Pedagogy and practice

Case study – Acceptance commitment therapy for a youth athlete: From rumination and guilt to meaning and purpose

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This papers presents a case study describing the use of acceptance commitment therapy and its perceived efficacy with a 15-year old male athlete. Following a case conceptualisation, presenting needs are identified associated with feelings of guilt and unhelpful ruminations in life-domains unrelated to performance and an outline of an acceptance commitment therapy (ACT) intervention is provided. Finally, reflections on the perceived efficacy of this intervention are provided.

THE PURPOSE of this case study is to describe the application of acceptance commitment therapy and discuss its perceived efficacy. The client was a 15-year-old male athlete who did not have access to a sport psychologist through his sport, and so the athlete's father contacted the trainee online, having found him on LinkedIn. Following a case conceptualisation, presenting needs were identified associated with feelings of guilt and unhelpful ruminations in life-domains unrelated to performance and so sessions were designed to enhance the emotional acceptance of the player, help him untangle from unhelpful thoughts about his identity and help him uncover what he valued, so he could 'get back on track'.

Trainee background

Over three years of Stage 2 training this trainee's consulting approach and model of practice have undergone continual revisions. Generally, considerations of what methodology to adopt have depended on the issues raised by the client (i.e. is the concern related to performance or wellbeing?). Furthermore, each client presents with a unique issue and as such the correct identification of an appropriate intervention is necessary. For example, if the client reports issues linked to personal relationships it may be helpful to design an intervention aimed at increasing empathy and perspective taking (Davis & Oathout, 1987). Alternatively, it may by more appropriate to develop active-constructive responding skills (Gable et al., 2004) or to examine intrusive ruminations that are perpetuating interpersonal distress following negative events with others (McCullough et al., 1998). Clearly, the accurate identification of a client's problem must occur before deciding which interventions are most appropriate, and so rather than rushing to determine an appropriate solution, taking time at the beginning of consultancy is often key – although as this trainee has found that when needing to prove oneself it can be easy to offer help prematurely. In order to determine a relevant intervention the trainee believes a good understanding of the client's situation is needed, and thus a strong therapeutic relationship, underpinned by empathy, compassion and unconditional

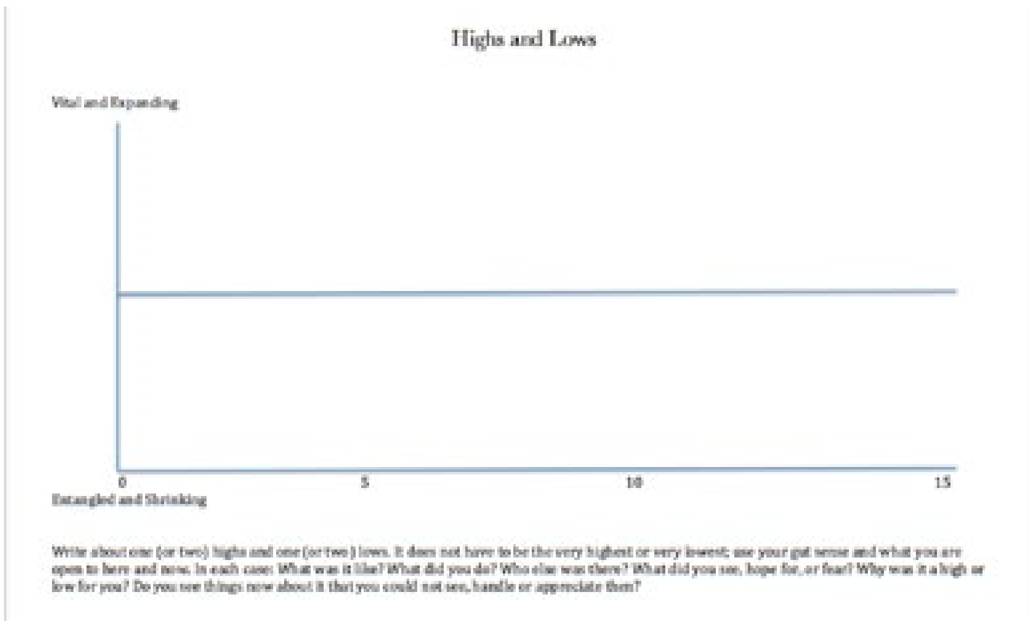


Figure 1: Highs and lows diagram

positive regard is required (Martin et al., 2000). Furthermore, this trainee believes in the importance of context and environment in the initiation and maintenance of client difficulties. However, since work with private clients occurs in isolation to their social environment and any social interventions at a systemic level are mostly unworkable, the facilitation of change must in this instance occur directly with and through the client.

Initial contact

The trainee received an online request for individual sport psychology services and a meeting was set up at the client's home. According to Keegan (2016) the intake process should achieve the following five outcomes:

(i) establish the relationship or working alliance;
(ii) establish/agree ethical boundaries, expectations and fees;
(iii) generate a comprehensive client history, including reasons for seeking help and desired outcomes;
(iv) clarify the psychological approach and check that this fits with the client's needs; and
(v) appraise the psychologist's own suitability for working with that client (individual or team/group).

