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**Using an Acceptance and Commitment Therapy Approach to Overcome Distractive
Overthinking with a High School Baseball Player**

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26 **Abstract**

27 The present paper outlines a case-study in sport psychology service delivery provided to a 16-
28 year-old High School baseball player. The client reported experiencing distraction from
29 overthinking in training and competition, which hindered his concentration and performance.
30 An Acceptance and Commitment Therapy (ACT) intervention was implemented over ten
31 sessions across a five-month period. The aim of the intervention was to overcome anxiety by
32 encouraging acceptance of unhelpful thoughts, rather than changing or removing them, and
33 helping the client focus on moving towards the athlete he wanted to be. This case offers a
34 novel contribution to the wider literature by reporting an ACT intervention addressing
35 performance anxiety in sport. We report how psychological flexibility was achieved through
36 exercises to “unhook” the client from his thoughts around perfection and self-imposed
37 pressure. Reflections from the client and practitioner capture the evaluation of the service
38 delivery process.

39

40 *Keywords:* ACT matrix, Anxiety, Defusion, Psychological flexibility, Relational
41 Frame Theory

42 **Using an Acceptance and Commitment Therapy Approach to Overcome Distractive**
43 **Overthinking with a High School Baseball Player**

44 **Context**

45 Anxiety in sport is commonly experienced by athletes at all levels and has received a
46 lot of attention in the research literature (see Ford et al., 2017 for a review). It is typically
47 viewed as a reaction to the perceived stress of performing under pressure (Ford et al., 2017),
48 although a variety of definitions of sport anxiety exist (see Patel et al., 2010). Several
49 relationships between sport performance and anxiety have been hypothesised, with the
50 inverted U (Yerkes & Dodson, 1908) – that increased anxiety is facilitative up to a certain
51 point and then becomes debilitating – perhaps the most influential. Hanin’s (2007) Individual
52 Zones of Optimal Functioning (IZOF) distinguishes between functional and dysfunctional
53 emotion intensity and recognises the interpretation that the athlete attributes to their arousal
54 as an important correlate of performance. Further, Martens et al. (1990) separate anxiety into
55 cognitive (i.e., worrying thoughts and apprehensions; e.g., negative thoughts, inattention) and
56 somatic anxiety (i.e., physical activation; e.g., sweating, increased heart rate). These interact,
57 but are caused by different antecedents: in the cognitive dimension it is the expectation of
58 success; whereas the somatic dimension would intervene in the context prior to competition
59 (Mellalieu et al., 2009). But anxiety can also present itself behaviourally (e.g., withdrawal
60 from social support, or avoiding certain settings), might be a stable part of an individual’s
61 personality (i.e., trait anxiety), or situation-specific (i.e., state anxiety).

62 Overall, research supports the idea that anxiety can benefit performance, but when left
63 unrecognised and unchecked it can lead to clinically significant psychological disturbances
64 and be detrimental to athletes’ well-being and performance (Ford et al., 2017). Consequently,
65 applied sport and exercise psychologists (SEPs) should be aware of how anxiety influences
66 athletes’ cognitive appraisals, physiological arousal, and performance in a range of

67 performance situations. Identifying features associated with various components of
68 competition anxiety can help athletes recognise, address, and maximise the benefits of
69 anxiety, as well as reduce potential risks. Second-wave cognitive behaviour therapy (CBT)
70 approaches (e.g., cognitive therapy, and rational emotive behaviour therapy) seek to
71 challenge negative or unhelpful thoughts, emotions, and bodily sensations that might hinder
72 athletes' performance(s). Here, practitioners encourage athletes to recognise, evaluate, and
73 respond to dysfunctional thoughts (Beck, 2011; Turner, 2022), developing strategies to
74 weaken, remove, or replace internal experiences with more positive or useful ones.
75 Alternatively, a third-wave CBT such as Acceptance and Commitment Therapy (ACT), can
76 support athletes with anxiety by focusing on broader changes in psychological functioning,
77 rather than cognitive change and symptom reduction.

78 An ACT approach would view the perceived stress associated with sport as “normal
79 instances of psychological pain” (Hayes et al., 2012, p. 19). The problem – or *psychological*
80 *dysfunction* – arises from misapplying problem solving and language to these instances
81 (Harris, 2019). These tendencies can lead to *experiential avoidance* (i.e., the ongoing struggle
82 to avoid or rid of unwanted thoughts and feelings), inflexible attention processes, and reduced
83 attempts to pursue valued behaviours. The primary focus of ACT interventions is to promote
84 *psychological flexibility* – the ability to fully connect with the present moment, accept
85 thoughts, and change behaviour based on chosen values (Hayes et al., 2012). To this end,
86 ACT interventions focus on switching an athlete's attention to the relevant task (i.e.,
87 *committed action*), rather than internal states (e.g., anxiety), guided by values-driven action to
88 perform like the athlete they we want to be (Hegarty & Huelsmann, 2020). In doing so, the
89 client identifies what really matters to them (i.e., reframing how success might look) and uses
90 this focus to guide, motivate, and inspire what they do, rather than fixating on their
91 expectation of success (Harris, 2019).

