Using an Acceptance and Commitment Therapy Approach for Fear of (Re)Injury with a Competitive Figure Skater

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Abstract

This case study outlines the sport psychology service delivery provided to an 18-year-old competitive figure skater. The client reported fearing (re)injury in training following her return to sport, which hindered her performance and concentration in training. An Acceptance and Commitment Therapy (ACT) intervention was implemented over six sessions across a three-month period. The ACT matrix was used to conceptualise the client's "stuckness" and provide a foundation for the strategies and techniques implemented. The aim of our work was to increase psychological flexibility, helping the client sit with, rather than change or remove, her unhelpful thoughts, moving her towards the athlete she wanted to be. This case reports how psychological flexibility was achieved through exercises to help the client "unhook" from her thoughts around fear of injury. Reflections from the client and practitioner capture the evaluation of the service delivery process.

Keywords: ACT matrix, Defusion, Psychological flexibility, Relational Frame Theory; Rehabilitation

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Context

Injury is ubiquitous in sport. The physical nature of the sporting endeavor alongside the physical fallibility of the human body means that athletes will face injury at various points in their career. Injury can be highly distressing to athletes (Walker et al., 2007) with strong links between injury and reduced levels of self-esteem, loss of identity, anxiety, depression, and feelings of isolation (see Arvinen-Barrow & Walker, 2013). Consequently, sport, exercise, and performance (SEP) practitioners are highly likely to work with injured athletes during their career and ways in which we can help athletes with the psychological ramifications of injury and (re)injury are necessary and potentially highly valuable. Interestingly, the most common psychological interventions (goal setting, imagery, relaxation training, and positive self-talk; Brown, 2005) are often underused in sport injury prevention and rehabilitation (see Arvinen-Barrow et al., 2010). Yet one approach to sport psychology that may benefit athletes dealing with the consequences of injury is Acceptance and Commitment Therapy (ACT), a third-wave psychotherapy that is part of the cognitive-behavioral tradition (see Kangas & McDonald, 2011).

In ACT, the primary goal of the work is to promote psychological flexibility – the ability to fully connect with the present moment – accept thoughts, and change behaviour based on chosen values (Harris, 2019). To this end, ACT interventions focus on switching an athlete's attention to the relevant task, framed as committed action, versus internal states, such as anxiety or frustration. In ACT it is assumed that psychological dysfunction is primarily the result of misapplying problem solving and language to "normal instances of psychological pain" (Hayes et al., 2012, p. 19). These tendencies can lead to experiential avoidance (i.e., the ongoing struggle to avoid or get rid of unwanted thoughts and feelings),

inflexible attention processes, and reduced attempts to pursue valued behaviours. In ACT work, the focus is on taking action, guided by core values, to behave like the person we want to be (Harris, 2019). In doing so, the client identifies what really matters to them and then uses these values to guide, motivate, and inspire what they do (Harris, 2019).

ACT comprises six core processes, which can be grouped into three functional units – illustrated as a "triflex" (Harris, 2019). First, the noticing self, or the *self-as-context*, and *contacting the present moment,* both involve flexibly paying attention to, and engaging in, here-and-now experience — being present. Second, *defusion* and *acceptance* relate to separating thoughts and feelings, seeing them for what they are, and allowing them to come and go — to open up. Third, *values* and *committed action* involve initiating and sustaining life-enhancing action — or doing what matters. The goal is to replace cognitive fusion and experiential avoidance with mindfulness and acceptance; and rigidity and inactivity with clarification of the athlete's goals and values, to inform overt behavioural activity.

The ACT matrix (Polk & Schoendorff, 2014), which has been successfully applied to sport settings (Hartley, 2020; Schwabach et al., 2019), visually represents the client's actions and internal experiences from their perspective to promote psychological flexibility. It captures the client's actions that move them toward (i.e., committed action) or away from (i.e., experiential avoidance) the person they want to be, along a horizontal continuum. This is intersected with a vertical continuum that represents 'mental experiencing' (i.e., thoughts and feelings) at one end and 'physical experiences' (i.e., how the client acts) at the other. This represents the difference between internal and external experiences (Levin et al., 2017). The two bisecting lines create four quadrants, which represent the client's experiences (i.e., physical and mental) and the function of their actions (i.e., helpful and unhelpful).