Establishing the relationship

The relationship was established at the client's home; a familiar setting for the client, but with the drawback of the trainee being less in control of the environment. The trainee followed the client into his living room and mentally approved of the choice of location, but did ask whether the doors could be closed to signal the discussion would be kept private from the client's parents who were also in the house. The client sat down on one of two identical sofas that were perpendicular to one another. The trainee chose to sit on the other sofa rather than next to the client, as this seemed to be a more appropriate neutral distance between client and trainee. This minutiae of detail here may seem pedantic, but in fact is necessary when considering the client–athlete relationship, as one of the key determinants of success in psychology is the relationship itself (Assay & Lambert, 1999), and first impressions are formed extremely fast (Bernieri & Petty, 2011).

Establishing ethical boundaries

Ethical boundaries were established through the signing of an information sheet. The trainee has found using a sheet to communicate areas such as confidentiality to be professional and efficient. It also provides the opportunity of informed consent to be confirmed, showing what they have understood and agreed to. Expectations were given verbally and were as follows: 'I expect you to take exercises outside of the session seriously, give them your best effort. The work we do will not act like a magic pill but if you consistently put the effort in, I would expect to see good improvement.'

Generating client history

Gaining a clear picture of the client's world was seen as imperative and so the trainee looked to gather as much useful information as possible. This information may include: detailed description of the presenting problem; important life events; family and social support; and athletic history (Taylor & Schneider, 1992). This information was elicited from a number of questions the trainee has previously determined to be useful and included: 'Tell me about the problem in your own words'; 'When did it start'; 'What is keeping this an issue?'; and 'What have you tried before to solve this?'. This was combined with a variation of the life history lifeline (Adriansen, 2012), where the client drew a timeline of his life from birth to the present moment, indicating any 'high and low' moments (see Figure 1). The trainee has found this a useful tool to aid the assessment process and help capture relevant details of a client's history, especially when working with adolescents, who can have lower verbal fluency and feel stronger embarrassment (Silvers et al., 2012), and thus struggle to articulate important life experiences.

A plethora of information was derived from the initial session. For brevity, only the precipitating factor and the current problem will be discussed. The client presented as a conscientious and polite young man, but describing some vague feelings that he was having that were unpleasant and related to him being 'down' and 'moody'. The following story emerged towards the end of the session and highlights the key reason for consultancy initiation: 'I was out with my friends in the park… [We were] spray painting a building and… got chased by them [police]… They found me hiding down the alleyway… I was there [in the police station] and my gran picked me up. It was the look on her face. The look on her face made me feel horrible… I felt embarrassed and ashamed because I realised what I had done.' Following this incident that had occurred a little over six months ago, the client had the recurring thought: 'I don't want to let people down' and was constantly worrying 'Am I making them [family] happy/sad/angry?'. He described feelings of guilt and doubt, which would lead him to withdraw and avoid talking to his family.

Clarifying the intervention approach and judging trainee suitability

The trainee felt his experiences with various therapeutic modalities were sufficient to deal with the issues raised by the client, and so a second session was set up. During this session the trainee reflected on the main points from the previous meeting with the client and together the goals of therapy were co-created. The goals, stated in the client's language, were:

(i) to deal with the 'let others down' thought;
(ii) to be the sunny guy all the time, not to feel dark and down;
(iii) not dwelling and moving forward and toward something meaningful.

This collaboration was important in making sure trainee and client were on the same page and the client was invested in the sessions.

The client presented with issues related to dealing with both unhelpful cognitions and emotions that led to subsequent avoidance driven behaviour. Given this information, it was deemed that improvements might be seen by utilising methods from acceptance commitment therapy (ACT). ACT is one of the emerging third-wave cognitive

CompACT

Name:	Date:

Please rate the following 23 statements using the scale below:

0	1	2	3	4	5	6
Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree

Statement							
1. I can identify the things that really matter to me in life and pursue them	0	1	2	3	4	5	6
2. One of my big goals is to be free from painful emotions	0	1	2	3	4	5	6
3. I rush through meaningful activities without being really attentive to them	0	1	2	3	4	5	6
4. I try to stay busy to keep thoughts or feelings from coming	0	1	2	3	4	5	6
5. I act in ways that are consistent with how I wish to live my life	0	1	2	3	4	5	6
6. I get so caught up in my thoughts that I am unable to do the things that I most want to do	0	1	2	3	4	5	6
7. I make choices based on what is important to me, even if it is stressful	0	1	2	3	4	5	6
8. I tell myself that I shouldn't have certain thoughts	0	1	2	3	4	5	6
9. I find it difficult to stay focused on what's happening in the present	0	1	2	3	4	5	6
10. I behave in line with my personal values	0	1	2	3	4	5	6
11. I go out of my way to avoid situations that might bring difficult thoughts, feelings, or sensations	0	1	2	3	4	5	6
12. Even when doing the things that matter to me, I find myself doing them without paying attention	0	1	2	3	4	5	6
13. I am willing to fully experience whatever thoughts, feelings and sensations come up for me, without trying to change or defend against them	0	1	2	3	4	5	6
14. I undertake things that are meaningful to me, even when I find it hard to do so	0	1	2	3	4	5	6
15. I work hard to keep out upsetting feelings	0	1	2	3	4	5	6
16. I do jobs or tasks automatically, without being aware of what I'm doing	0	1	2	3	4	5	6
17. I am able to follow my long terms plans including times when progress is slow	0	1	2	3	4	5	6
18. Even when something is important to me, I'll rarely do it if there is a chance it will upset me	0	1	2	3	4	5	6
19. It seems I am "running on automatic" without much awareness of what I'm doing	0	1	2	3	4	5	6
20. Thoughts are just thoughts – they don't control what I do	0	1	2	3	4	5	6
21. My values are really reflected in my behaviour	0	1	2	3	4	5	6
22. I can take thoughts and feelings as they come, without attempting to control or avoid them	0	1	2	3	4	5	6
23. I can keep going with something when it's important to me	0	1	2	3	4	5	6