92 To achieve this, ACT interventions use six core processes, grouped into three
93 functional units (Luoma et al., 2007). First, *contacting with the present moment* and the
94 *noticing self* involve flexibly paying attention to, and engaging in, the here and now – “being
95 present”. Second, *defusing* and *accepting* thoughts and feelings allows them to be seen non-
96 judgmentally, and come and go – to “open up”. Third, initiating and sustaining life-changing
97 action through values-directed committed action – “doing what matters”. This case study
98 documents the application of ACT principles to the first author’s work, which adopted a
99 client-led approach to assist the athlete in developing an increased self-awareness to replace
100 cognitive fusion and experiential avoidance with mindfulness and acceptance; and
101 behavioural rigidity and inactivity with clarification of the client’s values to inform overt
102 behavioural activity. We report the use of ACT to overcome performance anxiety by
103 encouraging acceptance of the client’s unhelpful thoughts, rather than changing or removing
104 them, helping them move towards the athlete they wanted to be. Here, psychological
105 flexibility was achieved through exercises to “unhook” the client from their thoughts around
106 perfection and self-imposed pressure.

107 Development and understanding of both personal and professional philosophy form a
108 cornerstone of effective sport psychology service delivery (Poczwadowski et al., 2004). The
109 first author began SEP training by offering basic psychological skills training to clients.
110 Adopting this cognitive behavioural approach was influenced by their academic background
111 and desire for a clear framework (Tod, 2007). However, wanting to move beyond this, the
112 first author explored a range of CBTs (e.g., cognitive therapy, rational emotive behavioural
113 therapy, acceptance and commitment therapy), appreciating the interplay between thoughts,
114 feelings, behaviours, and physiology, and the use of strategies to challenge or control
115 unhelpful internal states that impact performance (Beck, 2011; Knapp & Beck, 2008; Turner
116 et al., 2020). The first author reflected on the broad range of therapies that combine a

117 cognitive and behavioural approach, in relation to his experience and personal values,
118 gravitating towards the belief that clients are the expert of their situation, where controlling
119 internal states might worsen presenting problems (Anderson et al., 2004; Cropley et al., 2007;
120 McEwan et al., 2019). Subsequently, the first author explored the application of ACT as an
121 approach to sport psychology service provision.

122 The use of mindfulness and acceptance-based performance enhancement methods in
123 applied sport psychology is growing (see Hartley, 2020; Olusoga & Yousuf, 2023; Price et
124 al., 2022b; Watson, Gustafsson, et al., 2023). ACT is proven to be at least as effective as
125 other types of CBTs in treating emotional disorders (e.g., anxiety) in group settings (Coto-
126 Lesmes et al., 2020) and performance anxiety in music contexts (see Juncos et al., 2017).
127 However, evidence for the efficacy of ACT in reducing sport anxiety is scarce. This case
128 study offers a novel contribution to the wider literature by reporting an ACT intervention
129 focused on addressing performance anxiety in sport. Given the first author's philosophical
130 position, the present case study portrays how ACT was applied with a 16-year-old
131 development level (High School varsity team) competitive baseball player. The first author
132 adopted a client-led approach to develop the athlete's self-awareness and "navigate" through
133 challenging experiences and situations. The first author assumed an interpretivist and
134 constructivist approach to the consultancy (Keegan, 2016). This influenced a humanistic and
135 Socratic practice philosophy, where the focus was on understanding the client's world
136 through a collaborative exploration of their needs. This assumed a practitioner role of
137 counsellor and supporter but accommodated challenge when needed. In this way, the client is
138 assisted in trying to understand their own experiences and responses to challenging situations.

139 **Ethics and Assumptions of Practice**

140 From hence forth, the first author refers to themselves as "I" and adopts a first-person
141 writing orientation to aid a more personal and more comprehensible written style. I am a

142 British Psychological Society (BPS) Chartered Sport and Exercise Psychologist, and a
143 Registered Practitioner Psychologist with the Health and Care Professions Council (HCPC)
144 based in the United Kingdom (U.K.). At the time of this case, my applied experience had
145 been gained from consulting on a one-to-one basis with clients of various ages (i.e., youth
146 and adult) across a range of sports (e.g., swimming, golf, figure skating, football).

