

Shifting attributions, shaping behaviour: a brief intervention with youth tennis players

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Published in:
Case Studies in Sport and Exercise Psychology

DOI:
[10.1123/CSSEP.2020-0036](https://doi.org/10.1123/CSSEP.2020-0036)

Publication date:
2021

Document Version
Author accepted manuscript

[Link to publication in ResearchOnline](#)

Citation for published version (Harvard):
Moffat, ZL, McCarthy, PJ & McCann, B 2021, 'Shifting attributions, shaping behaviour: a brief intervention with youth tennis players', *Case Studies in Sport and Exercise Psychology*, vol. 5, no. 1, pp. 69–78.
<https://doi.org/10.1123/CSSEP.2020-0036>

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1 **Shifting Attributions, Shaping Behaviour: A Brief Intervention with Youth Tennis**
 2 **Players**

3 **Abstract**

4 This case reports a brief attribution retraining intervention with youth tennis players.
 5 Athletes were struggling to maintain emotional control, resulting in problematic on-court
 6 behaviour (e.g., racket throwing). The intervention used Think Aloud protocol and attribution
 7 retraining across five key phases: (a) assessment, (b) psychoeducation, (c) attribution
 8 retraining, (d) evaluation, and (e) follow-up. We determined intervention effectiveness using
 9 qualitative (Think Aloud) and quantitative (CDS-II) athlete data, feedback provided by athletes
 10 and the coach, alongside practitioner reflections. Evaluation suggested attribution retraining
 11 and TA interventions can improve athletes emotional control and attribution capabilities and
 12 in turn behaviour. The case seeks to present a novel approach to working with youth athletes,
 13 highlighting the importance of practitioner adaptability.

14 **Key Words:** *Youth Sport, Attribution Retraining, Think Aloud,*

15 **Shifting Attributions, Shaping Behaviour: A Brief Intervention with Youth Tennis**

16 **Players**

17 **Context**

18 At the time of the intervention, I was a trainee sport and exercise psychologist in year
19 two of a professional doctorate programme. I was on placement in a tennis organisation and
20 had been there for approximately six months. My role was to provide psychological support to
21 youth athletes to enhance their performance and well-being under an over-arching theme of
22 positive youth development (Thelwell et al., 2018). The present case explores a novel
23 behaviour change intervention in youth sport, highlighting challenges associated with
24 continuing consultation during a global pandemic.

25 At the time of the placement, I was also a coach in the organisation. I perceived the
26 coach-psychologist role to mitigate common challenges with initiating contact, developing
27 relationships and securing buy-in (Holt & Streat, 2001). My playing and coaching experience
28 provided me sport-specific and contextual awareness that may for others have been a longer
29 process. Having dual-roles, however, presented various challenges including establishing and
30 maintaining boundaries (Waumsley, 2010). For example, although I perceive myself to adopt
31 an autonomy-supportive coaching style, it was important to address power-imbalances, shifting
32 ownership further towards the players during consultancy and psychological support sessions,
33 due to my philosophical perspectives (Rocchi et al., 2013). I had initially been apprehensive
34 about consulting in tennis. I feared being too close to the sport, transferring my own
35 experiences as an athlete on to those I worked with, or becoming lost in the moment as athletes
36 shared their own. The doctorate programme's built-in peer and supervisory support meant this
37 felt an appropriate time to navigate the path of practicing in 'my' sport.

38 **Theoretical Orientation**

39 As a trainee sport and exercise psychologist my philosophy of practice is evolving as I
40 gain theoretical and applied experiences (Tod et al., 2011). The present case is underpinned by
41 cognitive behavioural therapy (CBT; Beck, 1987), the prescribed therapeutic modality for year
42 two of the doctorate programme. CBT is founded on the assertion that an individual's
43 cognitions, feelings and behaviours are reciprocally related (Dozois & Beck, 2011).
44 Emphasising learning theory, one can learn to recognise, evaluate and adapt, one's cognitions.
45 We consider such cognitive change critical to therapeutic outcomes, facilitating behavioural
46 and emotional changes (McArdle & Moore, 2012). Through collaborative empiricism, the
47 psychologist seeks to work with clients in developing cognitive skills and strategies, intending
48 to foster sustained positive development (McCarthy, 2018). That being said, I would consider
49 myself humanistic in my approach in that I believe every individual is capable of change and
50 that as their experience is unique, they hold the best insight (Rogers, 1959). This grounding
51 foundation weaves through my practice in which the relationship is of central importance, a
52 factor I perceive epitomises the work I have completed with sport psychologists as an athlete.