Given the supportive evidence base for the use of ACT with athletes (see Hartley, 2020; Olusoga & Yousuf, 2023; Price et al., 2022b; Swettenham & Whitehead, 2022; Watson

et al., 2023), and the first author's philosophical position, this case study outlines how the techniques of ACT were applied with an 18-year-old figure skater. The first author adopted a client-led approach to help the athlete develop an increased self-awareness and navigate challenging experiences and situations.

Ethics and Assumptions of Practice

From here, the first author refers to themselves as "I" and adopts a first-person writing orientation to aid a more personal and more comprehensible written style. I am a British Psychological Society (BPS) Chartered Sport and Exercise Psychologist, and a Registered Practitioner Psychologist with the Health and Care Professions Council (HCPC) based in the United Kingdom (U.K.). At the time of this case, my applied experience had been gained from consulting on a one-to-one basis with clients of various ages (i.e., youth and adult) across a range of sports (e.g., swimming, golf, figure skating, football) over a six-year period. The second author actively contributed to the writing and editing of this case for publication.

Effective sport psychology service relies on the development and understanding of personal and professional philosophy (Poczwardowski et al., 2004, p. 19). Influenced by academic experiences and a desire for a clear framework (Tod, 2007), I came to appreciate the interplay between thoughts, feelings, behaviours, and physiology and the use of strategies to challenge or control unhelpful internal states that impact performance (Beck, 2011; Knapp & Beck, 2008; Turner et al., 2020). Yet over time, I came to learn that controlling internal states might worsen the presenting problem(s), moving towards a process of individuation (McEwan et al., 2019). Reflecting on my experience and personal values (Anderson et al., 2004; Cropley et al., 2007; McEwan et al., 2019), I gravitated towards an interpretivist and constructivist philosophical approach to my consultancy (Keegan, 2016). This informed a client-led approach and the belief that the client is the expert of their situation, removing my assumptions as a practitioner (Rogers, 1977). Taking this approach meant there was no "off

the shelf" approach to the delivery, instead tailoring service delivery to the client's needs. Sometimes, delivery slipped into a more practitioner-led approach in response to the client's needs (e.g., instructing the client on a particular strategy). However, in our initial interactions, the client led the prioritisation of presenting problems and the focus of our work, where I aimed to collaboratively explore the client's situation, helping them to improve their understanding of their situation (Keegan, 2016).

The Case

I had previously worked with the client's coach, who asked if I could work with a few of his athletes. The client, Emily (pseudonym), is an 18-year-old female. She is a national level competitive figure skater with the goal of making the national team, representing her country in international competition, and staying in the sport for as long as possible. She started in the sport age six and was competing by age seven. Aged 10, she took a three-year break from the sport, returning to training aged 13 to 16, before the Covid-19 pandemic caused further disruption to her training. Emily was in her last year of school and planned to take a two-year break from education to "reset" and focus on sport. She had participated in therapy when her parents divorced and had received support from two different sport psychologists following previous injuries. Yet Emily disengaged with these professionals, feeling they "didn't get" her sport or fear of injury. I had knowledge of her sport, through previous work with athletes within figure skating, she felt hopeful that our work would be different. However, she feared that solely focusing on skating, training too much, and fixating on goals put her at risk of falling out of love with the sport and burning out.

In initial interactions with the athlete, I explained that I was a qualified professional and that my work was bound by a professional code of conduct and practice (see BPS, 2018). I strived to establish a warm, trusting relationship, with good rapport, to influence successful outcomes by portraying a positive and compassionate demeanor, and displaying active

listening skills (Rogers, 1977). I used the intake process to agree five outcomes (Keegan, 2016): establishing the relationship and working agreement; agreeing ethical boundaries, expectations, and confidentiality; clarifying my approach as a practitioner and whether that fitted with client's needs. I explained that the client could terminate our working relationship at any stage and asked for a signed consent form agreeing the nature of our working relationship.

