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***“He’s asked for you...”*: One-to-one support with an elite academy soccer player and navigating through the unforeseen roles of sport psychology practitioners**

**Abstract**

This case study outlines the holistic development of an adolescent soccer player, placing focus on the welfare of the individual first and the performer second. The client, an adolescent soccer player, was seeking support as family life disturbances were having a negative impact on his mental health and general wellbeing. In addition, scholarship decisions were imminent, and the client felt his performance had deteriorated. An introduction to the practitioner and client is provided, along with an account of the challenging and anxiety provoking process encountered. Practitioner reflections are embedded throughout, and recommendations for other trainee sport psychology practitioners are provided. This case highlights the potentially unforeseen roles sport psychology practitioners may, at times, be required to step into to best support their clients. It demonstrates the benefit of seeking guidance and support from supervisors, collaborating with other members of a multi-disciplinary team, and the importance of having a clearly defined philosophy of practice to ensure one is working from a place of congruence.

*Keywords:* mental health, safeguarding, academy soccer, sport psychology

## Context

### The Practitioner

At the time of the case, I was in the second year of my professional doctorate, had been working at an elite, category 1 (cat 1) soccer academy for almost a year, and was a few months into my second season at the club. Given that most cat 1 players aged between 9 and 16 years typically engage in 12 hours of weekly training (Sothorn & O’Gorman, 2021), with additional hours accumulated during weekend games, it is clear that such environments place a high priority on athletic performance. However, there is a strong body of evidence (Gouttebauge & Kerkhoffs, 2018; Sothorn & O’Gorman, 2021) suggesting that mental health issues among elite athletes, specifically soccer players, are common and these players may be confronted with up to 640 additional stressors that could induce symptoms of ill mental health during their career. Many of these stressors frequently encountered include, but are not limited to, psychological stress, competition anxiety, disruption to family life, demanding schedules, physical exhaustion, sports related stress, injury, and poor relationships with coaches (Roderick & Gibbons, 2014; Rice et al., 2016; Gustafsson et al., 2017; Wilkinson, 2021) that can negatively impact mental health, general wellbeing, and performance.

### Philosophy of Practice

With this in mind, and the fact that such a small percentage of academy soccer players “make it” and reach first-team status (Farahani et al., 2020), my personal philosophy of practice emphasises the holistic long-term development of the *individual* as well as the *performer*. The development of this approach to applied practice has undoubtedly been influenced by my time working within a cat 1 soccer academy, but more specifically, my own personal experiences with mental health and talking-based therapy. Having previously battled with anxiety throughout my early twenties, I understand how difficult life stressors can

contribute to a decline in performance. At the time, a close family member was battling a serious health condition, and I was working in the corporate world in a high-pressure data analysis role that required me to perform to a high standard to maximise profits. Naturally, my concentration and performance declined. However, talking-based therapy provided the support I needed and allowed me to develop effective coping strategies that I continue to implement in my early thirties during times of stress, challenge, and adversity. This has, indeed, influenced my adoption of therapeutic modalities and my core values of care, compassion, connection, kindness, mental health, and self-care that guide me today. Not only as a practitioner, but an individual too.

Working in high-performance sport has reinforced my belief that performance and wellbeing are inescapably linked (Brady & Maynard, 2010). Thus, when providing support, I believe performance enhancement should always consider the welfare of the individual first, as opposed to a *sole* reliance on the use of mental-skills training to reduce the symptoms of an experience (Corlett, 1996). This role has also led me to deeply value honesty and authenticity and subsequently, my approach to applied practice has evolved. Sport typically places much focus on high performance, and consequently, throughout the first year of my role, this too became my focus. Due to coach expectations, I would approach applied practice with a single goal of performance enhancement but began to experience feelings of incongruence and inauthenticity, as my aim was to “fix” the performer without considering the individual and their internal hardships (Swettenham et al., 2021). This required me to be honest with myself and re-evaluate my priorities when providing support. It also required me to be honest and have uncomfortable conversations with coaching staff about how I would like to approach support moving forward. Subsequently, this allowed me to begin to work authentically and from a place of congruence. To facilitate this, during the off-season break at the end of my first season (and prior to my engagement with this particular client), I

completed a Youth Mental Health First Aid (YMHFA) course and became a certified youth mental health first aider. This drastically improved my knowledge and understanding of mental health and overall wellbeing. It improved my ability to spot the signs and symptoms associated with ill mental health, increased my confidence in nurturing the wellbeing of those I support, and highlighted the importance of liaising with other members of staff in the multidisciplinary team such as welfare and safeguarding, (within the boundaries of confidentiality), when providing support and considering referrals.