53 **The Case**

54 The client was the tennis organisation. Consultancy was established following
55 conversations with the head coach on how to further develop the coaching programme and
56 support for athletes. The head coach highlighted increased difficulties with athletes on-court
57 performance behaviours. Problem behaviours appeared associated with emotion regulation
58 capabilities and included: crying, racket throwing and 'tanking' (where an athlete deliberately
59 tries to lose a match). These behaviours were exhibited infrequently during training, but
60 increased in frequency and intensity during competition. While typically maladaptive, such
61 behaviours are normalised in tennis, being modelled by elite athletes (Hanegby & Tenenbaum,
62 2001). The athletes were eight youth tennis players (seven males, one female, $M_{age} = 13.37$,
63 age range: 12-16). Players were competing at a minimum of county level and had an average

64 of 5.38 ($SD = 2.45$) years competitive experience and were considered ‘sub-elite’ (Swann et
65 al., 2015). The head coach deliberately prioritised athletes for psychological support for
66 athletes he perceived would gain most value, due to competitive behaviours and time-
67 investment. Five of the eight athletes received additional individual support sessions with me
68 (first author) during the intervention period (one to twelve sessions). All athletes were offered
69 this additional service. The remaining athletes did not seek support when provided the option.

70 **Needs Analysis**

71 The initial needs analysis focussed on capturing players' experiences and perspectives
72 (Keegan, 2016). Each athlete completed an individual performance profile, identifying
73 psychological attributes perceived as important to sport success, scoring their perceived ability
74 (Butler & Hardy, 1992). Profiles and informal discussions highlighted little awareness of their
75 emotions and emotion-regulation capabilities, despite a high perceived importance amongst the
76 group. To raise self-awareness, I asked players to track emotional experiences during practice
77 sets using momentum charts (Figure 1). Athletes indicated at the end of each game point
78 outcome (point won = upward line, point lost = downward line) and how their emotions shifted
79 (positive = upward line, negative = downward line) to provide space for consideration and a
80 visual representation (Hughes et al., 2013). Athletes were also asked to indicate any moment
81 they felt was particularly important (either outcome or emotion based) for example ‘really
82 anxious before my second serve’ or ‘silly decision lost me the game.’ Emotional responses
83 typically tracked point outcomes of ‘good’ or ‘bad’ consistent with previous literature (Lewis
84 et al., 2017). In instances where points were perceived as ‘bad’ an increase in problematic
85 behaviours were observed (e.g., racket throwing). While this was not formally measured, my
86 observations, coach feedback and player reflections (through discussion) endorsed this opinion.

87 < Place Figure 1 about here >

88 I attended a supervision session intending to discuss an emotion regulation or labelling
89 intervention. Supervisory discussions suggested exploring causal attributions ('good' or 'bad'
90 because) may be more appropriate. Independent reading suggested an attribution approach
91 would be more consistent with CBT's focus on cognitive mechanisms (Cattie et al., 2020). In
92 addition, players' developmental stage suggested recent differentiations may affect emotional
93 responses in causal reasoning (McCarthy et al., 2008). I then developed a tentative working
94 formulation using Wills and Sanders (2013) protocol. We considered players' dysfunctional
95 attributions the trigger for negative automatic thoughts, underpinning emotional and
96 behavioural responses. The therapeutic plan, discussed with athletes, coach, my supervisor and
97 I, was to use an attribution retraining intervention to modify this sequence (Försterling, 1988).

98 **Intervention: An Attribution Retraining Intervention (AR)**

99 In seeking to develop a meaningful intervention, I sought intervention-specific
100 supervisory input. After consideration, my supervisor and I decided it to develop a 'wise'
101 intervention. A wise intervention is a brief, psychologically-precise approach to intervention
102 development and application, focusing on the inferences individuals draw from their
103 experiences using 'families' of psychological processes and categories of intervention
104 techniques (see Walton & Wilson, 2018 for a review). The approach appeared congruent with
105 contextual needs (e.g., deliverable in context and time frame) having been used in previous AR
106 (e.g., Parker et al., 2018) and CBT (e.g., Boese et al., 2013) literature. We thus developed an
107 intervention protocol including five key phases: (a) assessment; (b) psychoeducation; (c) AR;
108 (d) evaluation; and (e) follow-up (Table 1.).