Sessions commenced in January 2023, online, via video call. Although Emily had a history of injury (her lower back when she was 15 years old and her ankle four months ago) her current health was "pretty good" with "no current injures", but experienced pain in her back and ankle, especially when tired. She was attempting all skills in training but felt the mental recovery of the ankle injury was her "biggest challenge." Emily had recently been assigned her first major competitive event of the season, scheduled for February, so this was her focus in training. In total, service delivery spanned three months, consisting of six sessions (roughly one every two weeks), varying in length from 50-60 minutes (see Table 1). Sessions were scheduled every two weeks and followed a similar structure (e.g., recap and reflections on/since last session, psychoeducation, experiential exercises, reflect and recap session content) with some flexibility to meet Emily's needs, altering the focus, flow, and pace of sessions accordingly.

Needs Analysis and Case Formulation

Informed by an interpretive, constructivist, and person-centred approach, I felt questionnaires and measures were deemed unhelpful, impersonal, and unable to fully represent Emily's inherently unique worldview and experiences (see Keegan, 2016). Consequently, the primary needs analysis tool was conversation, gaining a comprehensive client history using the Sport-Client Intake Protocol (SCIP; Taylor & Schnieder, 1992). In the case formulation I also used the ACT matrix (Polk & Schoendorff, 2014), which helped

conceptualise Emily's experiences (Figure 1) and framed the strategies we would discuss to target the core processes of psychological flexibility captured in the ACT triflex (Harris, 2019). Previous experience had highlighted how confusing some aspects of the ACT triflex can be for clients to understand, and the ACT matrix had helped in this regard.

During discussions, Emily shared that she feared "injuring [her]self." This anxiety had been building since her back injury, aged 15, and realised with her ankle injury, four months ago. She thought the fear always worsened as a competition drew closer. With school grades dropping and limited social connections, figure skating became the only thing that "excited" her. Yet this increased her anxieties. She did not want to "fail because of injuries", which she felt was out of her control. Allowing Emily to see herself as an active agent in her recovery was important for her to have a better physical recovery outcome (Cupal & Brewer, 2001). When considering our work together, Emily had physically recovered from her injury, where the mental challenge focused on fear of reinjury. Reviewing Gardner and Moore's (2004) Multi-Level Classification for Sport Psychology (MCS-SP), it seemed that Emily's case aligned with performance dysfunction; her progress was slowing because of her thoughts, primarily caused by previous life events. I wanted to explore whether her thoughts were caused by extreme perfectionism, fear of failure, or an irrational need for approval (Gardner & Moore, 2004). In this sense, the primary focus of our work was to improve Emily's athletic performance (Gardner & Moore, 2004). Through the needs analysis, we agreed that our work would focus on supporting Emily to overcome her fear of injury.

Taking an ACT approach, Emily's unhelpful thinking dominated her behaviour in training in a problematic way, which connected with the notion of cognitive fusion (Harris, 2019). Emily's thoughts were "hooking" her from her desired way of training – *doing what matters* (Harris, 2019). I felt that challenging Emily's thoughts as irrational, or trying to cognitively change her thoughts as is more common in second wave CBT approaches (Young

& Turner, 2023), would add to her struggle, rather than easing it. Consequently, I felt we could explore strategies that would allow Emily to accept her unhelpful thoughts about (re)injury and feel happier and less distracted by these thoughts in training. In line with the construalist approach, I did not feel there was an "off the shelf", ready-made intervention, and so the exercises, examples, and metaphors used, were specific to Emily, guided by her story and what she felt was important.

Intervention Plan, Delivery, and Monitoring

When setting up sessions with Emily I explained that video calls were my only method of delivery given our geographic distance and asked for her thoughts and concerns about this approach. Virtual delivery of CBTs provide equivalent outcomes to in-person therapy (Gros et al., 2013; Simpson, 2009; Thomas et al., 2021). I followed Payne et al.'s (2020) guidance by maintaining a neutral and consistent background to calls, which established therapeutic boundaries; I assured Emily that I was the only one in the room, maintaining confidentiality, and asked that she did the same; I established a strong relationship in the virtual domain by being active in discussions, using more open and directive questions; and ensured my screen was large enough to see Emily's facial expressions during sessions. We used a collaborative Google Doc with restricted access to Emily and myself, saved on a password protected Google Drive (cloud) account. In addition, the screen sharing function during video calls helped engage Emily in the consulting process (Price et al., 2022a).

