreover, in situations of high uncertainty, it is important to explore two factors in particular: a tolerance for ambiguity and an acceptance of not being able to control everything.

Positive Aspects of the Intervention:

1. Considering that transitions are processes navigated over time; to comprehend and provide support to organizations it is crucial to assess the transitions at multiple points in time. The longitudinal design of our intervention that delimited different moments to intervene through focus group sessions and interviews enabled us to identify how the different HPC members adapted to the challenges posed by the pandemic and the disruption to the traditional Olympic/Paralympic cycle. This approach also allowed us to explore how stories evolved and allowed the HPC members to reflect on and become aware of their capacity to adapt to the unexpected.
2. Including a collaborative group allowed us to incorporate the users of the generated knowledge in all the intervention parts, thereby enhancing the utility of the intervention, most especially in empowering the participants. The inclusion of the users' knowledge was also found to be crucial to shaping the interview guide and designing the concluding event.
3. Since participation in this project represented a first contact with sports psychology for some of the HPC members, we believe that the intervention served not only as a support resource but also as a mental health literacy resource. Along the same line, we were able to provide follow-up to the

organization and its members through the invitation to participate in subsequent educational and research-based applied projects aimed at promoting mental health literacy and self-care.

What We Learned for Future Interventions:

1. We initially focused the intervention mainly on athletes and coaches, considering that they were at higher risk of mental health issues. However, we realized the importance of including other members (e.g., support staff) in the intervention in the reflective interviews, especially management team members, given their responsibility for the overall response to the non-normative transitions and the ongoing need to adapt to new demands. In other words, the intervention needed to consider the importance of ‘caring for the caregiver’.
2. Although self-assessment tools offered autonomy regarding the management of emotions during challenging moments, we believe that they were more suitable for individuals who had already worked with mental health professionals and less useful for individuals with less emotional awareness. Future interventions might benefit from a more extensive explanation of how to engage with these tools.
3. In cases where we detected a need for therapeutic intervention (e.g., symptoms of anxiety or depression), as external SPPs, we were aware of having to act sensitively regarding those individuals, to avoid intruding or interfering with HPC staff roles. In future interventions, it would be advisable to ensure absolute clarity regarding our role as external practitioners.

Conclusions

In this article, we described our experience of counseling a HPC facing the concurrent non-normative transitions of the COVID-19 pandemic and disruption to the Tokyo Olympic/Paralympic cycle. Our intervention in support of a sports organization

adopted a holistic perspective, a longitudinal design, and different specific interventions, including a collaborative group, focus group sessions, reflective interviews, self-assessment tools, and a concluding event to share stories. By sharing our proposal and the lessons learned, we hope to stimulate reflection and creativity regarding different ways of providing support to organizations experiencing unprecedented situations. We especially note the importance of including and strengthening collaborative work to empower participants and produce more impactful research and interventions.

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Disclosure statement

The authors report that they have no competing interests to declare.

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Table 1*Summary of the intervention*

PHASE	PURPOSE	WHAT WE DID	WHO PARTICIPATED	WHAT WE ACCOMPLISHED
Literature review	To identify current trends that would enable us to respond to the support request.	We reviewed key literature on career transitions (e.g., Stambulova and Samuel, 2020), and on counseling for adults in transitions (e.g., Schlossberg, 1981). Considering the HPC characteristics, we also consulted the literature on participatory interventions (e.g., co-production, Smith et al., 2022).	First, second, and fourth authors.	We conceptualized the pandemic and the disruption to the Tokyo Games cycle as concurrent non-normative transitions.
Needs Analysis	To explore the main needs of the HPC and determine what was expected from our intervention and how we could contribute.	Through an interview with Beth (HPC representative), we detected the need to support athletes and coaches who were preparing for the Tokyo Games and had to cope with disruption to their planning. Considering the pre-existing resources available in the HPC (e.g., the sports psychology department), we were asked to provide support as external SPPs, therefore we focused our intervention on the power of storytelling (e.g., cathartic effect and meaning-making resource) and created spaces for athletes and coaches to reflect and share their stories.	First, second, and fourth authors, and Beth.	We designed our intervention following a qualitative approach (focusing solely on narrative theory) and the co-production approach, to include users in designing the intervention.
Intervention	To establish actions to support athletes, coaches, and staff through the different phases of the disruption.	Collaborative group: We designed a holistic counseling strategy that considered the different HPC members and created a collaborative group whose members participated in five focus group sessions (videoconference meetings). The threefold goal was to collect insights from participant experiences to guide the project, provide feedback on the general conclusions after each phase, and adapt the project to the participants' main needs	Two HPC management team members, three athletes, and two coaches, were selected by Beth considering representativeness in terms of gender, roles, and Olympic/Paralympic realities. The first, second, and fourth authors guided the focus group sessions.	The collaborative group allowed us to create an interview guide pertinent to the main topics that worried or challenged participants at each phase. It also allowed us to detect if a different approach was needed (e.g., considering the time between interviews we decided to provide participants with a set of self-assessment reflexive tools to engage with them in that time frame).