109 <Place Table 1 about here>

110 **Assessment**

111 Phase one involved the assessment of athlete causal attributions. The phase aimed to
112 assess and provide an understanding of athlete attributions, enabling intervention tailoring and

113 aiding efficacy evaluations. I initially identified the revised causal dimension scale (CDS-II;
114 McAuley et al., 1992) a commonly used measure in sport and youth populations with
115 satisfactory psychometric properties (e.g., Ball, 2013). The CDS-II reflects an individual's
116 attribution of global (match) outcomes. Tennis matches, however, involve an average of 127
117 discrete (point) outcomes (Kovalchik & Reid, 2017). I considered it important to gain a point-
118 by-point perspective, providing insight into player cognitions at the point of problematic
119 behaviour, not just on reflection, mitigating challenges of retrospective recall. I used the CDS-
120 II with Think Aloud (TA; Ericsson & Simon, 1993). TA, a real-time method involving players
121 verbalising cognitions during performance, provided this point-by-point insight (Eccles &
122 Aarsal, 2017). Level 2 TA was used (see Ericsson & Simon, 1993) which involves athletes
123 verbalising an internal representation of information not originally in verbal code (e.g.,
124 movement or visual stimuli). Using Level 2 TA was deemed sufficient to meet assessment aims
125 (e.g., generate understanding of athletes cognitive processes) without significantly impacting
126 performance, while also being stage-appropriate and consistent with previous research in tennis
127 (Oliver et al., 2020; Swettenham et al., 2020; Whitehead et al., 2016).

128 All athletes attended a session lasting approximately 90 minutes. The first 30 minutes
129 involved a TA briefing; including a series of traditional (a) counting and b) arithmetic) and
130 sport-specific (a) general tennis match warm-up, b) forehand cross-court drill) training tasks
131 (Birch & Whitehead, 2020). Players then completed a TA short-set (set to four games), a
132 scoring format considered long enough to gain meaningful data without being too erroneous.
133 A short-set was selected over formats from previous research (e.g., tiebreaks; Swettenham et
134 al., 2020) as while similar in duration, short-sets were considered more realistic and
135 representative of real-world competition. Coach and player feedback (in addition with my
136 knowledge/observations) highlighted increased competitiveness in set-play vs. tiebreaks. In
137 addition set-play more acutely captures the ebbs and flows of competitive tennis and scoring

138 complexities (e.g., Simpson's paradox; Blyth, 1972) which may influence nuances of athlete
139 attribution. Players were instructed to verbalise cognitions between every point, and were
140 provided with between point cues to remind them.

141 On completion, players completed the CDS-II. All athlete data was transcribed
142 verbatim and coded. Attribution responses accounted for 30% of TA vocalisations. Vocalised
143 attributions typically corresponded with losing points and were dysfunctional (78%).
144 Remaining vocalisations comprised instructional self-talk (17%), motivational self-talk (23%),
145 reactive utterances (22%) or other utterances (e.g., score; 8%; see Table 2). Trends in the CDS-
146 II reflected match outcomes. Winning players reported more functional attributions, while
147 losing players reported dysfunctional attributions. Increased dysfunctional attributions
148 corresponded with negatively-valenced emotions in TA data and observed problem behaviours.

149 < Place Table 2 about here >

150 Vocalised self-talk in tennis is common, providing familiarity with the concept of TA,
151 even for young athletes (Thibodeaux & Winsler, 2018). TA, however, can be uncomfortable
152 because it is unusual to verbally share your thoughts, particularly when there is an
153 understanding that someone will be listening to them, which may have influenced athlete
154 thought processes (Double & Birney, 2019; Whitehead et al., 2016). Consistency between
155 CDS-II and TA somewhat alleviates this concern, although response-biases are still plausible.
156 I perceived my therapeutic relationships with athletes, characterised by trust and unconditional
157 positive regard eased this process, enabling information more representative of athlete
158 experiencing to be captured (Longstaff & Gervis, 2016). Players were offered to receive their
159 TA recording and the opportunity to discuss the recording with me. Six players took this
160 opportunity in individual sessions. Following analysis of recordings, in a minor re-formulation,
161 specific cognitions, emotions and behaviours were added. Each athlete was individually shown
162 the initial formulation, ensuring they held an understanding of what we were doing and why,

163 and had the opportunity to provide personal input, maintaining collaborative empiricism
164 (Fuggle et al., 2013). Therefore, each athlete entered phase two with a 'generic' formulation of
165 the process, individualised to both their TA data and feedback (e.g., specific examples added).