Exploring Emily's Cognitive Fusion and Experiential Avoidance (Session Two)

There is no "right" place to start with ACT interventions (Turner et al., 2020). In this case, our work began exploring Emily's current and previous attempts to "solve" the problem, highlighting how effective trying to control, reduce, or eliminate unwanted thoughts, feelings, and sensations can be (Turner et al., 2020). We then explored the bottom

left quadrant of the matrix, in detail, exploring the thoughts and feelings that show up around injury (i.e., cognitive fusion). Emily discussed that "something will go wrong" in training and felt this would "always be a problem". She worried about "[ruining] something permanently" and stopping her from competing by hurting herself executing technical skills (e.g., twisting her ankle or landing "really hard" on her face). She sometimes saw "the whole scene of getting injured" play out in her head, sometimes becoming so terrified she started "shaking and crying." We then explored how Emily acted to avoid these thoughts (i.e., experiential avoidance; e.g., "What would I see you do?"). She described how her fear of injury showed itself in "popping" (i.e., losing the feel of) technical skills, circling (i.e., giving up on attempts), or just cutting training sessions short. Emily shared how she often threw her head back in frustration. She noticed that these behaviours worsened as competition drew closer. This completed the left-hand side of the ACT matrix (Figure 1). I then introduced the ACT matrix to Emily through psychoeducation, which framed how these thoughts and behaviours were pulling her away from her desired way of being.

Exploring Emily's Values and Committed Action (Sessions Three-Four)

Next, we discussed the type of athlete Emily wanted to be and focusing on what was important (i.e., her values). I introduced the concept of values to Emily by explaining how a value would be like "travelling West", whereas a goal would be "travelling to the United States." I highlighted the contrast between the specific, achievable nature of the goal, versus the vague, unachievable nature of the value. Using a deck of value cards, I created an online document – a single A4 side – listing 50 values. We reviewed the sheet together (using the screen sharing function), with Emily identifying the words that stood out to her as important, with Emily asking for clarification on any words she was unsure about. She identified eleven words. On review, she removed two words (perfection and logic) from the list. The remaining nine values were grouped under three headers: *Growth*, which captured the values of

determination, ambition, commitment, hard work, and support; *Balance*, which captured creativity, enjoyment, and health; and *Professionalism,* which captured respect and being a professional. We then discussed how Emily could demonstrate these values through her behaviours (i.e., committed action). She discussed the need to stay focused – to "just do it", to trust herself, to keep trying, and be fully committed to attempts, especially when attempting difficult technical skills. She explained the importance of shrugging off mistakes, and the need to work on all aspects of training – to remind herself that it is not all about the technical skills. Lastly, she discussed the need to be at ease, smile, and be free in training. This completed the right-hand side of the ACT matrix (Figure 1).

Helping Emily Be Present and Defuse her Cognitions (Session Five)

Completing the ACT matrix (cognitive fusion; experiential avoidance; values; and committed action) we had conceptualised Emily's experiences, which now framed the strategies we would discuss to target the core processes of psychological flexibility (Harris, 2019). We started with mindfulness, introduced using a formal activity and psychoeducation. Using Emily's water bottle, we discussed engaging here "see", "feel", and "hear" senses to notice the smallest details – the weight of the bottle in her hand, the creases in the plastic, the print on the label, the noise of the water moving as the bottle was tilted left and right. Next, I asked Emily to sit with her eyes closed and place her forefinger on her thigh. I asked her to focus on her breathing and then sit with her thoughts, with her finger moving towards her knee if her thoughts focused on the future and towards her hip if her thoughts focused on the past. Once Emily recognised that our minds have the capacity to focus on small details, wander, and come back to the present moment, I set her the task of completing a mindfulness task for 10 minutes ever day for a week. I asked her to record her thoughts, noting if her focus was in the here and now, past, or future. Emily fed back positively on the mindfulness

activity. She shared that she had previous experience of the concept but had not practiced it in this way. She found it a little anxiety inducing but liked having "ten minutes to herself."