Scoring instructions (administrative use only)

- Scores are derived by summing responses for each of the three subscales (Openness to Experience; Behavioral Awareness; Valued Action) or the scale as a whole (CompACT Total score).
- Twelve items are reverse-scored before summation (items 2, 3, 4, 6, 8, 9, 11, 12, 15, 16, 18, and 19).

Openness to Experience (OE) subscale
Calculated as the sum of scores for items: 2 (reversed), 4 (reversed), 6 (reversed), 8 (reversed), 11 (reversed), 13, 15 (reversed), 18 (reversed), 20, and 22.
Subscale scores range from 0-60, with higher scores indicating greater openness to experience (willingness to experience internal events [thoughts, feelings, sensations, etc.] without trying to control or avoid them)

Behavioral Awareness (BA) subscale
Calculated as the sum of scores for items: 3 (reversed), 9 (reversed), 12 (reversed), 16 (reversed), and 19 (reversed).
Subscale scores range from 0-30 with higher scores indicating greater behavioral awareness (mindful attention to current actions)

Valued Action (VA) subscale
Calculated as the sum of scores for items: 1, 5, 7, 10, 14, 17, 21, and 23.
Subscale scores range from 0-48 with higher scores indicating greater engagement in valued actions (meaningful activity)

CompACT Total
Calculated as the sum of the three subscale scores, the full-scale CompACT Total score ranges from 0-138, with higher scores indicating greater psychological flexibility.

Figure 2: CompACT questionnaire

therapies (Hayes, 2004) and identifies as a mindfulness-based therapy (Kabat-Zinn, 1994). ACT has been shown to elicit positive change in clients by changing their relationship with internal cognitions and emotions (Hayes et al., 2006). Rather than attempting to challenge or change our thoughts, ACT aims to change the way an individual relates to their inner experiences and has six key processes that facilitate this change. These processes are discussed within the case study. At the beginning of the third session the trainee discussed with the client various techniques that are used in ACT, the reason for their application in relation to his situation, and the intended outcomes of these techniques. Following the explanation, the client agreed the approach was suitable for his needs.

Therapeutic process

As part of the evaluation of the intervention, the CompACT questionnaire (see Figure 2) was provided by contextualscience.org, who have a number of ACT resources, including assessments, which are free to use without restriction. CompACT was developed as a general measure of psychological flexibility (and constituent sub-processes) and validated and conceptualised within the ACT model (Francis et al., 2016). The client scored 25/60 (42 per cent) for openness to experience, which contained items such as 'thoughts are just thoughts they don't control what I do'; 8/30 (27 per cent) for behavioural awareness, which contained items such as: 'I rush through meaningful activities without being really attentive to them'; and 32/48 (67 per cent) for valued action which contained items such as: 'I can identify things that really matter to me in life and pursue them.' This came to a total of 65/138 (47 per cent). These scores were not given to the client at this stage but were used to assist the trainee. The following intervention is reported in terms of the six areas covered in the ACT (i.e. defusion, acceptance, values). The session(s) the areas were covered is detailed in brackets.

Cognitive defusion (third session, fourth session)

Cognitive defusion is the process of looking at thoughts rather than from thoughts; of noticing thoughts rather than becoming caught up in thoughts; of letting thoughts come and go rather than holding onto them (Harris, 2009). The purpose of defusion is to bring awareness to the client's thought process and then accept any unhelpful thoughts and thereby relinquish their control over the client's actions. The aims of sessions were to aid the client in understanding cognitive defusion, to give him an experience of it and to provide some out-of-session defusion exercises that would help the client achieve the goals of therapy.

The third session began by engineering a sense of 'creative hopelessness' in the client (Hayes et al., 1999). Creative hopelessness is used to help show clients that what they have been trying currently has not been working, and thus they will be more motivated towards trying a new option. This was achieved by asking, 'What are some of the things you have done to get rid of these thoughts and feelings?'. The client listed several strategies, including 'going for walks', 'listening to music', 'going out', 'watching TV' and 'distracting myself'. The client was then asked: 'Has this ever permanently stopped a thought or feeling?'. Once it was established that the client's previous strategies had not got rid of the thoughts and feelings in the long-term, the concept of defusion was presented.