166 **Psychoeducation**

167 In phase two, athletes were provided with psychoeducational workbooks. Workbooks
168 contained guided discovery tasks to help athletes to identify, understand and challenge their
169 thoughts, feelings and behaviours (McArdle & Moore, 2012). Providing athletes with an
170 understanding of the CBT model and process of change underpins effective CBT practice
171 (Kennerley et al., 2017). In addition, psychoeducation is suggested to facilitate increased
172 motivation, self-empowerment and help-seeking behaviours (Friedberg & Paternostro, 2019).
173 Tasks were developed using previous literature and tailored to athletes' cognitive-
174 developmental stage for example use of language, level of depth considered achievable (e.g.,
175 Greenberger & Padesky, 2016). The workbook was structured to become progressively more
176 challenging (e.g., from identifying to challenging cognitions) to provide opportunities for
177 learning and success (Cappucio et al., 2019). The workbook included tasks on: identifying
178 feelings, differentiating feelings and cognitions, the impact of feelings and cognitions on
179 behaviour, types of cognition and challenging cognition (for an example see figure 2).

180 < Place Figure 2 about here >

181 Athletes were provided a two-week period to complete workbooks in their own time,
182 enabling them to cover content at their own pace (McCarthy et al., 2010). I regularly checked
183 in with athletes across this period, offering opportunities to ask questions, however they did
184 not receive any formal-training, allowing for self-guided learning. Upon completion, each
185 athlete had a brief individual session (approx. 15 minutes) to recap tasks in the CBT workbook,
186 and reinforce learning (Turnnidge et al., 2014). Providing this flexibility enabled deeper
187 conversation and enhanced therapeutic relationships. The athlete group are highly competitive,

188 often engaging in social comparison against one another (as highlighted in workbooks!). In
189 doing this phase individually, I felt able to respond more effectively to client needs (e.g.,
190 more/less input), without risking fracturing another player's perceived competence, or
191 individual athlete relationships. With the therapeutic relationship accounting for a significant
192 proportion of client change, I considered managing these individual relationships in a group
193 context pivotal to achieving my role (Lambert & Barley, 2001). Overall, I was impressed by
194 the detail and engagement in athlete workbooks and was satisfied they had an appropriate grasp
195 of key concepts. I perceived this to be critical, as it would be inappropriate to progress the
196 intervention had this not been the case (Stallard, 2013). Maintaining the dynamicity of the
197 formulation, we added individual data from player workbooks to enhance accuracy.

198 **Attribution Retraining**

199 Consistent with previous protocols, the AR phase contained two components: AR
200 induction and consolidation (Haynes et al., 2009). The AR induction encouraged players to use
201 functional attributions when explaining performance (Chodkiewicz & Boyle, 2014). I intended
202 to facilitate AR using group discussions with athletes and coaches. Such an approach would
203 align with previous AR literature and sporting research suggesting involving significant others
204 (e.g., coaches) can be beneficial to intervention efficacy (Henriksen et al., 2019).

205 At this point in the intervention, however, in-person activities at the organisation were
206 suspended because of a national lockdown (i.e., COVID-19). As a result, consultations were
207 required to move to online platforms. Considering ethical parameters and my perceived
208 competency, delivering this component at a group-level no longer felt workable (BPS, 2018).
209 Instead, I produced a video covering this content, including the basic concept of attributions
210 and their potential role in performance that was delivered online. Practice examples for
211 functional/dysfunctional attributions in the video were extracted from athletes' TA data and
212 anonymised, to increase relatability and reflect athlete perspectives.

213 Each athlete then received an individual AR consolidation session, ranging from 15 to
214 25 minutes in duration. I encouraged athletes to present explanations for a memorable previous
215 performance. Memorable performances were performances that were recent/powerful enough
216 for recollection. No requirement of outcome or attribution was stipulated. We then discussed
217 if these attributions were functional or dysfunctional. If the athlete considered a thought
218 dysfunctional, we collaboratively discussed alternative thoughts (Parker et al., 2016). The
219 consolidation session was supplemented with a failure-task, designed to provide opportunities
220 to implement learning (Haynes et al., 2009). The failure task was intended to be completed
221 using on-court point-play. Although not possible, I wanted to create a challenge involving a
222 tennis ball/racket to contextualise learning. Athletes thus completed progressively complex
223 small-space ball-control skills and were asked to provide real-time attributions for failure and
224 success. Athletes were asked to find a large enough space to use their racket (e.g., garden) and
225 asked to perform skills (e.g., continuous bounces on one-string face compared to continuous
226 bounces on racket frame).

227 **Evaluation**

228 The evaluation phase was intended to mirror the assessment phase. The continuing
229 lockdown, however, ruled out gathering TA data. Athletes were receiving a fitness programme
230 from the coach, although as this was self-administered no observation or feedback about player
231 development from coaches was available. I considered creating alternative competitive
232 scenarios (e.g., competitive TA task on online platforms). Because artificially created tasks
233 would unlikely evoke the same strength/type of response, I chose not to (Fernandez-Fernandez
234 et al., 2015). As an objective marker of efficacy, players still completed the CDS-II, reflecting
235 on their most recent competitive performance.