At this point, I introduced Emily to cognitive defusion techniques. These aimed to alter how Emily related to her undesirable thoughts and internal events – to decrease the believability of, or attachment to, internal events – rather than trying to alter the form of her thoughts (Hayes et al., 2006; Hayes & Plumb, 2007). I emphaissed the illusion of emotional and cognitive control through three exercises: "delete a memory", "numb your leg", and "don't think about…" (Harris, 2019). We started with some psychoeducation around cognitive defusion, explaining how our thoughts can sometime be like our hands covering our eyes – that the thoughts that "hook" us are all we focus on, in the same way all our eyes can focus on are our hands. Cognitive defusion techniques pull the hands away from our eyes to arm's length – where we can still see them, but our vision has opened up so we can see other things, too. I presented this as the choice point, emphasising that she had choice with how she engaged with thoughts, using the words "hook" and "unhook", rather than cognitive fusion and defusion. We discussed Emily's thoughts as constructions of words and images, like clouds passing overhead. I linked this to *workability* – that Emily's thoughts were not as important as the way she allowed her thoughts to dictate her behaviour.

The aim was to reduce Emily's problematic dominance of cognitions over her behaviour and facilitate being psychologically present and engaged in her experience – to step out of the content of her cognitions, drop the struggle, and stop obeying or holding on tightly to cognitions (Harris, 2019). The nature of Emily's cognitions fused with feeling anxious about injuring herself (i.e., fusion with the future); the painful memories of being injured and previous failures (e.g., connections between thoughts of injuring herself and actually injuring herself; i.e., fusion with the past); and judgements that this will always be a problem and something will always go wrong (i.e., fusion with judgements). To aid cognitive

defusion, we covered noticing and naming thoughts – e.g., "here it is again" and "thanks brain" – and neutralising thoughts by emphasising how the thought was unhelpful in supporting Emily towards her destination. She found neutralising thoughts with comments like "this isn't helping" and "this doesn't matter" was helpful.

Focusing on the importance of "stillness" and *being present*, I introduced the dropping anchor exercise (Harris, 2019) through psychoeducation. This linked defusion techniques with mindfulness, encouraging Emily to notice the thoughts she was fusing with (bottom left quadrant of the matrix). I explained that defusion techniques required practice, and noticing thoughts were the first step. Of the different techniques discussed, Emily connected with the idea of singing her thoughts to herself (i.e., putting self-judgement into a short sentence – e.g., "I am X" – and silently signing the thought to the tune "Happy Birthday"); engaging her senses to connect with the present moment (i.e., using mindful/colourful breathing; Perry, 2020); and focusing on how she wanted to act (top right quadrant of the matrix). This led to discussions around self-compassion and using defusion skills to take the power out of harsh self-criticism. I used the two-friends metaphor (i.e., showing ourselves the same compassion we might show others; Harris, 2019), recapping on Emily's harsh and uncaring phrases (e.g., "I can't compete"; "I'll ruin something permanently"; "This will always be a problem") and emphasising the importance of talking to herself in kind ways, offering gentle messages of support and understanding.

Reviewing Emily's Completed ACT Matrix (Session Six)

Lastly, we reviewed Emily's completed matrix (cognitive fusion, experiential avoidance, values, and committed action). In doing so, we discussed the struggle caused by an unworkable agenda of emotional control, which ACT terms creative hopelessness (see Harris, 2019). In reviewing Emily's completed matrix, we discussed in terms of short-term goals (i.e., fighting unwanted thoughts) and long-term goals (i.e., values and committed

action). Highlighting the tension between each quadrant, we explored self-as-context. I asked Emily "Who can see all of this?" She replied: "Me". Then I asked, "If you could wave a magic wand and remove all your worry, what would you wish away?" In response, Emily identified she was getting in her own way. This was a critical, "light bulb moment" in our work because it revealed Emily's choice point – that she could decide whether to engage with the cognitions she fused with, or "sit" with, work through, and defuse them. I highlighted how unhelpful thoughts (cognitive fusion) and actions (experiential avoidance) were similar to being stuck in quicksand, where the more we struggle, the more troubled we become. The completed matrix helped explain how dropping the struggle and engaging in helpful, values-driven action (captured in the right-hand side of the matrix) was where Emily should focus her attention. We summarised the importance of letting thoughts be, acknowledging difficult inner experiences, reinforced self-as-context through mindfulness, and emphasised the notion that ideas come and go, like passing clouds, but Emily is still here, in the present moment.