Several techniques were used initially to demonstrate the difference between fusing with and defusing from thoughts. First the client was asked to fill in the blanks on the following statements: 'Mary had a little…' and 'Diamonds are a girl's best…' The idea was to show that once ideas have been embedded, any environmental triggers are likely to produce automatic thoughts, whether they are helpful or not at the time (Hayes, 2004). A second exercise required the client to write down any unhelpful thoughts that were popping up most often,

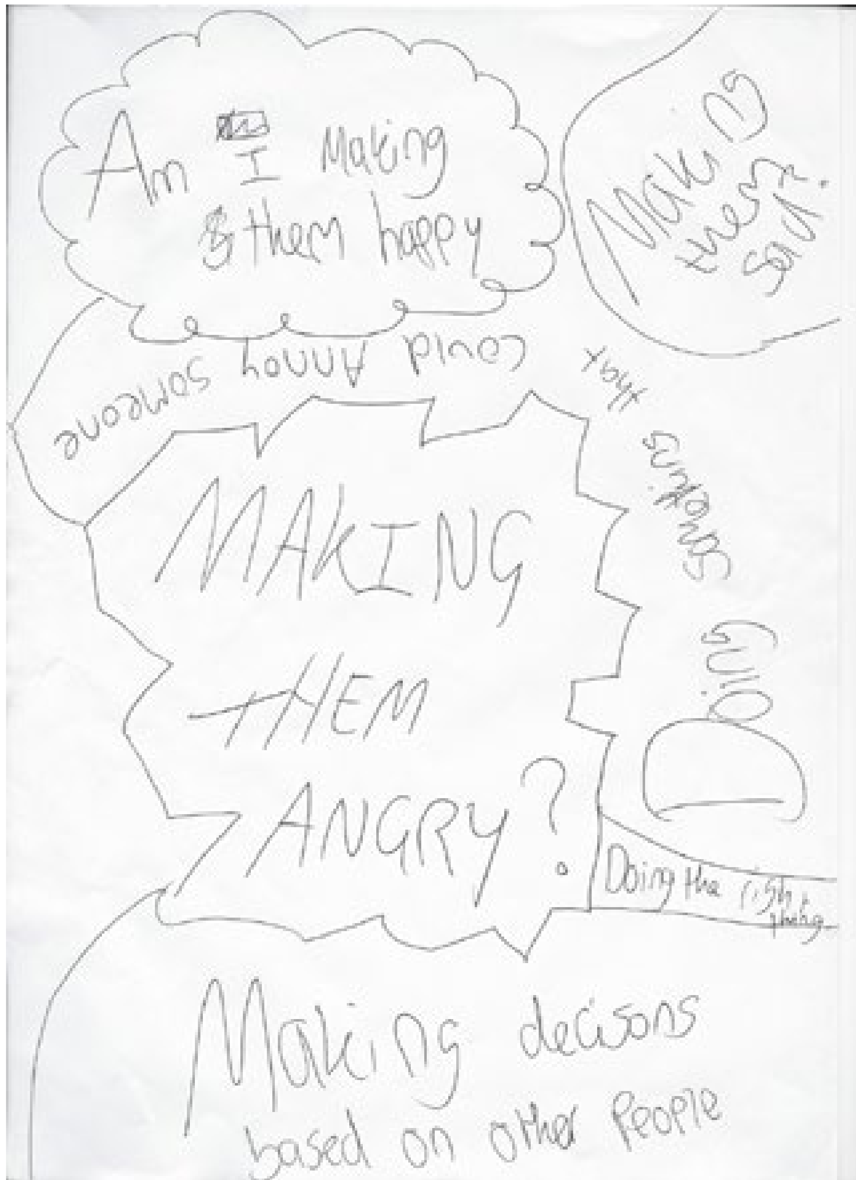


Figure 3: Thoughts sheet

currently (Hayes et al., 1999). The client filled up a whole sheet of A4 paper with these thoughts (see Figure 3). The client was then instructed to hold the sheet up in front of his face and asked how believable these thoughts are currently, out of 10. He was then asked what it would be like if he just put the thoughts down in his lap, where he was still aware they were there, but they did not trouble him. This representation was used to explain the concept of being 'fused' with a thought (where it is in front of our eyes and is all we notice) or 'defused' from a thought (where it is in our awareness but we are not paying it much attention). It was emphasised that the aim was not to get rid of thoughts but to take the thoughts and look at them with a sense of appreciation and curiosity.

Several defusion exercises were then tried during the session, such as 'singing

Sing it out	Watch it	Cartoon Voice

Day	Thought	Defusion	Technique	Level of belief /10	Other observations

Figure 4: Defusion diary

the thought to the tune of happy birthday', 'saying it in a funny voice', or 'watching it drift by on a karaoke screen' (Hayes et al., 1999). After trying six different methods with the client he picked his favourite three that most reduced the believability of the thoughts. The client was then given a defusion diary (see Figure 4) and left with the homework task of practicing defusion every time he noticed the thoughts popping up during the next week.