236 Results suggested a positive intervention with player scores trending towards more
237 functional attributions for performance ($M_{change} = 2.3$, $SD = .86$). Although positive, I found

238 these findings highly limited by the omission of TA data because it was challenging to account
239 for memory effects, or how accurately results translate to practical performances/contexts
240 (Harris et al., 2013). In addition, individual sessions highlighted players developing capacity
241 to rationalise results when emotional intensity decreases. Increased rationality, may in-itself
242 have led to more functional attributions being reported. This process, while frustrating, re-
243 affirmed the requirement to have a follow-up period, although the timing for this follow-up
244 was unclear. Initially intended to explore if intervention effects were sustained over time, the
245 follow-up period now acted as a primary indicator of efficacy (Didymus & Fletcher, 2017).

246 **Follow-Up**

247 The follow-up period to assess intervention efficacy occurred 8 months after the
248 intervention concluded. Over this period, athletes had periods where they could not train (four
249 months), could train but not compete (two months) and could both train and compete (two
250 months). The re-introduction of competition felt an appropriate time to conduct a follow-up as
251 the initial presenting problems were associated with competition more than training. TA data
252 was collected from five of the athletes (four males, one female) using the same protocol from
253 the assessment phase. It was not possible to collect TA data from the other three athletes
254 because of injury/illness ($n = 2$), and the reinstatement of travel restrictions ($n = 1$). All eight
255 players completed the CDS-II, with the remaining three completing the scale online. Athlete
256 scores remained relatively consistent with results from the evaluation change $Mchange =$
257 $+.053$, $SD = .24$; Table 3.), providing evidence that brief AR interventions may have a
258 facilitative and sustained influence on athletes' attributional tendencies. Findings align with the
259 concept of 'wise' interventions in that interventions do not have to be long in duration, if
260 psychologically precise and contextually meaningful (Walton & Wilson, 2018).

261 <Place Table 3 about here>

287 of tears). Unfortunately, as competition had not been resumed, it was not possible to ascertain
288 if behavioural changes translated to competitive environments where they were most
289 prominent. This change may be influenced by shifts in perspective regarding the importance of
290 tennis 'success' while unable to participate (Wadey et al., 2013).

291 The third component of the framework is quality of support. A player feedback form
292 was created incorporating key themes from evaluation questionnaires/literature (e.g., Sharp &
293 Hodge, 2014). Player responses were widely positive, with athletes responding seven/ten or
294 greater on all items. Feedback on my characteristics as a psychologist appeared higher for those
295 receiving individual support. While anticipated, this is something to consider when delivering
296 to broader audiences. While positive, limited negative player-coach feedback increases the
297 importance of supervision, reflective practice and checking-in regularly with the athletes. The
298 final component of the framework is players responses to support. Players demonstrated high
299 levels of engagement and adherence, an indicator of strong psychologist-player relationships
300 (Mack et al., 2019). This also illustrates players' desire for improvement, with engagement
301 critical to effective CBT practice (McArdle & Moore, 2012). In an unintended consequence,
302 players' engagement in individual psychological support (running parallel) increased,
303 suggesting an increased openness.

304 **Reflections**

305 Reflection is a powerful process, critical to effective practice and practitioner
306 development (Cropley et al., 2010). The present reflection will briefly cover what I consider
307 pragmatic (for future practice), and personal reflections (that underpin these processes) from
308 this intervention, considering relevance to applied practice. Pragmatic reflections are initially
309 considered within Johns' (1994) frequently cited reflective model (e.g. Anderson et al., 2004).

310 **Pragmatic Reflections**

311 I perceive the influence of the intervention to have extended beyond the intended goals.
312 Particularly regarding TA, which provided overwhelming learning opportunities for the players
313 and me. At times, the additional insight shocked me, with player verbalisations not always
314 aligning with players' outward projections and as such my expectations. For example, athletes
315 who visually appeared calmest (behaviourally) were often the ones using expletives
316 repeatedly. The use of TA reaffirmed the importance of looking beyond behaviour, or more
317 'obvious' paths for interventions, to truly capturing athlete experiencing. For the athletes, it
318 made work more tangible, often providing a hard reality check, with nowhere to hide
319 (Middlemas & Harwood, 2018). The sentiment of 'wow I sound/said that' mirrors those I have
320 experienced with process reports. If re-running a similar intervention, I would encourage the
321 use of video. I perceive this would have enhanced the impact, with players observing the
322 correlation with self-talk/attributions and behavioural outcomes. In addition, using TA during
323 the attribution phase, alongside more proactively measuring behaviour would increase the
324 methodological coherence and provide greater evidence to determine the intervention efficacy.