147 With the athlete based in the United States (U.S.), I explained that my qualifications
148 were U.K. based and entitled me to use the term ‘sport psychologist’, whose work was bound
149 by a professional code of conduct and practice (see BPS, 2018). A key ethical consideration
150 was the use of teletherapy, which has increased dramatically in sport psychology (Watson et
151 al., 2017). Importantly, the use of online ACT interventions is proven to be as effective as in
152 person therapy (see Klimczak et al., 2023; Watson, Hill, et al., 2023). To build a relationship
153 with the client, I followed Payne et al.’s (2020) guidance by maintaining a neutral and
154 consistent background to calls, which established therapeutic boundaries; I assured Joe that I
155 was the only one in the room, maintaining confidentiality, and asked that he did the same; I
156 established a strong relationship in the virtual domain by being active in discussions, using
157 more open and directive questions; and ensured my screen was large enough to see Joe’s
158 facial expressions during sessions. To reduce the risk of confused roles and expectations, I
159 made it clear that our work focused on performance enhancement. Lastly, my curiosity
160 facilitated an awareness of how the client’s socio-cultural identity intersected with the culture
161 of the sport they participated (Watson et al., 2017).

162 **The Case**

163 I had previously delivered sport psychology support for an athlete who was coached
164 by the client’s father. He made contact when he thought his son’s performance might benefit
165 from working with a sport psychologist. The client, Joe (pseudonym), is a 16-year-old, white,
166 male, baseball player. Based in the U.S., he lives with his parents who were invested in his

167 success. Joe thought his parent’s sporting history set high expectations and pressure. Joe had
168 played for his Junior High School varsity team for two years, in the position of catcher. Aged
169 5 to 12 Joe played in little league, but the Covid-19 pandemic disrupted his playing. Short-
170 term, Joe wanted a good season. With College his next move, he wanted a scholarship,
171 meaning the focus of the coming season was to “get his name out there” for recruitment the
172 following summer. He felt pressure to secure his place on the team and be in the starting line-
173 up of each game this coming season. Consequently, he felt his coach would scrutinise his
174 performance, in games and training.

175 Sessions commenced in November 2022, online, via video call. Joe was in his off-
176 season, taking time to develop the psychological parts of his game. He had a bad relationship
177 with last season’s coach who created a toxic team environment. However, the coach had
178 retired, and Joe had a new, more positive coach, which he hoped would help his own
179 tendency to be negative. Joe was “confident”, in “good shape”, and “close” to where he
180 needed to be with his physical health. However, Joe shared that spinning the plates of
181 baseball, school, and relationships was stressful. He overthought a lot and was often told to
182 calm down by his family and peers. He identified that his own head was the problem, which
183 prevented him from having fun, restrained his actions and, subsequently, limited his
184 achievements. In total, service delivery consisted of ten sessions, over five months (roughly
185 one session every two weeks), varying in length from 50-60 minutes (Table 1). Sessions were
186 scheduled every two weeks and followed a similar structure (e.g., recap and reflections
187 on/since last session, psychoeducation, experiential exercises, reflect and recap session
188 content) with flexibility to alter the focus, flow, and pace of sessions accordingly.

189 By portraying a positive and compassionate demeanor, displaying active listening
190 skills, I strived to establish good rapport and a warm, trusting relationship, to influence
191 successful outcomes (Rogers, 1977). In the intake process we agreed five outcomes (Keegan,

192 2016): establishing the working relationship (and agreement); agreeing ethical boundaries,
193 expectations, and confidentiality; clarifying my practitioner approach and how that fitted with
194 the client's needs. I explained that the client could terminate our working relationship at any
195 stage and asked for a signed consent form (from the parent) agreeing the nature of our
196 working relationship. Taking a client-led approach, it was important that the client prioritised
197 the focus of our work. We agreed, informed by a needs analysis, to focus our work on
198 addressing performance anxiety. This is detailed in the next section.

199 **Needs Analysis and Case Formulation**

200 Informed by a 'soft science' (i.e., interpretive, constructivist; Keegan, 2016) and
201 person-centred approach, I felt questionnaires were unhelpful, impersonal, and unable to fully
202 represent Joe's inherently unique worldview and experiences (see Keegan, 2016).
203 Consequently, the primary needs analysis tool was conversation, shaped by the Sport-Client
204 Intake Protocol (SCIP; Taylor & Schnieder, 1992), to gain a comprehensive client history.
205 Joe shared that he was better than how he played, but the negativity in his head distracted
206 him, leaving him overthinking, struggling to stay calm, and no longer doing the simple things
207 well. Joe explained that in a regular game he would typically have the ball thrown at him
208 around 150 times. He described his role as the "most important position" – a "leader" on the
209 field who "saw everything" and controlled the game. He felt "comfortable" catching the ball
210 but struggled throwing his returns when overthinking. It seemed that Joe's typical reaction to
211 his unhelpful thoughts was to argue with himself through positive statements (i.e., cognitive
212 reappraisal), creating a struggle (see Clark, 2022). This began in the summer, when he joined
213 a new team, and affected his confidence the longer it lasted. Although he acknowledged that
214 self-imposed pressure contributed to his overthinking, he denied it was the problem.