In the fourth session the client said he had used the defusion exercises a few times since the second session and had been feeling good, but was 'still a bit worried it will happen again'. The trainee asked him what his mind had done and after an initial pause, he replied, 'It's just another thought!' For the trainee this represented a good sign of progress for the client.

Acceptance (fourth session)

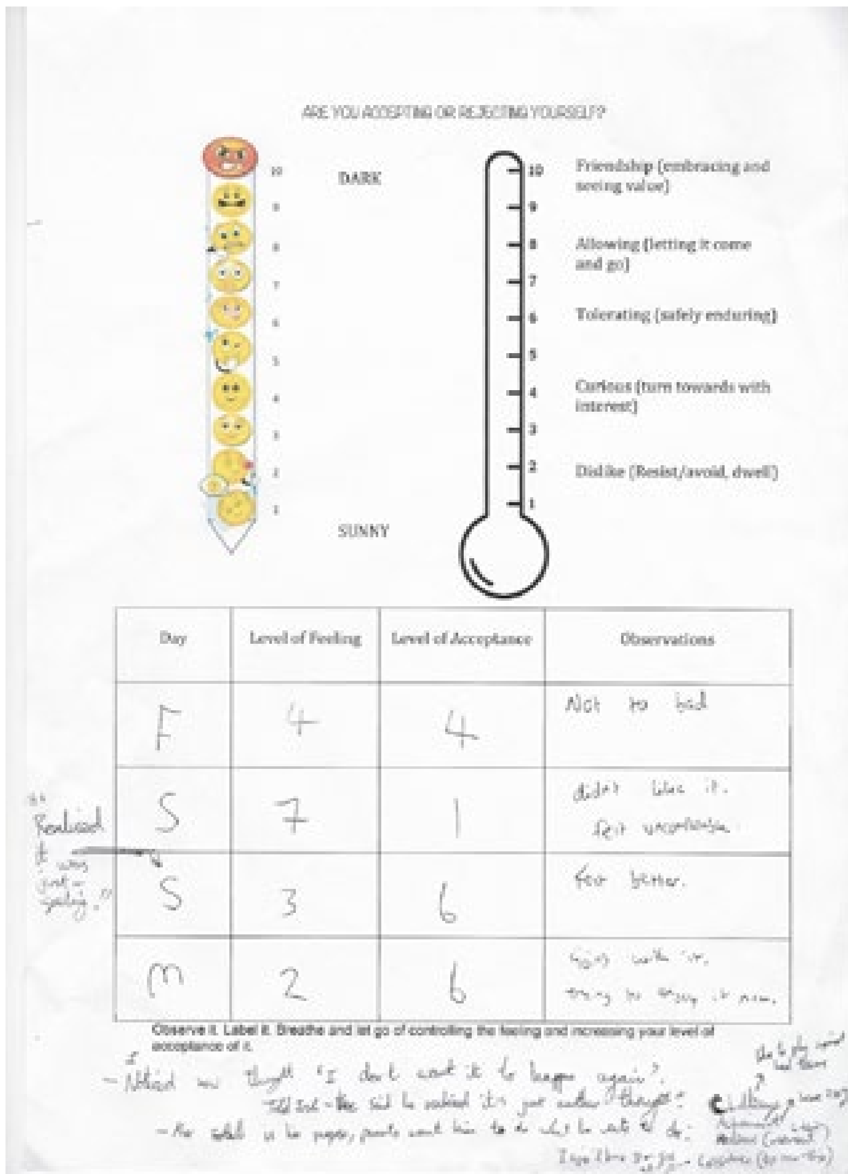
The fourth session was aimed at helping the client achieve his second goal, to 'deal with the dark feeling'. The dark feeling appeared to be the feeling of guilt and a sense of 'not doing the right thing,' and the aim of acceptance was to aid the client in noticing whatever inner experiences were present and reduce motivation to behave avoidantly of that feeling since that, paradoxically, may increase emotional intensity and duration (Hayes et al., 1999). The session contained three stages:

(i) increase understanding of what caused the feeling and normalising the experience;
(ii) educate the client on the nature of emotional avoidance; and
(iii) increase emotional acceptance.

First the client was asked to describe the feeling in detail and then the triggers that seemed to instigate this feeling. The triggers were established as:

(i) the thoughts he was having (that had been discussed during the defusion session); and
(ii) situations where the client felt he had not done his best (like losing in sport or making a mistake when writing his school homework).

Consistent with an ACT philosophy, the feelings occurring in response to thoughts were described by the trainee as 'dirty', while feelings occurring in response to the environment were 'clean'. The client was encouraged to continue using defusion to deal with the unhelpful thoughts that led to the dirty emotions and was shown another way to deal with clean emotions: The client was asked the following question:



ARE YOU ACCEPTING OR REJECTING YOURSELF?