325 Metaphorically, consider me the captain of a ship, with my supervisor the navy admiral.
326 Through reflective discussions supervision assisted me in opening new segments of the map
327 (e.g. traditional learning experiences; 'wise' interventions), widening my lens (e.g. broadening
328 my perspectives; attributions) and providing support that I am steering in the right direction.
329 These avenues in turn questioned, and provided me space to consider the what, how, why and
330 'me' of my work. I perceive this broadening of perspectives, and consequential exploration of
331 literature to enable me to meet personal and professional requirements for providing quality,
332 evidence-based practice (Winter & Collins, 2016). Through supervisory guidance, player
333 feedback and my reflections, I perceive the intervention to have been both evidence-based and
334 effective. The intervention may extend literature on the benefits and use of AR programmes
335 (and TA) for athletes (Murray et al., 2020). I believe I found a balance between utilising

336 evidence and adapting to context. I discussed in supervision the fine balance between adapting
337 (a somewhat limited) evidence-base contextually and using that as free-reign to practice as one
338 pleases. Making the intervention context-specific was important for securing buy-in but did
339 that deviate from empirically-grounded requirements? I perceive I am getting better at finding
340 this balance. I feel I would have found these observations valuable to read when enrolling on
341 the doctorate programme, adding to the applied practice literature of applying interventions.

342 While I endeavour to hold myself to these standards, it would be disingenuous to claim
343 I understood entirely why every decision was made. The best learning is that which takes place
344 implicitly (Navarro et al., 2018). At points, I did not clearly understand how different directions
345 presented by my supervisor fit in the wider therapeutic picture. For example, attributions: it
346 seemed to fit, there was appropriate literature, and my supervisor recommended it—so why not?
347 With developing knowledge and experience, the proverbial penny dropped. Tackling behaviour
348 change at an emotional level may have had an impact (McArdle & Moore, 2012). However, if
349 a player still held dysfunctional cognitions, it would be like building a castle in the sand. The
350 castle (emotions) would be great when there, but would it sink? In this essence, I felt more
351 confident with CBT, appreciating the importance of selecting the ‘target’ of an intervention
352 and potential consequences. This further highlights the importance of trainees regularly
353 engaging in supervisory processes and the importance of supervisor-trainee relationships.
354 Supervisors may consider the balance between providing required guidance and opportunities
355 for trainee’s self-discovery, while trainee’s may seek comfort in navigating the murky waters.

356 **Personal Reflections**

357 On a personal level, a common theme throughout my professional practice, and
358 arguably my life, is a desire to achieve my version of perfection (Flett & Hewitt, 2014). At
359 points throughout this intervention, I have put too much pressure on myself to achieve ‘quality’.
360 This initially emerged during the design phase, when meeting my supervisor was challenging.

361 I now perceive I was seeking approval for myself as a practitioner; and the meaningfulness for
362 the players. Actually, within eventual supervision, I found I often got ‘yes Zoe’ in response,
363 providing greater confidence to control my previously described ship, checking in with my
364 supervisor for navigational advice (Hutter et al., 2017).

365 Perceived threats to ‘quality’ re-emerged at various points, for example, the instigation
366 of the lockdown (‘how do things look now?’), and were compounded by the challenges of a
367 professional sphere where evidence-based practice is presented as a land of rainbows and
368 butterflies. However, these perceived threats to quality emerge continuously within life, or can
369 depending on how you view them (Meijen et al., 2013). Uncertainty in our role as sport
370 psychologists is common, you may have the ‘perfect intervention’ but what about when the
371 player gets cut, or injured? While the current situation is ‘unprecedented’ the lessons of
372 adaptability reflect a reality of applied practice. Throughout my applied experiences, I
373 regularly discuss adaptability. How do I, or you, adapt to conditions, situations, experiences?
374 The present intervention and circumstances have forced me to consider my adaptability as a
375 trainee, and how I do this while maintaining ethical and professional requirements (Hutter et
376 al., 2017). From seeking evidence-based practice to taking content online or managing
377 boundaries; processes throughout this intervention have led to me having greater self-belief,
378 and a conceptualisation of key qualities in the way I seek to practice. These questions are ones
379 practitioners may consider reflecting on regularly, particularly during the early-stages of
380 applied practice. I, admittedly once again, am feeling a genuine comfort in accepting all I may
381 ever ask of myself is my best, and that usually, while intending to present this as modestly as
382 possible, my best is pretty good.