Evaluation of Intervention and its Outcomes

SEP practitioners are required to engage in systematic monitoring and evaluation of their work to assess their service delivery (Harbel & McCann, 2012; Keegan, 2016). Evaluation in ACT is ongoing, and constant reevaluation of treatment goals occurred throughout consultancy (Hayes et al., 2004). Informally, I checked in with Emily after each experiential exercise (e.g., values cards, mindfulness, dropping anchor), several weeks into, and at the close of the intervention. The agreed aim of the intervention was to support Emily to overcome her fear of injury. Measuring the effectiveness of the intervention in relation to Emily's expectations was the main evaluation strategy (Keegan, 2016). The below reflections, both from Emily and myself, attempt to evidence evaluation of the intervention.

Client Reflections

Aligned with the interpretivist and constructivist philosophy of this intervention, Emily's experiences were given primacy. To strengthen my understanding of Emily's experiences of our work together, I collected reflections towards the end of the intervention. Inspired by Hartley (2020), these prompts aimed to generate insights that would inform future work. These conversations were complemented by Partington and Orlick's (1987) consultant evaluation form (CEF), which I had adapted into a digital format for ease of dissemination.

What Progress do you Feel You've Made During our Work Together? Emily reported big improvements in the way she felt. Specifically, she reported feeling less terrified (and no longer crying) in training. She was now regularly attempting difficult skills, reporting more confidence in her ability to execute them. She felt scared, but "just did them now". Her thoughts about injuring herself were still present in training, but now she was able to regain her focus in training more easily. In doing so, she shared that the strategies we had covered had helped her manage her unpleasant or unwanted thoughts.

To What Extent Have We Achieved the Goals of the Delivery Service? Emily felt we had made progress in our time together. She recognised that the goal of our work was to help Emily "sit" with her thoughts, altering her relationship with her thoughts, rather than restructure or remove them entirely. She felt less afraid of sustaining injuries in practice. I asked Emily to rate the extent to which we had achieved the goals of our work on a scale of one (not at all) to 10 (very much so). She rated it at seven. When I asked, "why a seven?" she replied that things were a lot better – that when thoughts showed up, they passed over her easier, without distracting her focus. She was able to stop the unwanted thoughts from spiraling as much as before, stopping them before they took over. She had established clarity over what was important to her and how to demonstrate her values in practice. She had come to realise that her fear of injury would likely always be there and, although the thought of being injured was still scary, she felt more present and more focused on herself than before.

What Would you Change About how We Have Worked Together? Emily shared that she wanted more detail about the content we discussed – to talk through things in more detail. For clarification, I asked if Emily felt sessions were rushed, but she explained it was more about discussing points in more detail more than focusing on the strategies and documenting our work on the Google Doc. She felt we spent a lot of time completing the ACT matrix and less time on the strategies and techniques to better manage her thoughts. In summary, it appeared she wanted more focus on analysing her experiences, why her thoughts were showing up, and why her fears were there.

Summary. Evaluating the intervention against the identified goal, Emily seemed happy with our work – that her expectation matched the results generated. Conducting this line of questioning at the end of the intervention allowed us to identify that we achieved the aim of our work together, and that our work could come to a natural end (Keegan, 2016).

Practitioner Reflections

Here, I draw on personal reflections that highlight the challenges and realities of working as a SEP practitioner. I hope to highlight some key messages to inform (my own and others') best practice and effective service delivery (Knowles et al., 2007). We do not frame these reflections using a particular model, but future practitioners may wish to use, for example, Gibbs' (1988) reflective cycle.