DARK

SUNNY

10 Friendship (embracing and seeing value)

8 Allowing (letting it come and go)

6 Tolerating (safely enduring)

4 Curious (turn towards with interest)

2 Dislike (Resist/avoid, dwell)

Day	Level of Feeling	Level of Acceptance	Observations
F	4	4	Not to bad
S	7	1	didn't like it. felt uncomfortable
S	3	6	felt better.
M	2	6	[illegible]

Observe it. Label it. Breathe and let go of controlling the feeling and increasing your level of acceptance of it.

Figure 5: Completed Acceptance Scale

'Imagine I am holding a gun and pointing it at you and then I say stand up or I'll shoot you? You would be able to do it right? What about if I said do not think about the gun I'm holding or I'll shoot. Or, do not feel anxious about this gun or I'll shoot. Don't have an increased heart rate or I'll shoot. Would you be able to control your perceptions, thoughts and feelings?'. The intention was to help the client realise that we cannot always control or eliminate our feelings, even if they don't feel good.

The quicksand metaphor (Harris, 2012) was used to explain how dealing with emotions is much the same as dealing with getting stuck in quicksand: 'the more we struggle the harder they pull us in'. This was used to help the client understand how to deal with his emotions. The concept of the struggle switch (Harris, 2012) was

also presented. This is the idea of having an 'on' or 'off' switch, relating to how you deal with emotions. If the switch is on, you struggle and fight the emotion, when it is 'off' you aim to be more accepting of the sensations that arise. The acceptance scale (Harris, 2012) was then given to the client to allow him to quantify how much he deemed he was able to accept an emotion (see Figure 5).

Finally, the client was guided through an in-session exercise to help him contact the emotion. This entailed observing the feeling, where it occurred in his body, drawing an outline of it, noting its temperature, colour, labelling it, breathing into it, and finally moving towards acceptance of it. We decided he would practice the defusion exercises again this week and also take some time to notice and observe his level of acceptance

Figure 6: Past moments in life-pleasure and pain

(a) What truly matters in the end, why are we here?
In a world where you had unlimited confidence and what you did felt meaningful and fulfilling.
(b) How would you behave differently?
(c) How would you walk and talk differently?
(d) How would you play differently? Work differently? Perform differently?
(e) How would you treat others differently: your friends, relatives, partner, parents, children and work colleagues?
(f) How would you treat yourself differently?
(g) How would you treat your body?
(h) How would you talk to yourself?
(i) How would your character change?
(j) What sort of things would you start doing?
(k) What would you stop doing?
(l) What goals would you set and work towards?
(m) What personal qualities would you want to grow?
(n) What difference would your new-found confidence make in your closest relationships, and how would you behave differently around those people?
(o) What difference would your new-found confidence help you to make in the world?

Figure 7: List of values-based questions

of the dark feeling every day (see Figure 5). The client practised this four times over the course of four days and reported on the third day a reduction in suffering, which he noted, was due to realising 'it was just a feeling'.

Values (fifth session, sixth session)

By this stage in the process the client was reporting some success with the techniques taught previously and the question of values became important to meet the client's third goal of therapy: 'Not dwelling and moving forward and toward something meaningful.' In ACT, values act like a compass, giving the client a direction by identifying what gives their life meaning. Values are different to goals, in that a goal may be travelling to reach a certain destination, like a tree a few feet away, whereas values are like travelling towards the horizon and so several exercises were used to help the client begin to get in contact with what was important to him.

The first exercise was to look at past moments of pleasure (in the eudemonic sense) and pain, where the client is instructed to write down a moment in his life that was particularly painful and one that was particularly pleasurable (see Figure 6). This was to help prime the client for the session and help him uncover what is valuable to him. Various questions were then asked, to get a sense of what was meaningful to the client (see Figure 7). The client was finally provided with a values questionnaire to be completed alone for homework (see Figure 8). The following session began by exploring the values questionnaire and the client combined the values questionnaire with the information from the previous session to delineate the following values: contribution; adventure; mastery; challenge; kindness; honesty; caring; authenticity; fun; communication.

Present-moment awareness (sixth session, seventh session)