383 Our philosophical assumptions underpin how we practice (Poczwardowski et al.,
384 2004). Understanding my values and assumptions is critical to exploring my work, and is
385 something I have considered extensively following supervision. Throughout the intervention I

386 have repeatedly been aware of the importance of player-practitioner relationships (Mack et al.,
387 2019). For the player, the pivotal factor can often be the personalisation of content. Within this
388 intervention my focus often became how do I get ‘me’ and my values, respect and investment
389 in those I work with, through a workbook or screen. That being said, I think I am creating a
390 clearer conceptualisation of how I seek to operate, with my practice being underpinned by a
391 holistic philosophical paradigm, even if pulling theoretically from CBT, or more recently ACT,
392 an orientation traditionally considered as highly practitioner-led (Keegan, 2016).

393 Boundaries is a theme I perceive will be a staple of my reflective practice. The
394 constantly evolving nature of practice and context requires flexibility within the required
395 professionalism (BPS, 2018). On reflection, I perceive myself to have managed boundaries
396 well within this intervention, as I gain a clearer vision of where one role ends, and another
397 begins, to make all services as beneficial for the players as possible (Moore, 2003). While I
398 would consider myself relatively self-aware, this reiterates the importance of supervision and
399 reflective processes, to aid the identification of additional considerations, as how do we know,
400 what we do not know (Hutter et al., 2015). Somewhat ironically, I think the present case could
401 offer a consideration for how we adapt conceived boundaries of practice. Providing an
402 extension to previous literature, with practical considerations for practitioners, and applied
403 benefits for those that we work with.

404 **Concluding Reflection**

405 Managing the uncertainty of a lockdown (and previously a busy supervisor), while
406 trying to satisfy university, personal and professional demands, has asked me if I ‘practice what
407 I preach’ (Pack et al., 2014). My frustrations were poorly managed, often to little avail.
408 However, in moments of real uncertainty across this process, I have responded more
409 professionally and creatively than I imagined. With that being said, I hope I have learnt to step
410 back, breathe, and consider a more functional perspective, or, dare I say it, attribution.

411

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617 **Table 1.** *An Intervention Timeline Showing Intervention Phases and Completed Dates*

Intervention Phase	Phase Dates
Initial Needs Analysis	Dec-19/Jan-20
Intervention Development	Jan-20/Feb-20
Assessment	Mar-20
Psychoeducation	Mar-20
Attribution Retraining	Mar-20/Apr-20
Evaluation	Apr-20
Follow-Up	Nov-20

618

619 **Table 2.** *Examples of athlete TA Data and Data Coding*

Type	Example 1	Example 2	Example 3
Functional Attribution	‘Right, that was unfortunate, here we go, commit to the strike’	‘To be honest he just returned like an absolute beast there. That’s okay’	‘Missed it, not by much, build the point again and take the chance’
Dysfunctional Attribution	‘I should have won the set, I’m so unlucky, such a fluke’	‘Your actually c***, can’t play, there’s no point being here’	‘The balls are so wet, doesn’t bounce, why?’
Instructional Self-Talk	‘Take your time here’	‘Get down to the ball, bend your legs’	‘Cross in to his backhand let’s go’
Motivational Self-Talk	‘C’mon, let’s go’	‘Big point, this one, you’ve got this’	‘Use that, right here, let’s go’
Reactive Utterances	‘C’mon’	‘Urghhh’	*Swearing
Other	Scores: ‘15-30’; ‘40-0’	‘Was that in?’	‘Can I have a ball?’