(e.g., timings) to increase utility and impact.		
Reflective interviews: Participants were invited to reflect on their mental health from a holistic perspective (see Figure 1 for a summary of the different interview phases and topics).	27 athletes (13 female) and 13 coaches (two female) participated in four semi-structured interviews. 10 members of the support staff participated in one semi-structured post-Tokyo interview.	For some participants, the intervention represented a first experience with a mental health professional. The intervention proved to be a resource for mental health literacy and was an invitation to reflect. Some considered including a mental health professional (from inside or outside the HPC) as part of their team. Our contributions as SPP were acknowledged as valuable.
Self-assessment tools: Given the time gaps between interviews, participants were issued a booklet describing five techniques designed to facilitate reflection and documentation of emotions and thoughts throughout the various transition stages (i.e., photovoice, timeline, drawings, a letter to yourself, and self-diary).	Athletes and coaches interested in enhancing awareness in the intervals between the reflective interviews.	During the acute phase of the lockdown, the reflection and documentation of emotions and thoughts throughout the transitions were found useful. The photovoice and self-diary techniques were the techniques that engaged more participants over longer periods of the intervention.
Closing event: At the end of the intervention, a participatory concluding event was organized at the HPC to share the stories of athletes, coaches, and support staff, through a round table with the HPC community and the public	Round table: three athletes (two female), two coaches, and a HPC management representative. The collaborative group helped design the event and the first author conducted the event. Public (i.e., HPC members not targeted by our intervention, students, non-HPC students, mental health professionals, and coaches). All four authors participated in the event.	We distinguished two main outcomes: (a) For the participants: In communicating their stories, lessons learned, and reflections, participants were empowered. Their initial perceptions of powerlessness and passivity in the initial pandemic and Tokyo Games disruption phases changed to a more proactive stage when they shared stories of rearranging values and focusing on what they could control and integrating this resource into their everyday life. (b) For the public: The participating public could ask questions of the athletes, coaches, and HPC staff and so