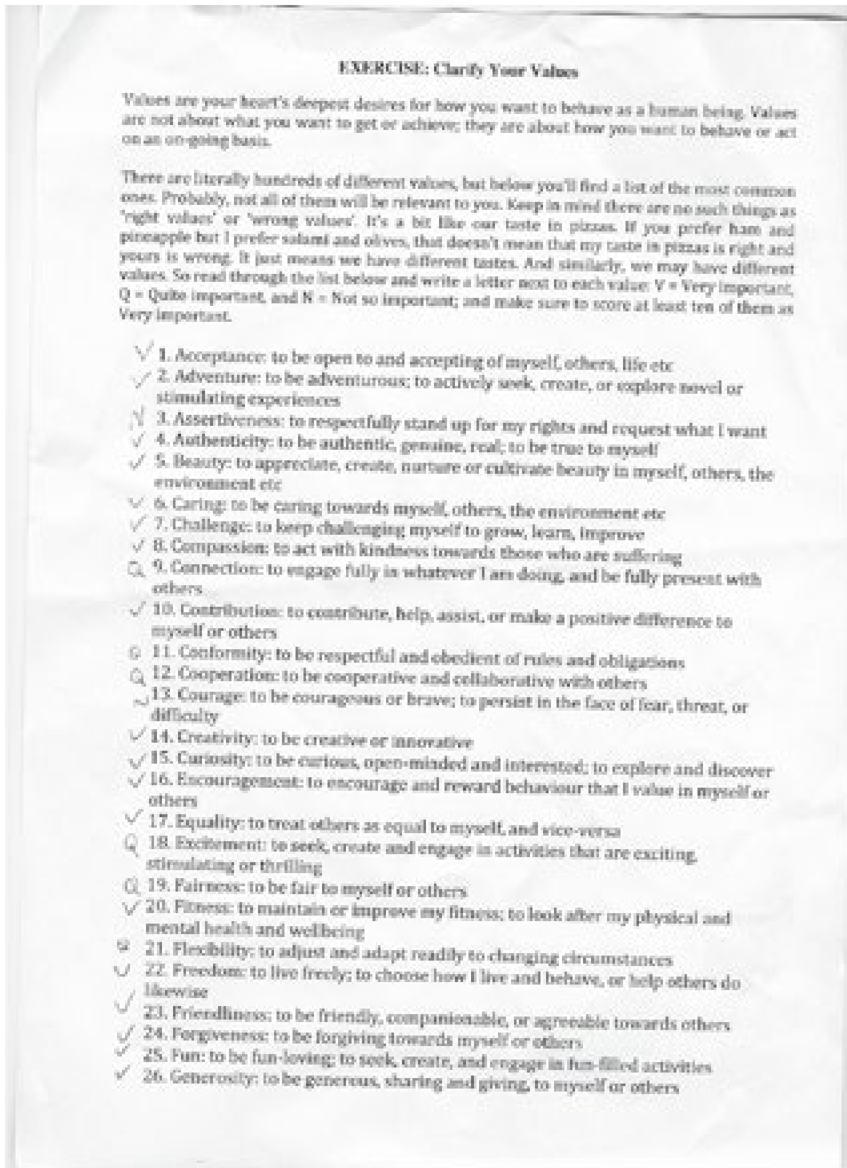
At this point the structure of sessions became looser, as the main goals were moving towards completion. Over the course of the next two sessions we discussed his sport and social group, which took a more client-led approach. We also went through a breath and body meditation, as the opportunity arose. Present moment awareness is used

in ACT to connect to the world around you through your senses and various meditations allow a chance to practice this skill.

The client was given a meditation script that focused on bringing attention to bodily sensations. The script was then practised in-session (see Figure 9), with the trainee reading the script out loud while the client had the choice of keeping his eyes open or closed and following along. The client was then set the task of trying to do this once-a-day for the next week. The following week the client reported completing the meditation on five of the previous seven days since the last session and stated he was going to continue the practice as he enjoyed it.

Evaluation of work

By the eighth session the client had reported no longer suffering from the unhelpful cogni-



EXERCISE: Clarify Your Values

Values are your heart's deepest desires for how you want to behave as a human being. Values are not about what you want to get or achieve; they are about how you want to behave or act on an on-going basis.

There are literally hundreds of different values, but below you'll find a list of the most common ones. Probably, not all of them will be relevant to you. Keep in mind there are no such things as 'right values' or 'wrong values'. It's a bit like our taste in pizzas. If you prefer ham and pineapple but I prefer salami and olives, that doesn't mean that my taste in pizzas is right and yours is wrong. It just means we have different tastes. And similarly, we may have different values. So read through the list below and write a letter next to each value: V = Very important, Q = Quite important, and N = Not so important; and make sure to score at least ten of them as Very important.

1. Acceptance: to be open to and accepting of myself, others, life etc
2. Adventure: to be adventurous; to actively seek, create, or explore novel or stimulating experiences
3. Assertiveness: to respectfully stand up for my rights and request what I want
4. Authenticity: to be authentic, genuine, real; to be true to myself
5. Beauty: to appreciate, create, nurture or cultivate beauty in myself, others, the environment etc
6. Caring: to be caring towards myself, others, the environment etc
7. Challenge: to keep challenging myself to grow, learn, improve
8. Compassion: to act with kindness towards those who are suffering
9. Connection: to engage fully in whatever I am doing, and be fully present with others
10. Contribution: to contribute, help, assist, or make a positive difference to myself or others
11. Conformity: to be respectful and obedient of rules and obligations
12. Cooperation: to be cooperative and collaborative with others
13. Courage: to be courageous or brave; to persist in the face of fear, threat, or difficulty
14. Creativity: to be creative or innovative
15. Curiosity: to be curious, open-minded and interested; to explore and discover
16. Encouragement: to encourage and reward behaviour that I value in myself or others
17. Equality: to treat others as equal to myself, and vice-versa
18. Excitement: to seek, create and engage in activities that are exciting, stimulating or thrilling
19. Fairness: to be fair to myself or others
20. Fitness: to maintain or improve my fitness; to look after my physical and mental health and wellbeing
21. Flexibility: to adjust and adapt readily to changing circumstances
22. Freedom: to live freely; to choose how I live and behave, or help others do likewise
23. Friendliness: to be friendly, companionable, or agreeable towards others
24. Forgiveness: to be forgiving towards myself or others
25. Fun: to be fun-loving; to seek, create, and engage in fun-filled activities
26. Generosity: to be generous, sharing and giving, to myself or others

Figure 8: Values questionnaire

tions or the dark feeling and it was becoming apparent we had accomplished our initial goals. In this session the client completed the CompACT questionnaire once more, and in the following session a visual representation of the results was shown to him (see Figure 10). The client agreed the goals of therapy had been achieved during this session and it was agreed that the client would get in touch with the trainee in a month to see how things were going.

Client feedback

While the majority of the sessions had been focused on the client's family life and only a modicum of time was spent discussing his sport, it was interesting to note the impact his personal life had on his sport. The client reported moving from one to nine out of 10 in his personal life and from four to an eight out of 10 for happiness in his sport. The client sent the following message to the psychologist after the final session: 'Thank you for everything. Honestly, I'm so thankful, for you being open to listen to me and for me to talk about my problems with you and everything, and to also show me how to cope with different things. I am forever thankful.'

Practitioner reflections on using ACT

Over the course of the sessions the trainee felt he transitioned from a practitioner-led style to a client-led style as the session structure became looser and less focused on teaching specific ACT processes. It was deemed necessary to teach the client the ACT techniques in the earlier sessions, and so it was inevitable that a somewhat practitioner-led style emerged in the beginning but as the sessions progressed the discussions became more fluid, less organised and more heavily led by the client. As Keegan (2016) warns, this may be problematic and show incongruence, and yet in this instance, moving from a more directive approach to a client-led approach appeared to occur naturally as the client became more relaxed and open with the trainee over time.

Two of the ACT processes were not explicitly covered in sessions (i.e. 'committed action' and 'self-as-context'). Committed action is related to goal setting, while self-as-context is related to perspective taking and

Start by finding a comfortable position, back straight, legs uncrossed and hands in your lap. Take a few deep breaths to relax your body. Take the air in through your nose, breathing deeply into your lungs and release the air through your mouth. Feel the energy settle into your body and into this moment. As you breathe deeply you will feel your body become heavy and more relaxed. After taking a few deep breaths, no longer try to control your breaths but allow it to come and go from your body naturally. Focus on your breath as it comes into your body and as it comes out.

As you breathe in and out move your focus from your breath to your heart. You may find it helpful to place one hand over your heart. Feel your chest move as you breath. When your mind wanders, bring it back to the sensation of breathing.

Release your attention to your breath and let yourself recall the difficult situation. Then shifting your attention into the body. Become aware of the physical sensations in the body that come along with the thought or the emotion. See if you can pick out the sensations arising. Deliberately move the attention into this sensation and imagine you could breath into this region on the in breath and breath out on the out breath. Not to change them but to explore them. To feel and see them clearly.

Now choose a single location in your body where the feeling expresses itself most strongly. In your mind, focus on that spot. Continue to breathe naturally, allowing the sensation to be there, just as it is. If you wish, place your hand over your heart as you continue to breathe. Allow the gentle, rhythmic motion of the breath to soothe your body. Return to your breath, in... out... in... out... and then gently open your eyes.

Figure 9: Meditation

Figure 10: Pre-questionnaire scores (blue) and post-questionnaire scores (red)

identity. The other four processes were covered while these two were left unused, in part because of the trainee's lack of understanding and confidence at speaking to 'self-as-context' in a client-friendly way, but also because they seemed the least relevant to the client's situation. However, while they were not discussed directly, in one of the final sessions the client did mention that as the course of therapy progressed he had transitioned away from a certain group of friends who he identified as 'no good' for him. He intimated that getting arrested had been a 'wake up call', where he realised he couldn't keep going down the same path. This change of identity can be seen as relevant to the process of self-as-context. The fact that self-as-context appears to have shifted without education or exercise on it during sessions can be understood and is in line with ACT expectations, since working on one or more processes has been suggested to often indirectly influence the other processes (Harris, 2013).

A final reflection would be on the structured and educational approach taken to deliver the ACT processes, which were covered in separate sessions in a fairly rigid format. The alternative would be to cover multiple processes during any one session, as the trainee and client bounce between areas, depending where the conversation goes (Harris, 2013). This may tie in better with a humanistic and client-led style but was not utilised due to a lack of practical experience of the trainee in applying ACT previously. The session design in this instance helped the trainee deliver the material effectively and systematically by affording the ability to prepare content ahead of sessions and while perhaps this was a little less smooth and a little more clunky than would have been seen by an experienced ACT practitioner, the outcomes of the process still appeared to be positive.

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