621 **Table 3.** *Athlete CDS-II Scores at Assessment, Evaluation and Follow-Up*

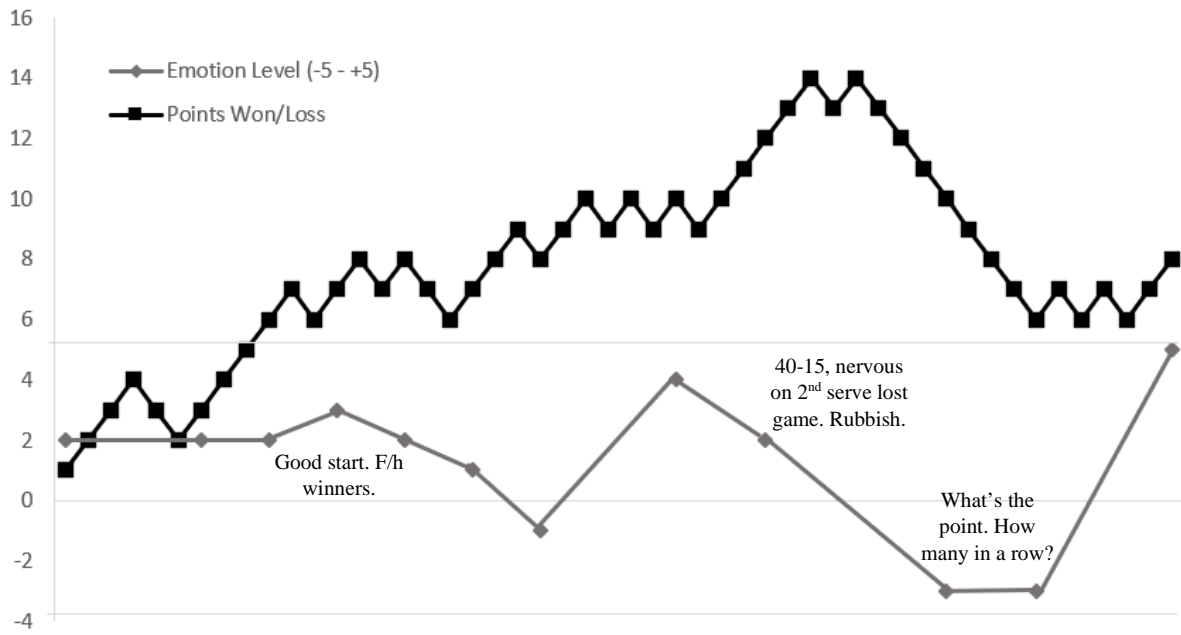
ID	Assessment	Evaluation	Follow-Up
A	4.42	6.67 (+2.25)	7.15 (+.48)
B	5.5	8.13 (+2.63)	8.22 (+.09)
C	6.42	7.77 (+1.35)	8.60 (+.83)
D	4.42	5.93 (+1.51)	6.39 (+.46)
E	5.75	7.24 (+1.49)	7.76 (+.52)
F	4.92	7.06 (+2.14)	7.53 (+.47)
G	1.64	4.49 (+2.85)	5.42 (+.93)
H	3.53	7.42 (+3.89)	7.94 (+.52)

622

623 **Table 4.** *Examples of Changes in Athlete TA from Assessment to Follow-Up*

ID	Assessment TA	Follow-Up TA
A	‘The wind, it’s the wind, I can’t do anything in this.’	‘Urgh, the weather is awful. Make smarter decisions – spin, speed.’
C	‘There’s no point in you playing tennis, you are rubbish, awful, s***.’	‘poor miss, you’re not good enough *exhales* right, move your feet, keep
F	‘Urgh god I’m so bad, what’s the point, that was such an easy shot, awful.’	‘That’s annoying, F you’re a fool. I just need to be a bit more clinical on chances, I can do that.’
G	‘He’s so jammy, it’s not fair *slams racket*.’;	‘That’s unlucky G, right, c’mon, focus, bounce back here, c’mon, 30-40.’

625 **Figure 1.** *Example of Athlete Momentum Chart*

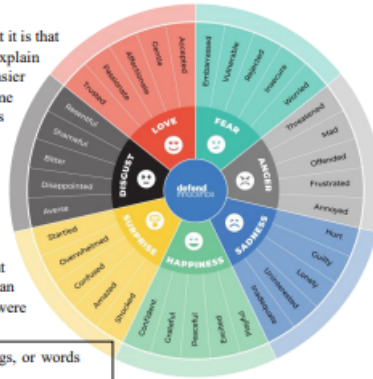


626 **Figure 2.** *Extract of Psychoeducational Workbook*

Identifying Feelings

It is important that we are able to identify what it is that we are feeling. The better we are able to explain ourselves, and what it is we are feeling, the easier it is for us to understand (and maybe make some changes). We can usually describe feelings using one word.

There are lots of different feelings that you can experience. The chart shows several examples. You might notice that 'good' and 'bad' are not on the list! We do feel 'good' or 'bad' but these words do not tell us the important bit – why! For example you might feel *good* because you are *excited* about an upcoming session, or, *bad* because you were *disappointed* in your performance.



Task 2.1: Can you think of any other feelings, or words you use?

Strength of Feelings

Identifying and labelling our feelings is fantastic. As we identify feelings, we can also scale how strongly we feel them. For example, would you feel as *anxious* about hitting a second serve in the first game of a match, as you would hitting one on match point? By rating our feelings, we can see which situations affect us most, and use strategies to help. Below is a scale from 0-10 for you to use.



Task 2.2: Choose a couple of situations that have led you to having different types, or strengths of feelings. Write down the situation, type of feeling and strength of feeling.
For Example. Situation: When I missed a forehand into the open court in the second game of my match.
Feeling: Frustration (2/10)

Situation:
 Feeling:

Situation:
 Feeling: