Abstract

This case study outlines the delivery of sport psychology support to a youth academy football player who had recently transitioned from schoolboy to full-time scholarship football. The client was recovering from a long-term injury while also coping with the recent loss of a grandparent. Although initially referred following injury, needs analysis identified bereavement and difficulties expressing emotion as the primary focus of the intervention. An Acceptance and Commitment Therapy (ACT) intervention was implemented over six sessions to support the client to clarify their values, understand, accept, and express their emotions, and develop a more compassionate and psychologically flexible response to grief as a lived experience, alongside that of injury rehabilitation. This case demonstrates how ACT can be flexibly integrated into youth sport settings to support young athletes experiencing multiple concurrent stressors. Client and practitioner reflections provide insight into the effectiveness of the service delivery process.

Keywords: GRIEF, ACADEMY FOOTBALL, YOUTH ATHLETE, ACT

“I Didn’t Feel Sad, It Was Just Crying”: An ACT-Informed Case Study of Grief within Youth Academy Football

Youth football academies in the United Kingdom function as high-performance settings, within which, securing an Under-18 scholarship represents a critical transitional stage (Hague & Law, 2022). This phase is characterised by increased performance pressures, heightened physical and psychological demands and considerable uncertainty of career progression (Morris et al., 2016). This case study focuses on Ellis (pseudonym), a youth academy footballer who had recently transitioned to full-time scholarship football within a Category 2 academy. At this time, Ellis was recovering from an injury alongside navigating the recent loss of his grandmother. Within this context, injury has been widely conceptualised as a psychological stressor affecting emotional wellbeing, identity, and adjustment processes in sport (Wiese-Bjornstal et al., 1998; Podlog & Dionigi, 2017). Bereavement in adolescence is understood as a highly individualised and potentially disruptive experience associated with challenges in emotional processing and meaning-making (Neimeyer, 2019).

Context

Alongside a Sport and Exercise Psychologist in Training, the first author has provided psychological support within the academy setting for the past five years. During this time, Ellis attended an established range of psychoeducational workshops as part of the broader academy programme. Towards the end of his Under-16 season, Ellis was referred for individual support by both his mother (primary caregiver) and the club's Player Care Manager, who had concerns about the psychological impact of his injury on his wellbeing and behaviour, and that of both inside and outside of the academy environment. Initially, Ellis was reluctant to engage, explaining that he did not wish to attend individual psychological sessions. However, following several informal interactions, including the delivery of a workshop to his age group, he agreed to meet to explore whether ongoing

psychological support would be beneficial. This gradual engagement reflects previous work suggesting that athletes are more likely to benefit from psychological support when they are willing to participate and highlights the importance of timing and rapport-building (Gulliver et al., 2012).

Shortly after agreeing to access support, Ellis sustained a second injury during the off-season and experienced the loss of his grandmother. Although initial contact was maintained via email, regular one-to-one sessions did not commence until his return to the academy at the beginning of the season. As an external practitioner working with the club, it was agreed that psychological support would consist of six fortnightly sessions delivered across a 12-week period. This case study focuses on those initial six sessions. Following the formal intervention, lighter-touch psychological support continued through the academy's wider provision, including psychoeducational workshops and bi-monthly individual check-ins. It is important to acknowledge that, as is often typical within academy environments, psychological provision for supporting Ellis was shaped by structural and financial constraints. Operating as an external practitioner, rather than a full-time embedded psychologist, meant that the level of support available was limited, with contact time typically restricted for individual players such as Ellis (Dean et al., 2022).

Practice Philosophy

The formulation and articulation of a coherent personal and professional philosophy are fundamental to the effective delivery of sport psychology support (Poczwardowski et al., 2004). Over the past 10 years, while working across a variety of sport settings, including youth football academies, youth triathlon and tennis, and endurance running (cross-country and recreational contexts), my practice has primarily been grounded in a cognitive-behavioural framework (CBT). This approach emphasises the dynamic interaction between thoughts, emotions, and behaviours, and aims to support adaptive psychological functioning

through structured, evidence-based interventions (Beck, 2011). This reflects my overarching philosophical orientation toward structured, evidence-informed practice. This orientation has been shaped through both pre- and post-enrolment on the Sport and Exercise Psychology Accreditation Route (SEPAR), a UK supervised training pathway leading to eligibility for Health and Care Professions Council (HCPC) registration as a Practitioner Psychologist. The case study was conducted during the final six months of SEPAR training, within a formalised supervisory structure that supported the continued evolution of my practice.