Reflection 1: The New Territory of Working with an Injured Athlete. This was the first athlete I had worked with on handling their fear of (re)injury. I had worked with athletes sidelined form training, helping them adhere to their rehabilitation programme and the challenges that this phase of injury rehabilitation presents. However, this was new territory for me – the athlete was not physically injured, and, as such, was in full training. Athletes have shown an emotional, negative response as they return to training and manage the risk of reinjury (Morrey et al., 1999). Yet, returning to sport is typically acknowledged as

a successful outcome to the rehabilitation process, despite it being common for fear to remain a prominent emotion when (Ardern et al., 2012). Our work met the aims outlined within our working agreement, supporting Emily to handle her unhelpful thinking in training. She reported regularly being able to attempt difficult skills and felt more confident in training. She allowed difficult thoughts to pass over her without distracting her focus by identified what was important to her and how to demonstrate this through committed action. This case study adds to the literature on the experiences of sport psychology interventions supporting athletes through the latter stages of injury rehabilitation and anxieties around reinjuries using ACT.

Reflection 2: Developing a Worked Understanding of ACT Interventions. I first approached my service delivery as a SEP practitioner feeling like I had to be the expert, where clients sought strategies from me, as a professional. I feel that this was informed by my previous role as a sport coach, and partly by the way psychological skills training lends itself to psycho-education delivery. As I explored other CBT approaches, I came to appreciate that encouraging clients to control their internal states might worsen their presenting problem. I transitioned towards the belief that clients are the expert of their situation and settled on positioning my practice within an ACT approach. I had found the ACT matrix useful in framing discussions with clients, and I liked how, in this case, we populated the matrix early on, and then used it to structure the discussions around cognitive defusion, focusing on what was important, and committed action. I was pleased she could feel some improvements in her abilities to handle her unhelpful and reoccurring thoughts emphasising the need to focus on workability. By helping Emily focus on mindfulness and values, her emotions seemed to operate in a way that were no longer toxic or self-defeating.

I had become accustomed to the feeling of being imperfect, modelling openness, authenticity, willingness, and self-acceptance. Emily connected with the tasks and exercises

we went through during our work together. Yet it is still rather challenging to discuss with clients the somewhat counter-intuitive approach to ACT. I explained to Emily that the focus of ACT was accepting, rather than changing, her unhelpful thoughts. Discussing Emily's previous attempts to address her thoughts (i.e., a cognitive therapy approach) allowed the opportunity to discuss the advantages of trying a different plan of attack. This embodied a client-led approach, prioritising acceptance over change of thoughts. Emily was open and curious to try something different, yet gaining buy-in for this different approach was something challenging. We struggled to move beyond Emily's surface-level desire for change. Perhaps Emily had not developed the necessary self-awareness, either naturally or during the consultancy process, to fully prioritise acceptance over change of thought. Perhaps the "fault" here lies with me as much as Emily. Although I feel we developed a strong working relationship for our work together, allowing Emily to feel more understood than the previous psychologists she had worked with, perhaps it was not strong enough for her to fully trust the (counter-intuitive) process of ACT.

When previously delivering basic psychological skills interventions, I had discovered six sessions were enough to conduct the needs analysis, deliver the intervention, evaluate, and conclude our work. On reflection, most of the ACT interventions I had previously delivered to clients who I had established working relationships with. This case was the first time I had delivered an ACT intervention from start to finish within six sessions. I feel we accomplished our goals in this timeframe (also reflected within the client reflections), but this may have left Emily feeling an imbalance between the exploration of her problem (sessions one and two) and strategies/tools to help (sessions three-six). This was reflected in Emily's thoughts on wanting more detail more than focusing on the strategies. However, ACT is a behavioural therapeutic approach, where the focus is on "taking action" (Harris, 2019, p. 3). Although I took time to review our work together during the intervention, this overlooked a review, from

my side, of what to cover in the time we had. Perhaps once the matrix was completed (in this case, session four) a review to ensure enough time remained to cover topics of defusion, contacting with the present moment, and self-compassion. However, this becomes challenging when there is no set place to start an ACT intervention (Turner et al., 2020).