Working in an environment that does not often offer sport psychology practitioners (SPPs) the luxury of time (Nesti, 2010, p. 21) has highlighted the importance of a) considering the welfare of the individual and their needs, b) considering individual differences when developing an intervention and providing support, and c) finding what works for each individual through adopting a collaborative approach. Throughout my first season working in a cat 1 soccer academy, I worked from a solely pragmatic approach. However, I now consider myself to fall somewhere along the construalism and pragmatism continuum depending on the needs of the client. Indeed, there may be times where it is necessary to be more practitioner-led. For example, working with very young athletes or athletes who are unaware of potentially beneficial psychological skills, therefore adopting a pragmatic approach (Keegan, 2015). However, where appropriate, I value working in collaboration with the client to identify the best approach and goals for support together, therefore adopting a construalist approach. When providing support, I strongly value the importance of developing a deep connection and good client-practitioner relationship that is based on trust to allow the client to fully open up (Katz & Hemmings, 2009).

## **The Client**

My client, Tom (pseudonym), was fifteen years old and playing in the under-16 (U16) squad, training up to three times per week and competing in competitive games every Saturday across the UK. Tom had been signed at the academy for two seasons (including the one at the time of the case) and would soon learn whether he would receive a scholarship or be released. A key indicator of career progression in academy soccer is whether and where (e.g., cat 1, 2, 3, etc.) players are offered a full-time two-year scholarship. This is considered a crucial step towards becoming a professional player (Mills et al., 2012) and for some players, may occur early around the age of thirteen or fourteen. However, for most, this decision is typically made around the age of fifteen. Consequently, Tom was arguably at one of the most difficult stages in his soccer career thus far (Mills et al., 2014), as such decisions often cause feelings of uncertainty for both players and parents (Clarke et al., 2016).

My professional relationship with Tom initially began when I was employed by the club almost twelve months prior. Throughout the course of my employment thus far, we had often engaged in informal conversations during training sessions, and he had attended several group workshops I delivered during the day release program; a phase where U13-U16 players miss a day of school each week and visit the academy to complete schoolwork, attend workshops, engage in analysis sessions, and train twice throughout the day. These engagements naturally led to the development of a strong professional practitioner-client relationship, providing a solid foundation for when we began formally engaging in one-to-one support. This support was arranged at the request of Tom's mother (TM) (discussed below).

## **Consultancy Process**

### **Intake**

During the pre-season phase of my second season working at the academy, I was approached by a member of the player welfare and safeguarding team (AB; pseudo initials). AB advised that TM had contacted him by telephone seeking support due to concerns for Tom's mental health and wellbeing. Given these terms are often used synonymously despite being conceptually different, throughout this paper, mental health will be considered as a combination of sound positive emotional, psychological, and social wellbeing that enables individuals to cope with the stresses of life (WHO, 2022). However, despite consensus within sport psychology literature that sub-optimal wellbeing can reflect an individuals' inability to cope with stressors (Dodge et al., 2012), no universal definition of wellbeing has been recognised in the social sciences (Simpson et al., 2021). Therefore, for clarity, given the nature of this case, wellbeing was viewed from a hedonic (i.e., subjective wellbeing, positive affect, low negative affect, and satisfaction with life) perspective (Dodge et al,2012; Simpson et al., 2021)

TM had given AB consent to inform any staff deemed relevant by safeguarding, and a formal meeting between AB, myself, Tom's two coaches, the head of the academy, and the head of my department (sports science and medicine) was arranged. During the meeting, AB disclosed several sensitive details that TM had shared with him. Tom's parents had been separated and divorced for twelve months. During this time, his fathers' business ceased trading and dissolved, and his father attempted suicide. He was temporarily housed within a mental health hospital and received crisis counselling for several months, during which, Tom was unable to see him. In addition, due to financial struggles, Tom and his mother were soon to be evicted from their family home and were preparing to live with his mother's friend.

Moreover, Tom was entering the final year of school and preparing for his GCSE's and scholarship decisions were fast approaching.