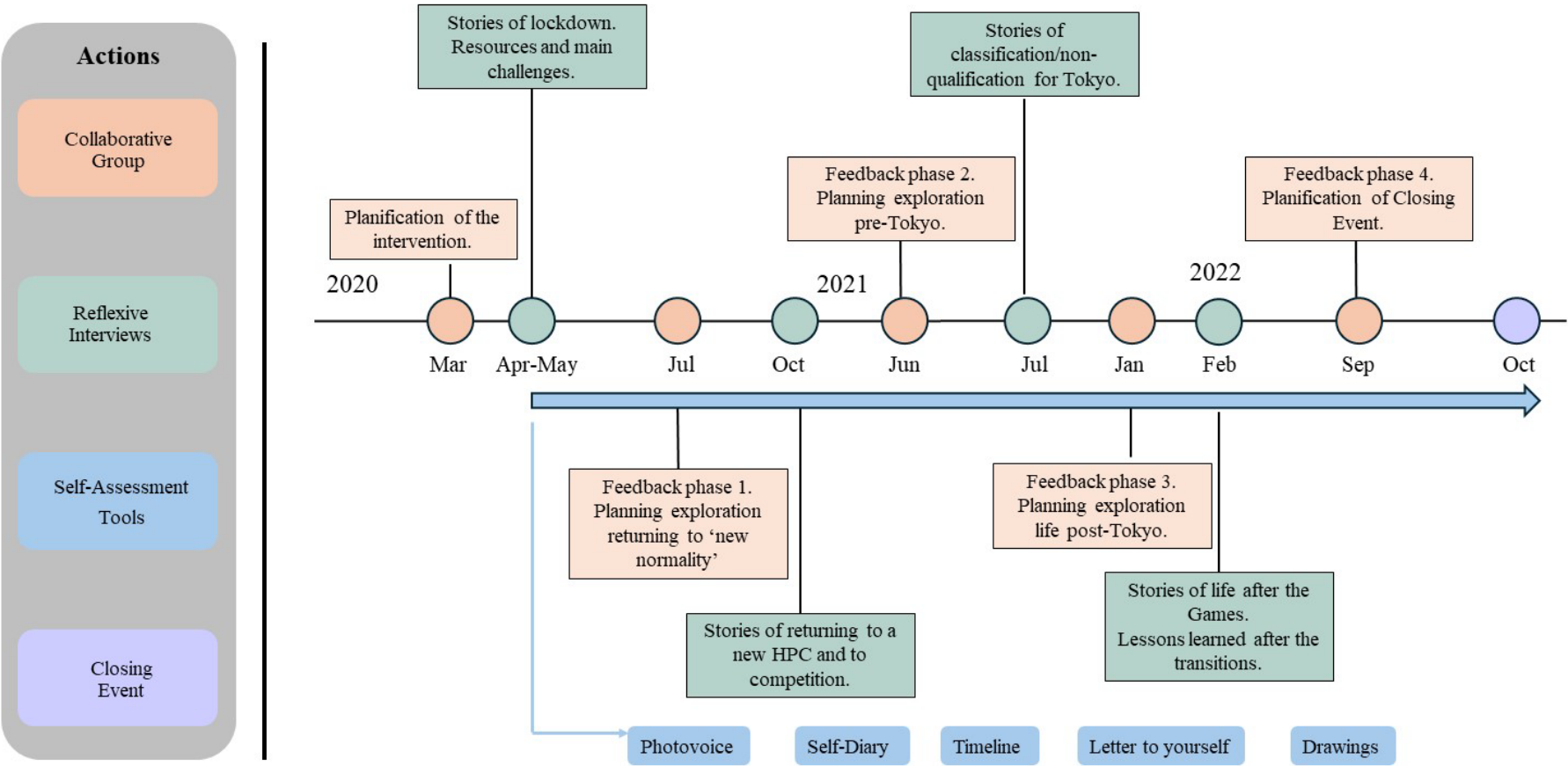
Evaluation	To evaluate intervention success.	Evaluation was ongoing throughout the entire intervention, informal interviews with Beth and with the collaborative group members were done, once the final stage concluded, we evaluated, using qualitative methods, participant satisfaction and how new resources were acquired and implemented.	The first, second, and fourth authors.	deepen their understanding of their experiences in this challenging period. Besides the expected outcomes for athletes, coaches, and HPC staff (e.g., increased reflection and awareness of own emotions), we perceived an unexpected outcome for the HPC as an organization. Thanks to the collaborative group and the concluding event, members of the HPC were able to socialize their experiences and acknowledge not only their experiences but also the experiences of members with different roles within the organization. This exchange allowed them to increase their sense of belonging. Members of the management team and the coaches positively valued the opportunity to count on external support throughout the whole transition, during this process, they dealt with increased pressure and were grateful for the cathartic space that the interviews provided.
Follow-Up	To gain continuity of the earned resources.	To provide continuity of the promotion of mental health through the organization, participation through different educative, applied, and scientific-based research projects was proposed (e.g., Dual Careers for Mental Health, Promoting Mental Health through the Entourage in High-Performance Sport).	All authors and the HPC.	Mental health literacy and mental health self-care were promoted in athletes, coaches, and members of the support staff through different workshops.

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Figure 1

Timeline of the Intervention process at the High-Performance Center



379 *Note.* The different actions undertaken through our intervention at the High-Performance Center are shown. We present a timeline indicating
380 when each strategy took place and the principal topics that were addressed at each stage.