215 I also used the ACT matrix (Polk & Schoendorff, 2014) in the case formulation,
216 which has been successfully applied to sport settings (Hartley, 2020; Schwabach et al., 2019).

217 This promotes psychological flexibility by visually representing the client’s actions and
218 internal experiences from their perspective. It captures the client’s actions that move them
219 toward (i.e., committed action) or away from (i.e., experiential avoidance) the person they
220 want to be, along a horizontal continuum. This is intersected with a vertical continuum that
221 represents ‘mental experiencing’ (i.e., thoughts and feelings) at one end and ‘physical
222 experiences’ (i.e., how the client acts) at the other. This represents the difference between
223 internal and external experiences (Levin et al., 2017). The two bisecting lines create four
224 quadrants, which represent the client’s experiences (i.e., physical and mental) and the
225 function of their actions (i.e., helpful and unhelpful). The matrix helped conceptualise Joe’s
226 experiences (Figure 1) and framed strategies targeting the ACT triflex (Harris, 2019).

227 Joe’s thinking included thoughts around perfection and self-imposed pressure, linked
228 to expectations of success (i.e., cognitive anxiety) which dominated his behaviour in a
229 problematic way. Taking an ACT approach, he was fusing with these cognitions (Harris,
230 2019), which were “hooking” him from his desired way of performing – *doing what matters*
231 (Harris, 2019). I interpreted this as performance anxiety. Joe needed to drop the struggle of
232 challenging his own thoughts with positive self-talk, seeing them as irrational, or trying to
233 cognitively change them (Young & Turner, 2023). Consequently, I felt we could explore
234 strategies to help Joe “open up” to his thoughts, non-judgmentally; flexibly pay attention to,
235 and engage in, here and now experiences; and focus on doing what matters to be the player he
236 wants to be. As such, our agreed goal was to increase Joe’s acceptance of his inner
237 experiences. In line with the construalist approach, I did not feel there was a ready-made
238 intervention, and so the exercises, examples, and metaphors used, were guided by Joe’s story
239 and what he felt was important.

240 **Intervention Plan, Delivery, and Monitoring**

241 As discussed above, virtual delivery of the intervention was the only appropriate
242 method given our geographic distance. We used a collaborative Google Doc with restricted
243 access to Joe and myself, saved on a password protected Google Drive (cloud) account, and
244 the screen sharing function during video calls engaged Joe in the consulting process (Price et
245 al., 2022a).

246 *Exploring Joe's Cognitive Fusion*

247 There is no “right” place to start with ACT interventions (Turner et al., 2020). Having
248 identified distractive overthinking as Joe’s challenge, we started by exploring what thoughts
249 were showing up (i.e., cognitive fusion), getting in the way of him moving towards the
250 person he wanted to be. Overthinking meant Joe struggled to stay calm, which impacted him
251 doing the “simple things” well and prevented him playing comfortably. Joe described his
252 thoughts as “noise” in his head, giving a “negative vibe”, which hindered his performance.
253 However, in exploring the bottom left quadrant of the ACT matrix, conversation became
254 strained. He “didn’t feel much” in terms of somatic symptoms but said his negative thinking
255 often led to him feeling angry at himself, especially when trying to “fix it, but can’t” because
256 his “mind takes over”. This caused nervousness, which made him tighten up and feel
257 uncomfortable. At this stage, however, Joe could not provide any specific examples of
258 thoughts he experienced in these times of struggle. This made defusion strategies difficult to
259 discuss, so I progressed the conversation, planning to return to this at a later point.

260 I introduced mindfulness to increase Joe’s awareness of the thoughts he might have.
261 Joe was confused why he was completing the mindfulness activity. He reported that during
262 the week-long homework task thoughts primarily rested in the future (e.g., thoughts about his
263 career). Like other clients, he described the first three days as “strange” and “uncomfortable.”
264 However, days 4-6 were easier, focusing on his breathing and rhythm to keep a “clearer

265 head.” We agreed to reduce the mindfulness activity to twice per week and regularly check in
266 with the process and his reflections on it.

267 *Exploring What was Important for Joe (Values and Committed Action)*

268 Next, we explored Joe’s goals. He wanted to be a starting catcher in a division 1
269 college team, who would go on to win the conference title. This strengthened our
270 collaborative partnership, offering insight into Joe’s goals and aspirations. I asked him to
271 consider where he saw himself in ten years’ time. He discussed wanting a batting average of
272 400; and an all-section player, recognised for his play over the whole season. The likelihood
273 of him achieving this? Well, “8 out of 10 players” on his team would agree it was possible;
274 his skill was enough.

275 In exploring what was important to Joe (his values), we completed the bottom right
276 quadrant of the matrix. I pasted a table listing 50 values into the collaborative Google
277 document, which we both had open during the call. Joe worked his way through the list,
278 highlighting the values that were important to him. He identified fourteen, explaining why
279 each was important. We refined the list, removing repetition and merging similarity, and then
280 grouped them into four main values: *Competitiveness* captured *being the best* and *success*
281 demonstrated through competition against others; *(Personal) Growth* captured the idea of
282 becoming better (i.e., efficiency and making a difference) but balanced alongside *enjoyment*,
283 *fun* and *positivity* because “there’s more to life than baseball”; and *hard work* captured
284 *leadership* and *pride*.

285 I encouraged Joe to focus on how he could demonstrate his values in training (i.e.,
286 committed action), rather than controlling the outcomes causing him stress. He discussed
287 *competitive* in terms of “pushing himself to do better”; *growth* in terms of showing
288 improvement “since the last time [he] was seen”; focusing on his *hard work* by reminding
289 himself that he had “been here before”, that he knew what he was doing, and trying to feel

290 “smooth” in his movements. He acknowledged the challenge of showing fun and enjoyment
291 when focused on other things, but discussed the importance of laughing, joking, and smiling
292 with others, enjoying what he was doing, and feeling more relaxed. I framed the discussion
293 around the type of player Joe hoped to be or knew he could be. Joe wanted to be a leader; to
294 be a helpful team player; and a player who did the little things right, a mantra for his game
295 (Perry, 2020). Here, the ACT intervention focused on easing Joe’s anxiety by switching his
296 attention to demonstrating the player he wanted to be (i.e., committed action), guided by his
297 core values, instead of his unhelpful thinking focused on his internal state (e.g., anxiety).

298 *Revisiting Joe’s Cognitive Fusion and Exploring Defusion Strategies*

299 Having discussed values, we revisited cognitive fusion, framing it around “what
300 prevents you from achieving these?” Again, Joe discussed anger at himself, caused by
301 confusion and thoughts like “what are you doing?”, “why are you doing this?”, and “why is
302 this happening?” when he felt his form slipping. This frustration led to self-doubt and fearing
303 mistakes. As pre-season training commenced, Joe became increasingly aware of the pressure
304 he brought on himself. He discussed “[having] to be the best” and felt he “should be the best”
305 (i.e., fusion with rules). He was nervous and worried of making “silly mistakes” (i.e., fusion
306 with self-concept), leaving him frustrated and annoyed because he “shouldn’t be that way”
307 and “should be different” (i.e., fusion with self-concept and rules). This left him feeling
308 confused, overthinking his actions, putting in more effort than he should, and challenging his
309 unhelpful thoughts, which increased his struggle (i.e., *creative hopelessness*).

310 In line with the principles of ACT, rather than exploring ways to challenge these
311 thoughts, we focused on shattering the myth of cognitive control (Harris, 2019). I asked Joe
312 to take a memory from the day and then delete it, to numb his leg completely with his
313 thoughts, and then *not* think about baseball (Harris, 2019). Upon highlighting the unworkable
314 agenda of emotional control, I introduced the concept of cognitive fusion using the quicksand

315 metaphor – how in old cartoons, someone would fall in quicksand and the way to survive is
316 to relax, lay back, and float to the surface, even though this goes against every instinct to
317 struggle and fight to stay afloat. I emphasised that our work focused on accepting thoughts,
318 rather than removing them. I explained to Joe that his thoughts were like his hands covering
319 his eyes. Walking through the metaphor, I explained that when our hands cover our eyes, they
320 are all we can see. I explained that our work would focus on learning how to pull his hands
321 away from his face, so his thoughts would still be present, like his hands were still in view. I
322 used the passengers on the bus metaphor to explain how acceptance focused on being the
323 driver of a full bus of passengers (i.e., thoughts), rather than telling the unhelpful ones to get
324 off (like other CBTs).