TM advised that following the hospitalisation of his father, Tom had been receiving support from social services and their GP had prescribed him medication. Both were still ongoing. TM had advised that she thought he had been coping well. Yet, Tom had recently disclosed that he was struggling at school and the academy as no one was aware of their situation. He felt this was affecting both his education and performance during training and games. His mother had first contacted his school to arrange support and Tom began talking to his P.E teacher, as this was who he felt most comfortable with. She advised that Tom had been finding this helpful and would also like someone to "talk to" at the academy and he had specifically asked for me. It quickly became apparent that Tom was experiencing a multitude of additional stressors simultaneously (Gouttebarga & Kerkhoffs, 2018; Sothern & O'Gorman, 2021), that were having a negative impact on both his wellbeing and performance. Interestingly, Tom's coaches advised they had not observed a decline in either.

### **Reflections Prior to the Needs Analysis**

Although Tom had expressed to TM that he felt his recent experiences were affecting his performance, in line with club procedures, such a sensitive case would typically be deemed a safeguarding case first, and an SPP case second. The BPS Code of Ethics and Conduct (British Psychological Society, 2018) and HCPC Standards of Conduct, Performance and Ethics (Health & Care Professionals Council, 2016) state that sport and exercise psychologists should consider the limits of their competence and the potential need to refer on to another professional, if the care, treatment, or other services required are beyond ones' scope of practice. Given my own experiences with talking-based therapies, and the fact that I knew I could lean on my supervisor for guidance and support as necessary, I



felt comfortable and competent in supporting Tom's wellbeing and mental health and facilitating any performance needs. Yet, I still could not help but experience feelings of anxiety as although I had received some safeguarding training as part of my employment, I began to feel as if there was a 'gap' in my training and questioned the boundaries of my scope of practice. I was concerned that without more comprehensive safeguarding training, I may do something wrong or potentially breach the clubs' protocols. Therefore, with TM's consent, I contacted the head of player welfare and safeguarding (PC; pseudo initials) to discuss my concerns, as Tom had advised he felt most comfortable with me. I had learnt on the YMHFA course I had completed that if an individual seeks *your* support, *you* are the person they are comfortable letting in. Thus, I was concerned he would be hesitant to open up to anybody else. Together, we agreed that I would support Tom whilst simultaneously liaising with PC through follow up meetings after each one-to-one session. In line with my (and PC's) philosophy, it was agreed that we would adopt a collaborative approach to supporting Tom's wellbeing first, and his performance second. This allowed me to work congruently as a practitioner (Lindsay et al., 2007), a challenge often experienced by those operating in elite environments (McDougall, et al., 2015). I would adopt a 'face-to-face' role in supporting Tom, and PC would take a 'behind the scenes' role in supporting me to ensure safeguarding protocols were met. This was agreed with TM's consent and our first one-to-one session was arranged. Although I remained somewhat anxious as I had never experienced working with such a complex case, this approach, paired with the knowledge I could seek support from my supervisor granted me a sense of security and I was happy to continue.

### **Needs Analysis**

Given the ethical considerations for working with an athlete of Tom's age, I asked TM if she would prefer to be present during our sessions. TM advised she felt it would be better for Tom if she was not, as she believed he may share his thoughts and emotions more

readily in her absence. Once Tom and I had entered a private space, he confirmed that he would prefer the sessions to be solely between him and I. During this initial session, I was mindful that as the intake had been arranged through TM, I had not yet had the opportunity to provide Tom with a transparent overview of my philosophy and scope of practice, and the necessary ethical considerations. Therefore, I began by highlighting my scope of practice in a way he could comprehend and the boundaries of confidentiality; I explained to Tom that as his wellbeing was our first priority, certain details from our sessions may need to be shared with both PC and TM. Tom understood and stated that he was just happy to have somebody to talk to at the academy. In addition, given what Tom had experienced in the twelve months prior, despite receiving support from social services and his GP, I questioned whether a clinical referral would be more appropriate. Drawing on the YMHFA training I had received that recommends asking questions such as “are you having suicidal thoughts?”, I asked Tom if he was having such regarding his own life. He advised he had never and was not currently experiencing these kinds of thoughts. Thus, we continued with the session, and I made the decision that an external referral was not required. Although, as this was my first experience dealing with such a complex case, after Tom’s first session I arranged a meeting with my supervisor as I wanted to ensure this was the right decision. During this meeting, we discussed how because Tom’s GP and social services were both involved, and Tom advised he was not a threat to himself, it would be appropriate to continue the sessions. Nonetheless, I would continue to monitor Tom throughout the duration of the consultancy, and should I begin to have any doubts or concerns, my supervisor and I agreed to discuss this again. This reassurance, paired with the fact that PC would continue to support me throughout, allowed me to feel completely confident in my decision to not refer.

Although TM had provided insight into their personal family matters and the additional stressors Tom was contending with, I wanted to explore this from his perspective. I

aimed to better understand his lived experiences and explained that he could discuss all of his experiences, both in and outside of sport. Tom was clearly comfortable with me as he appeared to be relaxed and provided me with a rich insight into his experiences without hesitation. Regarding family life, his account echoed much of what TM had advised, although, he also disclosed ongoing conflict between his maternal and paternal grandparents as a result of Tom's parents' divorce. His paternal grandparents would often share details with him that he did not wish to know and felt as though he was "in the middle". In addition, Tom explained how he was "constantly" worried about TMs wellbeing and therefore struggled to communicate this issue, as she "had enough on her plate already". As a consequence of the last twelve months, Tom felt that his performance and enjoyment during training and games had gradually declined as he was often focused on his home life instead of playing soccer. Moreover, as the deadline for scholarship decisions was fast approaching, Tom disclosed that he had begun to experience anxiety and sleep disturbances and felt that he had very little time to impress and "prove himself" to his coaches, whilst balancing the burden of disturbances to his family life.

### **Developing an Intervention**

In line with my professional philosophy, it was clear that throughout our one-to-one sessions I would need to adopt a holistic approach to service delivery that considered both Tom's wellbeing and his performance. Operating from a humanistic theoretical paradigm that emphasises "holistic development of individual human potential as the primary concern of psychology" (Hill, 2001, p. 107), I adopted person-centred qualities (Rogers, 1951) within my approach to practice. This approach investigates non-sport-related areas of client coping and growth alongside addressing performance concerns, and highlights that the client, rather than the practitioner, is best placed to provide insight into the problem and the solution (Rogers, 1951). Therefore, in line with this approach, based off Tom's account of his lived

experiences over the previous twelve months, and what he'd like to take from the consultancy, we worked together to agree three clear goals for the intervention: 1) to create a safe environment where Tom could comfortably talk about his experiences and "offload" any concerns, whilst exploring potential remedies to these concerns 2) to manage the anxiety experienced prior to training and games, and 3) to develop confidence and ultimately, enhance performance, in this order of priority.

### **Reflections Prior to the Intervention**

A few days after my first session with Tom, I was faced with intense feelings of guilt, anxiety, and dishonesty as I learned that he would most likely be released. I am not granted the luxury of having my own office and share a working space with several other staff, two of which are Tom's coaches. Consequently, I frequently hear, or am involved in conversations regarding important decisions, including those regarding scholarship offers. A few days after Tom and I met, his two coaches were discussing potential offers. It quickly became clear that Tom was "highly unlikely" to receive an offer and would be informed within the next four weeks. This was much earlier than previous seasons. Given the potential negative consequences of receiving this news after the previous twelve months, I immediately sought advice from PC, and we arranged a meeting to highlight our concerns to his two coaches and the head of the academy. Subsequently, it was agreed that offer and release announcements would be extended a further two months (to the same time as previous seasons). This would allow time to support Tom, foster his wellbeing, and begin to develop a release pathway for him (and other released players).

The knowledge that Tom would most likely be released regardless of the support I provided hung over me. I knew he had hopes of securing a scholarship, and in the nature of transparency, at the time, I wished I could have persuaded the coaches to offer him one, but

these decisions fall well outside the boundaries of my role. Although, on reflection, I am comfortable and happy that I am not involved in retain/release decisions as I would not want to carry the emotional burden that I believe this would bring. At the time, though, at first, I was concerned that I could not be completely open during our sessions and would be operating from a place of dishonesty. I felt like I would be hiding the truth from Tom, and this made me feel as though I would be lying to his face. However, upon further reflection, and several conversations with PC, I realised that I was becoming too emotionally involved in the situation and needed to demonstrate greater emotional labor (i.e., managing emotions and emotional expressions as part of the work role; Grandey & Melloy, 2017). I needed to wear a “professional mask” and try to remain neutral, despite an incongruence with the emotions I was experiencing (Hings et al., 2018; 2020). Moreover, I needed to accept that this is often the reality of elite sport and while this may have been my first experience of supporting an individual approaching release, it more than likely won't be the last.