In this case, the CBT approach provided a foundation for helping Ellis to develop more helpful ways of thinking about his injury, consistent with the application of cognitive-behavioural approaches in sport psychology settings (Turner et al., 2023). Alongside this, I integrated key humanistic principles, such as congruence, empathetic understanding, unconditional positive regard, and genuineness, to establish a psychologically safe and trusting relationship (Rogers, 1961). This was particularly important given Ellis's emotional vulnerability following his recent bereavement and initial hesitancy to engage with individual support.

Throughout my SEPAR training, I have been encouraged to critically reflect on my philosophical approach. This has led to a meaningful shift in my orientation, particularly through my exploration of third-wave approaches, such as Acceptance and Commitment Therapy (ACT; Hayes, 2012; Maitland & Ashford, 2023). ACT has been gaining popularity within sport and exercise settings, increasingly recognised for its applicability for both performance (Price et al., 2022; Wood & Turner, 2025) and wellbeing (Ronkainen et al., 2025). Within the context of my applied practice, I have built on my existing CBT foundation and integrated ACT principles to help Ellis clarify his values, become more comfortable with understanding and expressing his emotions, and develop a more compassionate and flexible mindset in relation to his injury. The six core processes of ACT:

committed action, values clarification, self-as-context, cognitive defusion, contact with the present moment, and acceptance, informed the psychological focus of this work (Gervis & Gouldman, 2020; Wood & Turner, 2025).

While my philosophical orientation has increasingly moved toward a more collaborative and client-centred stance, I adopted a more structured, practitioner-led approach when I first began working with Ellis. This decision was influenced by his age and his limited prior experience of psychological support. However, as our time together progressed, I aimed to gradually transfer agency to Ellis. As a result, sessions became increasingly collaborative, with an emphasis on shared decision-making and responsiveness to his emerging needs and preferences. In practice, this meant that earlier sessions were more practitioner-led in their structure and direction, with greater use of guided exercises and more defined session agendas. Conversely, later sessions involved Ellis taking a more active role in identifying session priorities, shaping between-session tasks, and collaboratively selecting techniques aligned with his values and preferences. This shift directly informed both session planning and in-session delivery, allowing the intervention to become progressively more client-led over time.

The Case

Initial assessment and case formulation

At the commencement of the intervention, Ellis was recovering from an injury and navigating the recent loss of his grandmother. Consistent with collaborative practice in applied sport psychology (Anderson et al., 2004), Ellis was given autonomy in determining key aspects of the structure of psychological support (e.g., frequency, timing, and mode of delivery), within a broader practitioner-led framework during the early stages of the intervention. He chose to engage in fortnightly, in-person sessions held in the consultancy room at the club's training ground during his scheduled time within the club's structured

academy programme. The intervention was delivered between August and October, with each session lasting approximately 45 to 60 minutes. Prior to the initial session with Ellis, I also met with both the Player Welfare Manager and the Club Safeguarding Officer to gather relevant background information. These conversations provided insight into Ellis's recent behaviour, patterns of engagement with staff, and any known concerns or support already in place. This helped ensure that the psychological support would be aligned with existing structures within the club, and sensitive to any safeguarding considerations.

During the initial assessment with Ellis, I employed a CBT framework, specifically the four-factor model ('hot cross bun'), to help Ellis identify his thoughts, emotions, behaviours, and physiological responses (McCarthy, 2023). The four-factor model was used to develop structured CBT formulations (working explanations of his experiences) of Ellis's presenting experiences. We developed two separate formulations to map his experiences of injury and bereavement respectively, which helped to conceptualise the psychological impact of both circumstances in a collaborative and case-specific manner.

The overarching aim of the intervention was to enhance Ellis's psychological flexibility in relation to his experiences of bereavement and injury, with a particular focus on supporting adaptive emotional processing of grief and facilitating engagement in values-consistent behaviours within both sporting and personal domains. This aim emerged directly from the case formulation, whereby Ellis was experiencing difficulties with emotional expression and tendencies toward experiential avoidance in relation to bereavement. Consistent with ACT principles, the intervention therefore focused on increasing openness to internal experiences, clarifying personally meaningful values, and supporting committed action (Hayes et al., 2012).

Ellis was encouraged to take an active role in shaping the psychological support offered and we discussed what he would like to get out of the six hours of sessions he had

been allocated, and what the starting point for this would be. During these early discussions Ellis explained that he just wanted ‘somebody to talk to’ about the emotions he was experiencing following the loss of his grandmother. He described struggling to understand and express his emotions while grieving and acknowledged that, although he would also benefit from support to cope with his injury, he felt that his bereavement was having the greatest impact on his wellbeing. Consequently, whilst Ellis had initially been referred following injury, the collaborative assessment and case formulation identified bereavement and difficulties expressing emotion as the primary focus of the psychological intervention.

This presentation aligned with literature suggesting that bereavement during adolescence is highly individualised and may be characterised by difficulties recognising, labelling and expressing emotions (Neimeyer, 2019; Jacobs, 2013). Furthermore, elite sporting environments may reinforce norms around emotional control and self-reliance, making emotional disclosure particularly challenging for young athletes (Souter et al., 2018). Together, these factors helped explain why Ellis appeared more comfortable discussing his injury than his emotional response to bereavement. To support Ellis in developing greater awareness of his emotional experiences, I provided Ellis with an emotion diary to complete. Through this diary he was encouraged to record the situation or context, associated thoughts and physical sensations, emotions experienced (with intensity ratings), and any coping strategies used. Ellis appeared happy to engage with this task, although he made a comment about how this may be the first piece of homework he would ever complete!

As I reflected on how to best support Ellis after the session, I asked my supervisor whether she could recommend any literature or resources to support my practice in this area. In response, she connected me with an HCPC-registered practitioner based full-time within a Category 1 football academy who had supported a youth player through a similar experience. This opportunity provided valuable contextual and developmental insights that informed my

approach in subsequent sessions. Seeking guidance from supervisors and extending professional networks in this way is recognised as an important contributor to practitioner development, particularly during the early stages of professional practice, by facilitating access to experiential knowledge and critical learning opportunities (McEwan & Todd, 2015; Wadsworth et al., 2021).

Intervention planning and delivery

As highlighted in the practice philosophy section, the intervention was informed by the six core ACT processes: committed action, values clarification, self-as-context, cognitive defusion, contact with the present moment, and acceptance (Gervis & Gouldman, 2020; Wood & Turner, 2025). I maintained a consistent session structure throughout the intervention, typically beginning with a Sensations, Emotions and Thoughts (SET) based check-in (Lancer et al., 2016), followed by a brief recap of the previous session. The session then typically included one or two experiential exercises supported by discussion, and then a SET-check out. While adhering to this structure, I remained flexible to accommodate Ellis's individual needs, making adjustments to the focus, pacing, and flow of each session as required (Bach & Moran, 2008). For example, within Session 4, only one exercise was completed, with the second exercise postponed until the next session. An overview of the intervention content and the primary ACT processes targeted within each session is provided in Appendix A.

Supporting Acceptance, Present-Moment Awareness, and Emotional Openness

Early work with Ellis centred on understanding and accepting difficult thoughts and emotions, particularly those related to the recent loss of his grandmother and the emotional challenges linked to his injury. During a session check-in, Ellis openly described becoming upset during the funeral. However, when asked to elaborate on how he had felt, he struggled to articulate his emotions, stating: "I didn't feel no emotions, it was just crying. I didn't feel

angry, I didn't feel sad, it was just crying." While Ellis was clearly finding it difficult to label his emotions, he was able to express the discomfort he felt about his emotional expression, particularly feelings of embarrassment. This difficulty in naming and making sense of emotions is consistent with Kubler-Ross's (1969) stage model of grief which has been widely used in applied contexts but has also been critiqued for its linear interpretation of bereavement (Stroebe et al., 2017). Contemporary approaches instead emphasise more individualised and non-linear experiences of grief (Neimeyer, 2001). In this case, the model was used heuristically to support initial discussion rather than as a rigid framework for understanding Ellis's experience. This challenge is also consistent with developmental perspectives on adolescent bereavement, with Jacobs (2013) noting that young people may struggle to recognise and articulate complex emotional responses to loss, sometimes experiencing embarrassment or confusion when attempting to process grief-related emotions.

This discussion developed into an exploration of social and cultural influences on emotional expression. Ellis reflected on his family background as well as the emotional climate within the academy environment, where he was concerned about being perceived differently or negatively impacting team morale. To normalise emotional expression, I introduced the beach ball metaphor (Maitland & Ashford, 2023). We discussed how suppressing emotions (like holding a beach ball underwater) can require significant effort and often results in those emotions surfacing with greater intensity and unpredictability. This metaphor helped Ellis begin to recognise the costs of emotional avoidance. Building on this we also explored the idea of an anger iceberg, following Ellis' description of himself as a 'tight string' to illustrate the concept that anger could just be the tip of the iceberg, with other (primary) emotions existing under the surface (Scherer, 2005).

During this phase, I then reintroduced the emotion diary that Ellis had found difficult to complete, citing that he 'had not felt any emotions.' At this point we also discussed

whether this was an accurate reflection, or whether it was a case of him not being able to recognise these emotions. To support with this, I invited him to engage in a creative activity, where he drew how anger and sadness felt in his body. He was able to describe sensations such as feeling "hot" when upset and noticing an increased heart rate when angry. This exercise facilitated a shift in his ability to recognise and name emotional and physiological states (Hayes et al., 2012).

To support this, we introduced simple breathing techniques and mindfulness exercises, consistent with ACT processes of present-moment awareness and acceptance (Hayes et al., 2012). For example, we practised a brief focused breathing exercise lasting approximately 3 minutes (informed by Harris', 2019 present-moment awareness exercise) in which Ellis was guided to direct attention to his breath and bodily sensations. He was encouraged to inhale slowly through the nose and exhale through the mouth at a steady pace, while noticing sensations such as heartbeat, muscle tension, and breathing rhythm without attempting to change them. This exercise was used following emotionally focused discussion to support physiological regulation and present-moment awareness.

To broaden Ellis's perspective and reduce self-judgement, we also used a perspective-taking exercise informed by mindfulness-acceptance approaches in sport psychology (Gardner & Moore, 2007), asking him to consider how a friend in a similar situation might feel, and what advice or support he might offer them. We then co-created a small values-aligned action he could take before the next session. While Ellis was initially reluctant to engage in structured activities outside of sessions (having failed to complete what he described as 'homework' after the last session), we revisited what would be realistic and achievable for him and he decided he would speak with a trusted person about his current feelings around his injury and grief. Though small, this action reflected a significant move towards a committed action for Ellis.

Values Clarification

This exercise provided a natural bridge into the next session where we revisited the theme of support. As part of the action plan set at the end of the previous session, Ellis had agreed to speak to someone he trusted about how he was feeling. He followed through on this and opened up to a friend who is a scholar at another academy. They had a meaningful conversation via phone about his injury and the loss of his grandmother, during which his friend reassured him of his continued support. Ellis described feeling valued and supported as a result, and he reflected that sharing his emotions brought an unexpected sense of relief. Following this, given Ellis seemed to respond better to practical activities which allowed for more informal discussion of his feelings, we completed a visual support map titled ‘who is in my corner’. He drew three concentric circles to represent different levels of emotional closeness: the inner circle included those he felt closest to and most emotionally safe with; the middle circle captured people he was connected to but did not fully open up with; and the outer circle included individuals within his environment, such as coaches or teammates, whom he felt more distant from or less trusting of. This exercise reinforced the positive experience he’d had with his friend but also allowed Ellis to identify where he wanted to invest more emotional energy moving forwards. Previous research has highlighted the importance of perceived social support, both within and beyond the immediate sporting environment, in promoting positive mental health (Delfin et al., 2024) and facilitating psychosocial development (Wachsmuth et al., 2025).

This visual support map task occupied much of the session and prompted deeper reflection on Ellis’s past experiences, both within and outside of football. When reviewing individuals in the middle circle, Ellis became visibly emotional while discussing a previous period in which he experienced low mood and distress. After confirming that these feelings were not currently ongoing, he identified his father, who featured in the inner circle, as his

primary source of support during that time. He also described confiding in someone close to him several months later; however, this person later disclosed the information during an argument, which appeared to have had a lasting impact on Ellis's trust and willingness to open up to others. This reflection opened a broader conversation around support: who he wished he felt more supported by, and what 'good' support might look like, particularly within the club context, as most of his inner circle consisted of individuals outside of football. We also explored possible reasons for this, such as the performance-driven nature of the environment, or being relatively new to full-time football. Through this conversation I normalised the difficulty of knowing how much to share or who to trust in elite sport settings (Souter et al., 2018) especially during an emotionally challenging period. We discussed how clarifying personal values might offer guidance in navigating such complexities.

When using an ACT-based approach with youth athletes, it is important to consider the language and methods used (Larsen et al., 2019; Price, 2022). To support this, we completed a card-based values clarification exercise using 73 values cards (e.g., loyalty, courage, patience). In session three, Ellis sorted these cards into three categories: 'matters most to me,' 'matters somewhat to me,' and 'doesn't matter to me.' He initially identified 39 values as being central to him and then in the following session, we narrowed these down to a top ten, which led to a discussion about how these values were either present or absent in his support network. Ellis spoke particularly about the value of loyalty, reflecting on how deeply it matters in his relationships, especially in light of past experiences of broken trust. We also explored excellence, and how he was beginning to reframe his injury as an opportunity to grow and develop off the pitch (Hussain et al., 2023) and the things he could be doing during this time, including performance analysis and psychological development. This marked a shift from passive coping to more purposeful, values-aligned thinking.

We then explored whether there was anything Ellis wished to change about how he shares his feelings, and what actions outside the sessions might help him live more consistently with his values. He spoke again about his tendency to put others first and his desire to avoid bringing people down with his own struggles. This opened a discussion about the potential cost of always prioritising others' wellbeing, and how this might leave little room for acknowledging or addressing his own needs (Quartiroli et al., 2018). Here I used the analogy of putting on your own oxygen mask in an emergency on a flight before helping others. We further reflected on the value of self-respect, and how he might begin to show himself the same care and understanding he so often extends to others. Engaging in these values clarification exercises appeared to support Ellis in becoming more aware of the values he wanted to prioritise. He identified practical ways to live these values, including doing something that brings him joy at least every other day. Notably, this was the first time Ellis took responsibility for setting his own homework, making a meaningful step towards taking greater ownership over his actions in line with his values. When we followed up with this, he noted he had spent time with friends and had also arranged a meal with his teammates which helped him to feel connected.

Committed Actions and On-going development

In session five, we then used this as a starting point to reflect on how we could explore what football meant to him and how it fits with his values. I encouraged him to imagine he was fully fit and back playing regularly, prompting him to consider what he would be doing both on and off the pitch that makes him feel like a professional player to help him to reconnect with what he felt was important to him. This helped Ellis reconnect with a broader sense of identity beyond football and consider how he wished to live in accordance with his values during rehabilitation, which previous research has suggested can help to maintain a more coherent sense of self and promote positive mental wellbeing

(Everard et al., 2021). To take this further, I then used the analogy of a tree with the roots representing his values, the trunk his strengths and challenges and the branches as the player he would like to become. Led by Ellis, we then completed a worksheet which considered all three elements, which then moved on to a discussion about the small steps he could take to help the branches of his tree grow. At this point he also noted that he had started to do some small drills and although he was excited to get back to football, he was feeling very rusty after so much time out.

We explored the potential use of mental imagery as a way for Ellis to create and rehearse key performance moments, which he felt could support both skill refinement and confidence development (Cumming et al., 2023). Ellis shared that he had been watching another player and reviewing their performance analysis clips. He described this as compensation for not being able to train physically, aiming to make performance gains in other areas (Wood & Turner, 2025). Together we co-created an imagery script based around a 1v1 tackle situation where a player was running at him with the ball and he needed to make a decision and execute a tackle. Ellis contributed to shaping the content of the script, including the incorporation of a mindful breathing cue, which he identified as useful from previous reflective discussions. This use of imagery and breathing aligns with elements of the Mindfulness-Acceptance-Commitment (MAC) approach (Gardner & Moore, 2007), particularly in relation to present-moment awareness and values-consistent performance behaviours. We also discussed preferred formats for the imagery practice, and Ellis requested an audio-recorded version to support independent use outside of sessions. It was agreed that he would integrate this into his rehabilitation and training programme, aiming to practise it at least twice weekly.

Ongoing support and exit strategy

During our final dedicated session, we reviewed the progress Ellis had made in developing emotional awareness, values-driven actions imagery/breathing techniques while injured and also working through grief. He noted he had managed to listen to his imagery script and was becoming more confident about using this. Together we discussed how he can continue to use these skills independently between drop-in sessions as an Under-18 player. We also created a flexible plan for Ellis to monitor his wellbeing, recognise early signs of distress, and re-engage with more dedicated and bespoke support if needed. We further explored how he could maintain connection with his support network, using the 'who is in my corner' framework to help him seek support proactively. We acknowledged together that challenges may still arise and normalised setbacks as a natural part of recovery and development, encouraging Ellis to approach them with self-compassion and curiosity rather than judgment.

Monitoring and evaluation

Systematic monitoring and evaluation are essential components of effective ACT practice to ensure that interventions remain aligned with clients' needs and goals throughout the intervention period. ACT practitioners are encouraged to engage in ongoing assessment of their service delivery (Keegan, 2016). The check-in and check-out process I adopted for each session allowed informal discussions to take place about learning/development. I also requested client reflections from Ellis halfway through the intervention period, asking by asking "Now that we are half through the time we have together, I want to make sure we are getting the best out of the time we have, how do you honestly feel things are going?" Ellis responded:

> Very well. Because at the start, like the things I have said… I didn't think I would be able to say but now that I have said it, it feels better getting it off my chest. It feels better doing day-to-day stuff, speaking to someone who I don't see every day, so I

won't get embarrassed if I say it. It's easier that you are in and out and I feel like I can trust you. I think I am making progress and thinking about things differently, like the breathing techniques we did the other day and how to relax and talk to people that you didn't know you could talk to. Like that circle there, it's made me think differently about support within the club and my family, who I can trust and where my boundaries are.

I also asked "Are there any changes you would like to make to the approach we are taking" to which he responded *"*No, everything is fine, and I am happy with everything.

At the end of the intervention period, informed by other case studies which have utilised ACT within sport psychology settings (Hartley, 2020; Price et al., 2022; Wood et al., 2025), final client reflections were obtained from Ellis. Firstly, I asked Ellis "What progress do you feel you've made during our work together?" Ellis responded "I have learnt how to control my breathing. I've thought more about how to react in certain circumstances, and it has made me be a bit more open with my feelings, think about and who I can trust and how I can trust them even more." Secondly, I asked him "To what extent have we achieved the goals we set out to achieve? Ellis stated:

When I first started meeting with you, I just wanted someone to talk to about how I was feeling after losing my Nan. I think we have achieved so much more than I actually wanted because we have also been able to talk about other things and they've helped me along the way as well. Just like what values I have the most and like to talk to other people and not just you and to open up to other people because it's better for me in the long-term.

Finally, I asked him, "What would you change about how we have worked together". Ellis said "No, I think it's went well what we have done, and it's worked for me so I wouldn't

change anything. I guess it would be good to keep seeing you if that was an option, but I know I will be seeing you again in a few weeks with the rest of the lads anyway."

Overall, the intervention appeared to broadly meet its aims, with Ellis showing increased openness in discussing bereavement-related emotions as evidenced by his willingness to talk about his grief with a trusted friend and his reflections that sharing his feelings brought a sense of relief. He also demonstrated some development in psychological flexibility, particularly reduced avoidance and greater engagement in values-consistent actions. However, these changes were still emerging rather than fully consolidated within the six-session intervention period. Although progress was monitored through collaborative reflection and ongoing discussion throughout the intervention, future practitioners may wish to complement these approaches with validated measures of psychological flexibility (e.g., self-report questionnaires assessing psychological flexibility and experiential avoidance) where appropriate.

Practitioner Reflections

Reflection 1: The Impact of Limited Integration on Support Continuity

One of the most prominent challenges throughout this case was working as an external practitioner with limited integration into the academy environment (Feddersen et al., 2025). Although I have an established relationship with the club and have worked with them over a significant period, my ongoing contact and reporting remains largely limited to the Player Care Manager. This positioning made it difficult to build a truly comprehensive and responsive support structure around Ellis, particularly due to limited informal collaboration with coaches, physiotherapists, and other support staff, whose insights often provide essential context and contribute to continuity of care.

In particular, the day-to-day touchpoints with both players and staff (interactions that naturally occur when practitioners are embedded in the environment), were largely

unavailable to me. Interestingly, during the mid-intervention review, Ellis identified this distance as a positive aspect of our work together. However, I am aware that this may not be the case for all academy players, and for some, this level of detachment could present a barrier to accessing effective support at times when most needed. Ellis did also highlight how he felt he may benefit from some more on-going support at the end of the formal intervention period. As a result, I recognise the importance of establishing clearer lines of communication and collaboration across the wider multidisciplinary team. Introducing more regular, informal check-ins, where appropriate, could help align support efforts, ensure shared understanding, and ultimately contribute to a more joined-up and athlete-centred support system for players like Ellis.

Reflection 2: Peer Support and Guidance

Another key reflection from this case was recognising my relative newness to using ACT-informed approaches, particularly when supporting a player experiencing two relatively complex issues simultaneously. Although I have considerable experience working with academy footballers, this case presented a unique emotional complexity that prompted me to reflect carefully on how best to tailor my support. From the outset, I found it invaluable to seek guidance from experienced practitioners, especially those familiar with bereavement and loss in sport contexts. Discussing my ideas early on helped to refine thinking around the types of questions, focus of discussion, and experiential exercises that may be most appropriate, while also increasing my confidence in delivering sensitive and ethical care. These peer consultations offered both practical insights and emotional reassurance during moments of uncertainty.

As I continue to develop my use of ACT-informed approaches, a key area for growth will be building greater confidence in applying these methods across a range of presenting issues commonly faced by athletes such as performance pressure and emotional regulation. I

intend to engage in targeted continuing professional development opportunities to help bridge theory and applied practice. I also plan to continue seeking regular peer consultation and supervision, both of which I've come to view not just as optional supports, but as essential components of ethical and effective practice (Sharp et al., 2019). This case reinforced for me that learning never truly ends as a practitioner. Working in dynamic and emotionally charged environments require a continual process of reflection, adaptation, and professional growth. By remaining open to feedback, actively engaging in reflective practice, and learning from more experienced peers, I hope to continue evolving in my role and offering the best possible support to the athletes I work with.

Reflection 3: The use of the four-factor model and shift towards ACT-informed practice

When working with Ellis, the use of the four-factor model (McCarthy, 2023) was both helpful and limited. While it provided an accessible structure during the initial assessment, Ellis often struggled to identify and articulate emotions, and our early work risked becoming overly cognitive at a time when emotional support and validation were particularly important. This highlighted the need to remain flexible when applying structured formulation models when supporting emotionally vulnerable young athletes.

A key learning from this case was recognising that alternative frameworks may offer a better fit in such contexts. In hindsight, the ACT hexaflex could have provided a more appropriate formulation framework from the outset, as it allows difficult emotions to be acknowledged and normalised without requiring detailed cognitive analysis. Processes such as acceptance, self-as-context, and values may have supported earlier engagement with Ellis's emotional experiences while maintaining a compassionate and supportive approach. This experience also suggested that more creative, embodied approaches to emotional exploration were more effective for Ellis than purely verbal methods, facilitating greater engagement and emotional understanding.