325 We then explored strategies to support cognitive defusion. The first strategy we
326 discussed was noticing and labelling thoughts (Harris, 2019), which was challenging given
327 Joe’s inability to recall the types of thoughts he had. After repeatedly covering this topic, I
328 used the Sport Anxiety Scale (SAS-2; Smith et al., 2006) to help Joe reflect on the thoughts
329 he might typically have in training or competitive games. Doing so, we were able to establish
330 that Joe’s thoughts were worry-based. Using this as a start point, we were able to explore this
331 further, identifying that thoughts were rooted in perfectionism. We labeled this the “need to
332 be great story”. Having found sarcasm to have worked with other athletes, I introduced the
333 “thanks brain” response to neutralise and disarm the influence of Joe’s cognitions (Harris,
334 2019), but this was lost on Joe. Consequently, we revisited Joe’s values and committed
335 action, looking at these cognitions in terms of *workability* (i.e., “Will focusing on these
336 thoughts take you closer to playing like the athlete you want to be?”).

337 The dropping anchor exercise (Harris, 2019) was well received, and we integrated this
338 into a routine he could execute in his game using the ACE framework (acknowledge the
339 thought, come back to the present, engage in the moment). The first step was more easily

340 identified through tension in Joe’s arm or a change in his performance. Using the “here’s the
341 ‘need to be great story’ again” label worked best for Joe to defuse from these thoughts. We
342 discussed moving physically – stretching (e.g., arm circles) – taking deep breaths, and
343 engaging with his senses (i.e., “What can I hear? See? Feel?”) to “reset” and come back to the
344 present moment. Joe preferred to keep his focus close (e.g., looking at the stitching on his
345 glove; what he could hear around him; or moving his shoe through the dirt under his feet).
346 This built on the mindfulness introduced previously, helping Joe contact with the present
347 moment. We then added a fourth step: focusing on committed action. Joe’s prompts focused
348 on self-compassion, reminding himself “I can do it”, be “confident”, and “enjoy it”.

349 ***Reviewing Joe’s Completed ACT Matrix***

350 Having completed the matrix (cognitive fusion, experiential avoidance, values, and
351 committed action), I drew attention to the tensions between the quadrants. We discussed the
352 frustration of wanting to achieve the things identified on the right-hand side but having the
353 thoughts and experiences on the left-hand side. Drawing attention to who could witness all of
354 this (i.e., *self-as-context*) he realised that it was him who prevented him performing like – and
355 being the player – he wanted to be. Although “frustrating” that he was getting in his own
356 way, it was a “light bulb moment”. The completed matrix helped explain how dropping the
357 struggle and engaging in helpful, values-driven action was where Joe should focus his
358 attention. We discussed the importance of letting thoughts be, acknowledging difficult inner
359 experiences through self-compassion, using the two-friends metaphor to highlight the
360 importance of gentle messages of support and understanding. I reinforced self-as-context by
361 emphasising the notion that ideas come and go, like subway trains in a station, but Joe is
362 stood on the platform, here, in the present moment.

363 **Evaluation of Intervention and its Outcomes**

364 SEP practitioners should engage in systematic monitoring and evaluation of their
365 work to assess their service delivery (Harbel & McCann, 2012; Keegan, 2016). Evaluation in
366 ACT is ongoing, with constant reevaluation of treatment goals throughout consultancy
367 (Hayes et al., 2004). Informally, we reviewed each experiential exercise (e.g., values cards,
368 mindfulness, dropping anchor), several weeks into, and at the close of, the intervention.

369 **Client Reflections**

370 Joe's return to pre-season training during the intervention allowed an opportunity to
371 review the impact of our sessions. To better understand Joe's experiences of our work, and
372 generate insights for future work, I collected reflections using prompts inspired by Hartley
373 (2020). Conversations were complimented by Partington and Orlick (1987) consultant
374 evaluation form (adapted into a digital format for ease of dissemination).

375 *What Progress do you Feel You've Made During our Work Together?*

376 Joe discussed feeling more control over himself and was able to re-centre multiple
377 times during training, making it easier to better regulate his emotions. He explained that he
378 had never been able to control his ups and downs like that before and felt hopeful knowing he
379 could now do that when required. He was "throwing better", felt "comfortable" and "like
380 [himself] again", which he hoped would grow his confidence. More importantly, though, Joe
381 explained that he was better able to handle his overthinking. To this end, he saw results of our
382 work together. He was conscious that as the season progressed, pressure would build, which
383 would be harder for him to control. However, he felt in a good place; felt calm and happy in
384 training – "wasn't worried at all" – and was performing better.

385 *To What Extent Have We Achieved the Goals of the Delivery Service?*

386 Joe wanted to take the off-season to strengthen the basics and work on the little
387 things. He shared that he still had thoughts about being perfect but felt that he handled them
388 better. His season started a week after our sessions finished. He was nervous for try outs, not

389 wanting to show others the struggle he had been having in his head. Yet he felt in a better
390 position to handle his negative thoughts and unnecessary pressure he placed on himself. He
391 felt he had seen positive results, with “something to build off” going into the new season.