That being said, it is often the case that enacting emotional labour strategies (i.e., surface acting) can evoke a sense of incongruence and lead to emotional exhaustion (Lee & Chelladurai, 2015; Hings et al., 2018). Initially, I did experience feelings of incongruency, guilt, and anxiety however, refocusing on my philosophy of practice and seeking support from CP allowed me to reflect on the fact that although Tom may not secure a scholarship, the consultancy was still an opportunity to add value to his life, support his wellbeing, develop him as an individual, and equip him with coping strategies for potential future adversities. Therefore, wearing a “professional mask”, leaning on my colleague for support, and reevaluating my perspective on the situation relieved me of these uncomfortable internal experiences. Subsequently, I was able to work congruently as my primary goal was to support Tom the person, not Tom the performer.

## **The Intervention**

Throughout the duration of this case, the boundaries between the needs analysis, case formulation and intervention often overlapped with one another, as is often the case during one-to-one sport psychology support (Keegan, 2015). The intervention lasted for four months in total. During this time, Tom and I formally met on 10 occasions with sessions lasting between forty-five and sixty minutes, depending on his experiences since our last meeting. In addition to these formal face-to-face sessions, I would often see Tom during day release and evening training which allowed for informal, brief conversations between our meetings. This frequent communication allowed me to monitor his wellbeing closely. Our informal encounters would highlight any concerns and we would explore these at length during our formal sessions. Moreover, TM would occasionally contact me via text messaging to update me on Tom's progress and anything she felt was important or may have a negative effect on Tom's wellbeing.

In line with a person-centred approach, I endeavoured to create a safe environment for Tom to offload and explore his concerns by listening in a non-judgemental manner, whilst demonstrating unconditional positive regard and genuine empathy (Rogers, 1951). During our second session I revisited what we had discussed previously, particularly the ongoing conflict between his grandparents, and how he found it difficult to communicate this to TM due to concerns for her wellbeing. I did this for three reasons. First, I was mindful that TM was unaware of Tom feeling like he was in the middle of this conflict; Tom was aware that I may share details from our session, but I wanted to allow Tom the autonomy (Rogers, 1951) to try to establish his own solution that would work best for him. Second, it led to a discussion that encouraged Tom to consider how not telling TM may be negatively impacting his own wellbeing. Finally, it allowed Tom to consider if he did choose to tell TM, whether he felt this would be helpful in overcoming this issue. I asked Tom if highlighting to TM that

he had been struggling so that she could arrange support through myself had provided any relief, to which he advised it had. Subsequently, he decided that telling TM about his grandparents would help him overcome this challenge, as well as others that may present in the future.

Tom and I discussed how he would like to approach this and together we considered three options: for him to speak to TM alone, for me to invite TM into our next session so we could discuss this together, or for me to talk to TM on his behalf. Tom decided he would like to do this alone but agreed we could discuss how it went during his next day release visit a few days later. The next time I saw Tom, he advised that talking to TM about his experiences with his grandparents helped to resolve the situation and he was already feeling much better. He also recognised the benefits of sharing his concerns with TM moving forward and described how a weight had been lifted off his shoulders. Nonetheless, I continued to provide an environment for Tom to offload and explore his concerns both in and outside of sport; It is worth noting that the consultancy consisted mostly of this type of support.

Despite being heavily wellbeing focused, the consultancy did partly focus on performance. During our third session, Tom and I discussed how he had previously disclosed experiencing sleep disturbances and anxiety prior to training and games. Tom advised that although he was feeling much better in general, he continued to experience an increased heart rate, intense anxiety, muscle tension, tingling, and numbness prior to these events and felt it was affecting his performance. I asked Tom if he had tried, or heard of, any techniques he believed may help with this. Tom advised that he had heard of the calming effects associated with breathing techniques, but did not know why they worked, or how to practice them effectively. This led to a discussion on how emotions may cause widespread responses throughout the entire body (Cacioppo et al., 2000), and why controlled breathing techniques may counteract the effects of stress, anxiety, and negative emotions (Jerath et al., 2015). Tom

was keen to give this a try and together we practiced two breathing techniques. One that we named “ten rescue breaths” that involved deep, controlled breathing whilst counting each breath in blocks of ten. The other, named “colourful breathing” (Perry, 2021) involved deep, controlled breathing whilst visualising different colours associated with each breath. Tom engaged with both techniques well and agreed to practice them regularly; The ten rescue breaths technique would be practiced during car journeys to help ease anxiety prior to training and games. The colourful breathing technique would be practiced each night to aid sleep. Thus, although primarily leading with a person-centred approach, a more practitioner-led pragmatic approach was adopted at this stage of the intervention for relevant coping mechanisms and performance-related psychological skills to be introduced.

Despite equipping Tom with these breathing techniques, I was mindful of solely adopting a symptom reduction approach that merely targeted the somatic components of his anxiety (Thomas & Mellalieu, 2008) and was keen to explore this further. Tom attributed the pre-performance anxiety he was experiencing to low levels of confidence. Therefore, during our next session, I returned to the intervention goals that Tom and I had agreed, placing specific focus his goal to develop confidence. To effectively help with this, I first needed to develop a deeper understanding of what Toms’ sources of confidence were. Through discussion, it became clear that these were social support from significant others (i.e., parents), praise from coaches and teammates, winning games, scoring goals, and creating chances for his teammates to score goals. This led to further discussion of how solely relying on uncontrollable and outcome-related accomplishments will likely cause fluctuating levels of confidence (Hayes et al., 2009; Beaumont et al., 2015). This seemed to resonate with Tom as he referred back to several occasions across the season where his confidence levels had fluctuated depending on these sources.



I highlighted the importance of identifying a wider variety of confidence sources that Tom could draw from with the aim of developing robust sport-confidence (Thomas et al., 2011) that was stable over time. Subsequently, we began to explore other sources that were non-outcome-based and controllable that Tom felt would contribute to a stable 'base' of confidence (Beaumont et al., 2015). During this discussion, two points Tom made stuck out to me: 1) if he did not feel prepared prior to training and games, he did not feel confident walking on to the pitch, and 2) if he had a "bad game" (i.e., there were no outcome-based accomplishments) he would criticize his individual performance for several days afterwards which he believed negatively impacted his next performance. This led to the development of two strategies he would implement moving forward. First, Tom and I worked together to formulate a 'preparation checklist' routine that he would follow the night before each game. This focused on several areas within his control including sleep, screen time, recovery (e.g., stretching), relaxation, hydration, and fuel (e.g., quality food sources). The aim of this checklist was to enable Tom to feel confident in his preparation prior to stepping onto the grass for the game. We then began to focus on Tom's post-performance reflection. It quickly became apparent that this was highly self-critical and damaging to his confidence, as he would only focus on the aspects of his performance that he perceived to be negative (e.g., giving the ball away). One strategy suggested to be effective for combating this and developing robust sport-confidence is helping athletes adopt reflective strategies that encourage them to reflect on the positive aspects of their performance rather than just the negatives (Beaumont et al., 2015). Therefore, Tom and I also formulated a 'post-performance reflective log' that he would complete following training sessions and games. This required him to first reflect on aspects of his performance he had executed well and was proud of, as well as one or two aspects he could work on to improve. This aimed to shift Tom's current

reflective practice from critical to constructive and provide him with clear evidence of his performance highlights, indicating his ability to succeed.

### **Scope of Practice and Scholarship Decisions**

Throughout the consultancy Tom would regularly update me on aspects of his life related to his wellbeing and performance. He was sleeping better, his home life was improving, he was talking to TM more regarding family-related issues, and they were soon to move into their new home. In addition, Tom advised that the preparation checklist and post-performance reflective log contributed to increased feelings of confidence. The preparation checklist increased confidence prior to training and games as Tom felt well prepared prior to stepping onto the pitch. The post-performance reflective log developed confidence over time through encouraging Tom to appreciate and reflect upon all of the positive aspects of his performance, as opposed to solely reflecting on mistakes and areas for improvement. Tom was enjoying soccer again and felt that his performance had improved during training and games. Moreover, he and TM had begun arranging potential trials at alternative clubs should he not receive a scholarship offer, relieving much of the pressure he had been experiencing. During one of our later sessions, Tom stated that no matter what happened, he knew he would be fine. This also relieved much of the anxiety I had been experiencing too. Although, during our last session together (the day before scholarship offers and releases), Tom disclosed the sudden death of his best friend. Once again, I immediately questioned my scope of practice and did not have PC to lean on as Tom and I were mid-session.

Given that bereavement often causes emotional distress and is a risk factor for poor mental health (Houwen, 2010), I drew upon my YMHFA training. Specifically, the ALGEE action plan; a simple model for providing mental health first aid (Poornaselvan, 2020). This is a five-step process as follows: 1) approach the person, assess, and assist with any crisis, 2)

listen and communicate non-judgementally, 3) give support and information, 4) encourage the young person to get appropriate professional help as necessary, and 5) encourage other forms of support. As part of this model, my YMHFA training stressed the importance of openly asking difficult questions to assess risk. Therefore, once again, I asked Tom if he felt like he was at risk and if he needed additional support (i.e., bereavement counselling). I had recently connected with an external charity offering such services (as well as others), to academy soccer players to enhance the mental health referral pathway at the club. Tom advised he did not feel as though he was at risk and did not require additional professional support as his school had arranged workshops with bereavement counsellors. Nonetheless, given Tom's age, I later contacted TM and informed her of this service too. The next day, Tom received the phone call to advise him that he would not be offered a scholarship but could continue training until the end of the season. One week later, I received a text message from TM advising he had accepted an offer at another club and would start there the following day. Therefore, the consultancy was concluded.

### **Monitoring and Evaluating the Impact of the Intervention**

For the most part, I do not tend to evaluate intervention effectiveness through the use of psychometrics. Instead, I prefer to do this through client feedback, relationship quality, client engagement with the process, and whether I have added true value (Wadsworth et al., 2021). Indeed, I do believe psychometrics have their time and place. However, personally, I feel monitoring and evaluating impact through client feedback allows individuals to offer rich and detailed insights as to why the support was (or was not) beneficial from their perspective. For me, this is a significant contributor to my reflective practice and development as a SPP. In addition, by placing high value on relationship quality, I believe this allows for a more 'human' approach to support that encourages clients to engage with the process and enables me to add true value.

As discussed, Tom would regularly update me on improvements to his wellbeing and performance during our informal and formal meetings. In addition, informal feedback was also gathered from TM throughout the consultancy regarding Toms' wellbeing away from the academy, and any issues within their family life. This contact with TM enabled insight into Tom's wellbeing on a more regular basis and informed future sessions throughout the consultancy. Based on this qualitative feedback, I remained confident throughout the consultancy that the intervention was proving effective in facilitating both Tom's wellbeing and performance. This also negated much of the anxiety and imposter syndrome I experienced throughout the consultancy due to questioning my scope of practice.

Furthermore, although Tom and I already had a good relationship prior to this case, I believe the client-practitioner relationship strengthened session-to-session and was completely built on trust. Tom's engagement with the process was evidenced not only through our in-session discussions, but also by one of his coaches. Shortly before Tom was released, he was selected to compete in a two-day tournament away from the academy. Upon his return, it was pleasing to hear from one of his coaches that Tom had taken his preparation checklist with him, and even shared this with some of his teammates. Moreover, not only did Tom often voice the value the support added to his life, but this is also evidenced in his feedback below.

### **Client Feedback and Impact of Support**

Approximately one week after the consultancy concluded, I contacted TM for additional feedback from Tom to further evaluate the efficacy of the intervention. TM's response alone stating "he will give you glowing comments, you have been amazing... he was telling me the other day he has never slept so well" highlighted some impact of the intervention. A feedback form was provided via email to gain insight into various aspects of

the consultancy process from Tom's perspective including positives, negatives, impact of the intervention, and the quality of the client-practitioner relationship.

Overall, Tom found the intervention helpful and frequently expressed several benefits to his wellbeing and mental health (the primary focus of the support), sleep quality, and performance-confidence during our formal and informal encounters. In addition, Tom's feedback highlighted the value of simply providing a safe space to talk and be listened to in a non-judgemental manner to explore and discuss his experiences. This feedback also evidenced a strong client-practitioner relationship that was built on trust:

Lauren is a very kind person and an amazing listener which really helped me...

Working with Lauren has been really helpful for me... with numerous things like my mental health, by just being somebody to talk to and to trust, but also being [a] great help to build[ing] my confidence and also giving me tips for relaxation like the colourful breathing techniques... She has been fundamental to my progress over the recent months.

Regarding engagement, I believe Tom connected with the process well throughout the duration of the consultancy, as he was open and honest about the family disturbances and additional stressors he was experiencing during our formal meetings, and fully committed to the between-session tasks (i.e., relaxation techniques, preparation checklist, and post-performance log). This engagement with the process is also evidenced in his feedback:

I found the colourful breathing really helpful for my relaxation and also for my sleep which I had troubles with before working with Lauren, but the techniques she provided me with really helped that. I also found the match preparation checklist very important, as for me, my confidence was built through preparation, so it helped me go into games fully prepared and confident.

Finally, as outlined above, it is evident that the consultancy had a positive impact on Tom's wellbeing, therefore adding true value to his remaining time at the academy prior to his release. Tom's feedback also demonstrated a positive impact on his performance, specifically focus and concentration, that I believe will have a lasting effect at his new club as the consultancy equipped him with techniques to proactively continue building such positive outcomes. This impact on Tom's performance is presented below:

It [the consultancy] had huge impacts on me positively as it helped me to be able to target my focus on the game and not to focus mostly on the outcome but on the work to be put in day in day out to focus on the process. [It] also helped my confidence amazingly as I feel through working with Lauren, I have come back to myself and really found the confidence I had been missing before working with Lauren... The only negative I had while working with Lauren is that I couldn't get more time working with her one to one as it really did help me and became very significant in my academy life.

### **Personal Reflections**

This case was, by far, the most challenging yet rewarding experience I have encountered during my time as a trainee practitioner. Although I felt comfortable supporting Tom and providing a space in which he could open up and be listened to, I frequently questioned my scope of practice and contended with feelings of anxiety. Given the nature of this case, my anxiety was exacerbated by concerns that perhaps it would be better managed by the safeguarding team. Tom was going through what was arguably the most difficult stage of his life and soccer career to date and I felt a personal responsibility to help him through this as best as I could. I wanted to get it right, especially as he had specifically requested my support. Nevertheless, my confidence was undoubtedly influenced by leaning on my

supervisor for support and collaborating with PC between sessions and receiving updates from TM as both significantly reduced these feelings of anxiety. This, for me, indicated the importance and benefits of working within a multi-disciplinary team when stepping out of my typical role and taking the lead on what would typically be considering a safeguarding case. For other practitioners in a similar position, I would highly recommend leaning on others for support. Whether this be a supervisor, a colleague, or a fellow SPP, the guidance and reassurance offered by my supervisor and PC throughout this case were certainly conducive to my own wellbeing.

That being said, although performance wasn't the primary focus of the intervention, during the earlier stages I could not help but hope that improved performance would be an outcome. It regularly loomed over me that scholarship decisions were imminent, and admittedly, I hoped I could change the minds of the coaches who had long decided Tom would be released, as I knew a scholarship was what he truly hoped for. On reflection, as discussed, I realised I was becoming too emotionally invested and needed to demonstrate greater emotional labour (Grandey & Melloy, 2017) to manage my emotions as part of the work role. This required me to consider and draw upon my philosophical approach to practice (supporting the whole person as opposed to just the performer). Once I looked past the emotion, I recognised the consultancy was still an opportunity to focus on the holistic development of the person and I was able to work congruently. This demonstrates the importance of applied practitioners clearly defining and understanding their philosophy of practice (Poczwadowski et al., 2004; Wadsworth et al., 2020). While at times applied practitioners may be required to 'step into' a broader role, those whose philosophy of practice places a predominant focus on performance enhancement may not have been able to work congruently on a case like this. Therefore, during the earlier stages of the consultancy process (i.e., the intake), it would be beneficial for applied practitioners to consider their

philosophical approach to practice and whether this aligns with the presenting needs of the client.

Nonetheless, despite the challenges faced throughout, and the fact Tom was not offered a scholarship, this was the most rewarding, fulfilling, and insightful experience from my career thus far. Learning the positive benefits to Tom's wellbeing and mental health throughout the consultancy, and the potential impact this may have long-term has been truly rewarding. Given my natural caring nature and innate desire to help those in need, I often battled with feelings of anxiety. Nevertheless, this case has been incredibly fulfilling and to me, worth the uncomfortable emotions I often experienced throughout. Interestingly, it has also significantly developed my self-awareness as a practitioner and allowed me to recognise that due to my caring nature, I may at times become too emotionally invested in a situation. Moving forward, I will manage this by reflecting on my philosophy of practice on a case-by-case basis.



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