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

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Abstract

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

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

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Context

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

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

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

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

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

Development and understanding of both personal and professional philosophy form a cornerstone of effective sport psychology service delivery (Poczwardowski et al., 2004). The first author began SEP training by offering basic psychological skills training to clients. Adopting this cognitive behavioural approach was influenced by their academic background and desire for a clear framework (Tod, 2007). However, wanting to move beyond this, the first author explored a range of CBTs (e.g., cognitive therapy, rational emotive behavioural therapy, acceptance and commitment therapy), appreciating 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). The first author reflected on the broad range of therapies that combine a

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

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

Ethics and Assumptions of Practice

From hence forth, 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).

With the athlete based in the United States (U.S.), I explained that my qualifications were U.K. based and entitled me to use the term 'sport psychologist', whose work was bound by a professional code of conduct and practice (see BPS, 2018). A key ethical consideration was the use of teletherapy, which has increased dramatically in sport psychology (Watson et al., 2017). Importantly, the use of online ACT interventions is proven to be as effective as in person therapy (see Klimczak et al., 2023; Watson, Hill, et al., 2023). To build a relationship with the client, I followed Payne et al.'s (2020) guidance by maintaining a neutral and consistent background to calls, which established therapeutic boundaries; I assured Joe that I was the only one in the room, maintaining confidentiality, and asked that he 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 Joe's facial expressions during sessions. To reduce the risk of confused roles and expectations, I made it clear that our work focused on performance enhancement. Lastly, my curiosity facilitated an awareness of how the client's socio-cultural identity intersected with the culture of the sport they participated (Watson et al., 2017).

The Case

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

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

Sessions commenced in November 2022, online, via video call. Joe was in his off-season, taking time to develop the psychological parts of his game. He had a bad relationship with last season's coach who created a toxic team environment. However, the coach had retired, and Joe had a new, more positive coach, which he hoped would help his own tendency to be negative. Joe was "confident", in "good shape", and "close" to where he needed to be with his physical health. However, Joe shared that spinning the plates of baseball, school, and relationships was stressful. He overthought a lot and was often told to calm down by his family and peers. He identified that his own head was the problem, which prevented him from having fun, restrained his actions and, subsequently, limited his achievements. In total, service delivery consisted of ten sessions, over five months (roughly one session every two weeks), varying in length from 50-60 minutes (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 flexibility to alter the focus, flow, and pace of sessions accordingly.

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

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

Needs Analysis and Case Formulation

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

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

This promotes psychological flexibility by visually representing the client's actions and internal experiences from their perspective. 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). The matrix helped conceptualise Joe's experiences (Figure 1) and framed strategies targeting the ACT triflex (Harris, 2019).

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

Intervention Plan, Delivery, and Monitoring

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

Exploring Joe's Cognitive Fusion

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

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

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

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

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

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

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

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

Revisiting Joe's Cognitive Fusion and Exploring Defusion Strategies

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

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

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

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

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

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

Reviewing Joe's Completed ACT Matrix

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

Evaluation of Intervention and its Outcomes

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

Client Reflections

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

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

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

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

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

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

What Would you Change About how We Have Worked Together?

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

Practitioner Reflections

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

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

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

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

Reflection 2 – Working with the ACT Matrix

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

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

Reflection 3 – Helping Clients Understand Change

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

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

Reflection 4 – Working in Unfamiliar Sports

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

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

Conclusion

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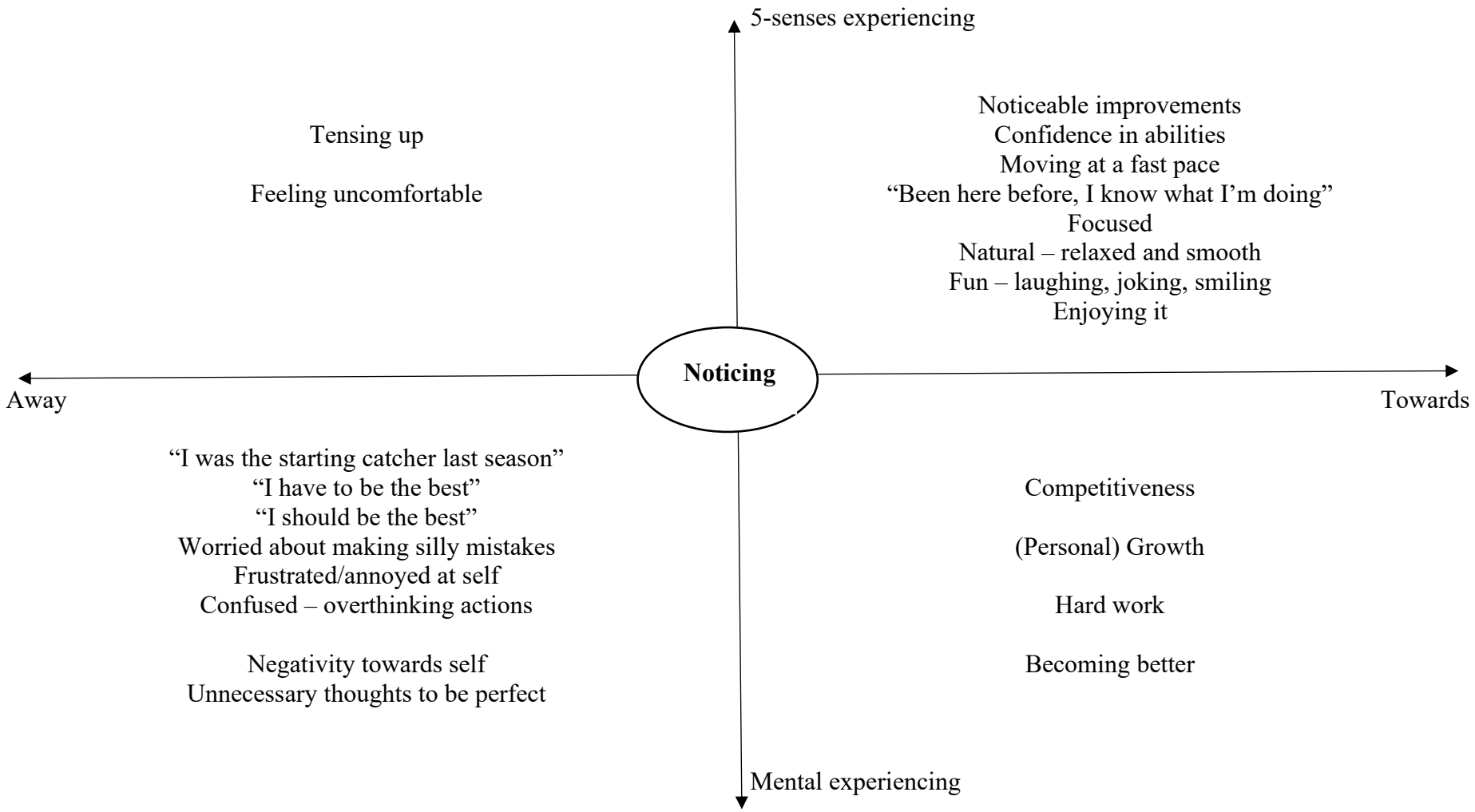

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