392 ***What Would you Change About how We Have Worked Together?***

393 Joe explained that some techniques we discussed were more helpful than others. For
394 example, he connected with the passengers on the bus metaphor and sense-checking.
395 However, he struggled with the defusion techniques we discussed. Sadly, because we
396 conducted sessions in the off-season, it was only towards the end of the intervention that Joe
397 had chance to try these. He found “thanks brain” the least helpful strategy and found thinking
398 about the behaviours identified in committed action helpful but struggled to put thoughts in
399 his mind when needed. I explained that effectively implementing these skills was like
400 learning a new technical skill and required practice. I also highlighted the importance of self-
401 compassion – to not to be critical when it was harder than he expected, and taking longer to
402 implement these strategies than he had hoped.

403 **Practitioner Reflections**

404 Here, I draw on personal reflections that highlight the challenges and realities of
405 practicing SEP. I hope to highlight some key messages to inform (my and others’) best
406 practice and effective service delivery (Knowles et al., 2007).

407 ***Reflection 1 – Using Psychometrics to Measure the Impact of an Intervention***

408 My delivery philosophy did not lend itself to psychometric assessment. Yet in the
409 initial discussions with Joe, it was difficult to identify specific examples of the typical
410 thoughts he would have in games. I assumed this was because we were talking in the off-
411 season. However, for cognitive defusion strategies, we needed clear examples for the noticing
412 and naming activities to make sense. I conducted the Sport Anxiety Scale (SAS-2; Smith et
413 al., 2006) to identify whether thoughts were distracting or worry-based in nature, and any

414 somatic symptoms accompanying Joe’s overthinking. Results highlighted that Joe’s thoughts
415 were primarily worry-based, identifying a start point to explore examples of thoughts he
416 experienced. Here, we used the specific examples from the questionnaire, where the tool
417 extended the conversation, allowing a deeper exploration. Out of curiosity, I then completed
418 the questionnaire with Joe towards the end of the intervention. Although he scored lower the
419 second time around, his worry thoughts still scored high. This was unsurprising, as the
420 intervention aimed to help Joe accept his thoughts, improving his workability, rather than
421 remove or change them. This provided two insightful learnings. First, that sharing these
422 results with Joe risked him perceiving our work had not been effective. This required careful
423 communication around the use of the tool for our purposes. Second, that most psychometric
424 measures for anxiety focus on symptoms, rather than behaviour, and as such, are unlikely to
425 yield meaningful change through ACT. Consequently, a suitable, specific, psychometric
426 measure is needed to help demonstrate, objectively, the effectiveness of ACT interventions in
427 relation to cognitive defusion within sport settings.

428 ***Reflection 2 – Working with the ACT Matrix***

429 I was familiar with the ACT matrix and found it a useful tool to frame discussions
430 with clients and structure interventions. However, I was still experimenting the best ways to
431 use the tool to within sessions with clients. In this case, we completed each quadrant and then
432 I shared the completed matrix with Joe, discussing the tensions between each quadrant (self-
433 as-context). Joe felt this visual representation “helped it all make sense”. Yet, he also found it
434 overwhelming. It took him time to process the whole matrix and fed back that he would have
435 preferred seeing the matrix build over time, adding relevance to the discussions. Importantly,
436 the ACT matrix is useful in helping clients distinguish between time spent in our heads and
437 time actively engaged in our lives (Polk & Schoendorff, 2014). On reflection, with the
438 intervention focused on Joe “getting out of his head” and engaging with the world around

439 him, preventing him from seeing the matrix build over time prevented him from fully
440 engaging in this process, potentially hindering the effectiveness of the intervention. In future,
441 I would share the Matrix as it develops, engaging the client throughout.

442 ***Reflection 3 – Helping Clients Understand Change***

443 Four months into our work, Joe contacted me asking for an unscheduled session. He
444 had returned to pre-season training. He “wasn’t worried”, “felt calm”, was “throwing well” –
445 “better than [he] usually” does – and was “happy”. But this panicked him. He was not ready
446 for this change. He started thinking about how easy it was – “got in [his] own head” – and
447 progressively worsened during the training session.