As this work was informed by an interpretive and constructivist approach, questionnaires and measures were deemed unhelpful, impersonal, and unable to fully represent the client's inherently, unique worldview and experiences during the intake process (Keegan, 2016). There are numerous ACT measures (e.g., Psy-flex; CFQ-7) but these are not positioned within sport, placing extra cognitive load on athletes completing these and aligning them to their context. Although interventions can be monitored using measures such as Partington and Orlick's (1987) CEF and Miller's (2012) session rating scale, these are arguably more focused on the client's experiences of the consultancy process. There is an apparent lack of a sport specific objective measure to test the effectiveness of ACT interventions, which should be a focus of future research, allowing the opportunity to evaluate ACT-based interventions more effectively in sport and exercise psychology.

Conclusion

Emily's verbal reports demonstrate she was satisfied with our work together. Her unhelpful thoughts about injuring herself still showed up, but she was less "hooked" by them. The aim of our work was to help Emily overcome her fear of injury, to "sit" with her cognitions, defusing them, and working through the challenge they presented to move towards what was important and the athlete she wanted to be. I hope I have demonstrated transparency and vulnerability in reporting this case, highlighting some critical recommendations for practitioners. Firstly, returning to play is not the final stages of recovering from an injury, as fear of reinjury can cause psychological distress and negative emotions. Having an awareness of this is important for sport psychology practitioners, wider

sport science professionals, support staff, and coaches. Secondly, it is important for practitioner psychologists to have a grounded understanding of the theoretical orientations of interventions and awareness of the potential pitfalls this approach presents. Third, it is important to balance effective delivery with the most appropriate timeframe. Keeping interventions short means clients see the impact of the intervention as soon as possible, which helps promote a positive image of the broader sport psychology profession. However, it is crucial to balance exploration of the client's current situation with the delivery of strategies that can help move them forward. Tipping the focus more in favour of one or the other will impact the client's perceptions of the intervention. However, as outlined in this case, SEP practitioners deliver psychotherapy interventions, counselling, and mental skills training to athletes (Herzog & Hays, 2012) and this is balanced alongside time and financial constraints that prevent interventions lasting longer than the client deems necessary. Lastly, although process evaluation measures monitor and evaluate the client's perceptions of consultancy, there is a distinct lack of sport-specific psychometric measures to evaluate the effectiveness of ACT interventions in an objective way. This should be a focus for future research endeavors in this area.

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606 **Table 1**

607 *Service Delivery Process with Emily (session, content and length)*

Session	Content	Length (mins)
0	In this pre-intake call I outlined my ethical and professional boundaries, service delivery philosophy, and began building rapport with Emily. We briefly covered her sporting history, why she was seeking sport psychology support, and her goals for the service delivery.	30
1	We conducted the intake interview (SCIP) for a full client history. We identified fear of (re)injury as her biggest mental challenge.	60
2	We explored Emily's thoughts ("What thoughts show up?") and feelings ("How does that make you feel?") about injury. We discussed how Emily acted to avoid these thoughts ("What would I see you do?"). This completed both quadrants on the left-hand side of the matrix. We then reaffirmed the goals of our work together, emphasising that we would focus on handling unwanted thoughts, rather than removing or restructuring them. I presented the ACT matrix through psychoeducation.	60
3	We explored what was important to Emily (her values). This completed the bottom right quadrant of the matrix. I introduced mindfulness through a formal exercise.	60
4	We refined the values identified in the previous session. We then sketched out the top right quadrant of the matrix (committed action) and recapped on the mindfulness activity, seeking Emily's feedback.	55
5	We recapped on the four quadrants of the matrix (cognitive fusion; experiential avoidance; values; and committed action), discussing them in terms of short-term and long-term (creative hopelessness) through metaphors and physicalising exercises, linking to cognitive defusion techniques (e.g., notice that thought, and "thanks brain"). We recapped on mindfulness through the exercises of dropping anchor, sense-checking, and mindful/colourful breathing to help Emily apply this activity to moments in training.	55
6	Having completed the four quadrants of the matrix (cognitive fusion; experiential avoidance; values; and committed action) we explored tensions between them (self-as-context). We then discussed self-compassion, using the two-friends metaphor, covering the importance of gentle messages of support and understanding. I reinforced self-as-context through mindfulness, emphasising the notion that ideas come and go. We then reviewed our work together.	60

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Figure 1. *Emily's ACT Matrix*