Reflection 4: Ongoing Reflexivity

Preparing this case study for publication, and engaging with the peer-review process, prompted a further stage of reflection on my practice (Knowles et al., 2001). In particular, I began to question whether my early focus on helping Ellis identify and articulate emotions reflected assumptions about what therapeutic progress should look like. Although I viewed this as facilitating emotional processing, I now recognise that I may have underestimated the extent to which Ellis's willingness to disclose was shaped by the gradual development of trust within the therapeutic relationship, rather than the specific techniques employed. This has encouraged me to be more mindful of distinguishing between a client's readiness to explore difficult experiences and my own expectations of therapeutic progress. Moving forward, I intend to remain increasingly attentive to how my own assumptions and values may influence case formulation, intervention choices, and interpretations of change, ensuring that the therapeutic relationship continues to guide, rather than follow, the intervention.

Conclusion

In conclusion, structured models, such as the four-factor formulation, can provide a useful framework for initial assessment and shared understanding. However, this case highlighted that frameworks such as the ACT hexaflex may be more appropriate, particularly when working with grief or complex emotional experiences, as they allow difficult emotions to be acknowledged and normalised without relying primarily on cognitive analysis. In addition. this case study highlights several key recommendations for practitioners when working with young athletes. First, particularly when working as an external practitioner, integration within multidisciplinary teams is crucial to promote continuity of care and foster a cohesive support network. Establishing and maintaining communication with coaches and support staff can enhance contextual understanding and collaborative intervention efforts. Secondly, continuous professional development remains fundamental to bridging theory and

practice, enabling practitioners to respond effectively to the diverse psychological demands athletes face. Finally, peer consultation and supervision are vital, particularly when working with complex emotional issues or novel therapeutic approaches, as they support practitioner confidence and ethical decision-making.

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620 Appendix A – Overview of the Six-Session ACT-Informed Intervention

Session	Intervention focus and activities	Primary ACT processes	Context/reflections
1	Needs assessment. CBT four-factor formulations (injury and bereavement). Discussion of support goals. Initial emotion diary introduced.	Assessment and case formulation (ACT-informed planning rather than intervention).	Assessment identified bereavement and difficulties expressing emotion (not injury) as the primary focus of the intervention.
2	Emotional awareness and acceptance. Beach ball metaphor; anger iceberg; body mapping ("angry stick man"); present-moment breathing exercise (Harris, 2019); mindfulness/body awareness; perspective-taking exercise ("What would you say to a friend?"); co-created small values-aligned homework (speaking to a trusted person).	Acceptance; Present-moment awareness; Self-as-context; Committed action.	Ellis initially struggled to identify emotions but engaged well with experiential activities. Homework was collaboratively adapted to increase feasibility and ownership.
3	Social support and values. "Who's in My Corner?" support map; discussion of trust and emotional disclosure in football; introduction to values using values cards.	Values clarification; Acceptance; Self-as-context.	The support mapping exercise prompted deeper reflection than anticipated, including discussion of previous experiences with trust and emotional disclosure. This informed a greater focus on values and relationships.
4	Values clarification continued. Narrowed values to top 10; explored values within relationships; linked values to support network; identified small values-consistent behavioural goals; Ellis generated his own between-session action.	Values clarification; Committed action.	Values work resonated strongly with Ellis and we spent most of the session on this. This represented a shift towards greater ownership of the intervention.
5	Identity and return to football. Tree exercise (values, strengths, future self); explored football identity;	Values clarification; Committed action; Present-moment awareness	Ellis appeared more future-focused, linking his rehabilitation to his broader identity and values. He actively contributed to developing

	introduced imagery linked to rehabilitation and performance; developed personalised imagery script.		the imagery script, selecting the performance scenario most meaningful to him.
6	Consolidation and exit planning. Continued imagery practice; integrated breathing into imagery routine; reviewed techniques; developed psychological toolkit; identified support network and early warning signs.	Committed action; Present-moment awareness; Acceptance; Values.	The final session focused on consolidating learning and planning for independent use of techniques. Ellis identified the strategies he intended to continue using and collaboratively developed a plan for maintaining wellbeing and accessing future support.

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