448 Joe’s dad was relentlessly positive, telling him “You know you can do it,” reminding
449 him that “nothing has to change” because of this “one hiccup.” Although helpful at the time,
450 he didn’t feel it was helpful now. This provided an unexpected opportunity to discuss the
451 basic premise of accepting of thoughts, rather than the unworkable agenda of emotional and
452 cognitive control like other CBT approaches. I used this moment to discuss how these
453 thoughts (and experiences) come and go, like passing clouds, and he/we are still here (i.e.,
454 self-as-context), reframing his dad’s comments about overcoming this “hiccup”. Joe had a
455 showcase coming up and wanted to discuss strategies in case something similar occurred. We
456 recapped on noticing his performance dipping (feeling his arm tensing up); then stretching, or
457 doing arm circles, and engaging his senses (listening to what is going on around him,
458 studying the stitching on his glove, or his feet in the dirt where he was stood); and
459 consciously breathing to contact with the present moment.

460 ***Reflection 4 – Working in Unfamiliar Sports***

461 When completing my training for BPS Chartered Psychologist status, I consciously
462 pushed myself to gain experience in different sports. I found this challenging, with the basics
463 of delivering psychology support still very new to me. Since completing my training, I have,

464 rather unknowingly, become more and more embedded in one sport. Combined with
465 employing ACT as the main approach to my work, this provided a consistency that I feel has
466 refined my process. Indeed, this has also benefitted my ability to raise my profile, and the
467 role of sport psychology more broadly, within that sport. However, experiencing the
468 opportunity to work within a different sport was refreshing. It reminded me of the importance
469 of naïve ignorance when developing rapport with clients. It was also fascinating to learn
470 about the challenges of a different sport. This reminded me of the importance of gaining such
471 experience and I will do more to explore other, future, opportunities.

472 **Conclusion**

473 To conclude, Joe’s verbal reports suggested he was less distracted by his unhelpful
474 overthinking, even though it still showed up. The aim of our work was not to remove or
475 restructure his thoughts, but help Joe “sit” with them, defusing them and working through the
476 challenge they presented so he could move towards what was important (i.e., values) and the
477 athlete he wanted to be (i.e., committed action). I hope I have demonstrated transparency and
478 vulnerability in reporting this case study, highlighting some critical recommendations for
479 practitioners. Firstly, it is important to understand how the philosophical positioning of the
480 practitioner aligns with the measurement of the intervention’s effectiveness and that the right
481 assessment tools align with the therapeutic approach. There is a need for the development of
482 a psychometric measure that objectively measures the effectiveness of ACT interventions in
483 relation to cognitive defusion in sport performance, which should be a focus for future
484 research endeavors. Secondly, although we do not know how an intervention will affect a
485 client, this case highlights the need to support clients if they became unnerved by the
486 noticeable change we facilitate. Lastly, it is important for SEPs to learn about the challenges
487 of different sports, gaining new experiences through opportunities in unfamiliar sports.

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608 **Table 1**609 *Service Delivery Process with Joe (session, content, length)*

Session	Content	Length (mins)
0	A pre-intake call. I outlined my ethical and professional boundaries, service delivery philosophy, and began building rapport with Joe. We briefly covered his sporting history, why he was seeking sport psychology support, and his goals for the service delivery.	30
1	The intake interview (using the SCIP; Taylor & Schnieder, 1992), exploring Joe's athletic history and current goals.	60
2	We explored Joe's current challenge (presenting problem), identifying how distractions from overthinking was his biggest mental challenge. I introduced the ACT approach to Joe, reclarifying the aim/goals of our work.	60
3	We explored what was 'showing up' (cognitive fusion) and began sketching out the type of player Joe wanted to be (committed action). I introduced mindfulness practice, covering a formal activity and setting a homework task for our next session.	55
4	We explored what was important to Joe (his values). I also checked in on the mindfulness activity, seeking Joe's feedback.	50
5	We explored how Joe demonstrates each of value, linking this to committed action, and re-explored what shows up that prevents Joe being able to act in his desired way (i.e., cognitive fusion). I introduced cognitive defusion, emphasising the aim of ACT using the quicksand and passengers on a bus metaphor.	60
6	We reviewed our work. Some strategies we proving more helpful (e.g., passengers on the bus and sense-checking) than others for Joe. He explained he had seen results because of our work together, and felt he was establishing something he could build from.	50
7	We explored the self-imposed pressure Joe was putting on himself. I highlighted the importance of what was important (values) and doing what matters (committed action). I then drew Joe's attention to the tension between these different aspects, introducing self-as-context.	50
8	We discussed self-compassion, using the two-friends metaphor, covering the importance of gentle messages of support. I reinforced self-as-context through mindfulness, emphasising the notion that ideas come and go, but Joe is still here, in the present moment.	60
9	With the matrix completed (cognitive fusion; experiential avoidance; values; and committed action), we explored tensions between them (self-as-context). Joe identified he was getting in his own way.	55
10	We focused on summarising and reviewing our work together.	50

610 **Figure 1.** *Joe's ACT Matrix*

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