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**Having impact, and doing it quickly: The Place for Brief and Single-Session Cognitive  
Behavioural Therapies in Sport Psychology Practice**

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**Abstract**

Cognitive-behavioural therapies and related approaches are highly prevalent within sport psychology practice. Traditionally, these approaches are structured and delivered across treatment plans comprising multiple sessions. However, in the fast-paced environments in which many applied sport psychologists operate, practitioners are sometimes required to provide fast, effective, and impactful interventions in athletes at their point of need, within a *single* session. Single-session-integrated cognitive-behavioural therapy (SSI-CBT) therefore presents a potentially effective approach for practice when working with elite athletes and organisations where time is often at a premium and there is frequently pressure to make an impact quickly in order to improve performance. In this article, we put forward a *stimulus piece* that contextualizes SSI-CBT and overviews how sport psychology practitioners may use such techniques with athletes. We also put forth a call for more practitioners to report more idiographic case studies that feature the use of brief or single-session interventions to further build the evidence base for such approaches.

**Key Words: Brief interventions; Cognitive-behavioural therapy; Single-session therapy, Pluralism**

59

**Introduction**

60 Single Session Therapy (SST) was popularised by the work of Moshe Talmon in 1990. Talmon  
61 (1990) surveyed clients who he believed had dropped out from therapy after one session, only to find  
62 that 78% had reported a positive benefit from therapy and did not feel the need to return for further  
63 sessions. This finding challenged a number of strongly held assumptions about the relationship  
64 between effectiveness and therapy length (e.g., that change is gradual and takes time), leading to a  
65 swathe of research into the effective practice of SST (for reviews, see Cameron, 2007; Campbell,  
66 2012; Hymmen, Stalker & Cait, 2013; Pitt et al., 2015). Indeed, Talmon's original work helped  
67 simulate the setup of therapy centres across North America and Australia focused on delivering this  
68 new approach. Results evaluating the impact and effectiveness of SST indicated most clients reported  
69 it was both sufficient and satisfactory (e.g., Bobele et al., 2008; Slive et al., 2008). SST was also noted  
70 to have an additional strength related to accessibility. Specifically, such approaches removed barriers  
71 to access (e.g., waiting lists, referrals), and took advantage of the client's motivation by providing  
72 help at the point of *need*, rather than at the point of availability (Young & Dryden, 2019).  
73 Collectively, research conducted at these centres provided evidence for the idea that one visit could be  
74 both sufficient and effective, especially when the therapist approached that session *as if it was the last*  
75 (Young & Dryden, 2019).

76 Not to be mistaken as a particular approach or type of therapy, SST was primarily developed  
77 as a mode of delivery or as a one-at-a-time 'mindset' to therapeutic sessions (Hoyt et al., 2020). The  
78 mindset of a practitioner adopting a single session approach was characterised by a focus on helping  
79 the client at the point of need, working in a focused style, with the expectation that client and therapist  
80 will only meet for one session. Rather than claiming to do the work of multiple sessions of therapy  
81 within just one, SST sets realistic and appropriate goals surrounding how the therapist may best help  
82 the client if the current session is the only session they may have. As such, rather than aim to bring  
83 about drastic changes in the client's presenting problem, and viewing them as broken, SST merely  
84 helps to point clients in the right direction and help them to become unstuck (Dryden, 2018). Thus,  
85 making the practice of SST very relevant to high performance sporting environments (Pitt et al.,  
86 2015). In elite sport, time is often at a premium, and athletes and/or coaches are often looking for

87 guidance from just one session or encounter (Pitt et al., 2015). Although some may desire or need  
88 long-term psychological support, many athletes and coaches often look to Sport Psychologists (SPs)  
89 to help them become unstuck and point them in the right direction (Pitt et al., 2020). This may be  
90 because the athlete or coach is under time pressure to improve performance quickly, is not ready to  
91 commit to long-term work, or has financial constraints. Although this is not exhaustive, we put forth a  
92 number of typical scenarios that may require a SP to work both briefly and effectively using SSI-CBT  
93 (see Table 1).

94         Whilst SST appears to be highly applicable to applied sport psychology, a dearth of research  
95 exists that both examines its effects and disseminates its application within the extant literature. In  
96 2015, Pitt and colleagues conducted a critical literature review of SST with the aim of assessing its  
97 potential appropriateness for high-performance sporting contexts. Subsequently, highlighting the  
98 seminal work of Giges and Petitpas, who provided the first guidelines on teachable and identifiable  
99 ways in which to conduct brief, unplanned interventions when working in informal settings with  
100 athletes. Though lending itself well to competition settings, Giges and Petitpas's (2000) framework  
101 was limited for its utility in more planned and formal 1-2-1 consultancy sessions (Pitt et al., 2015). In  
102 addition, the authors (i.e., Pitt et al. 2015) noted that numerous studies had demonstrated the  
103 effectiveness of SST using a somewhat limited range of techniques and largely favoured Solution-  
104 Focused Brief Therapy (SFBT) as the sole approach to SST.

105         SFBT is an approach to therapy inherently designed to be conducted within a single session,  
106 or at least briefly, and it aims to build change in clients' lives in the shortest possible time (Ratner et  
107 al., 2012). It is also constructivist in nature, with a distinct lack of an underpinning theoretical  
108 framework (de Shazer et al., 1986). There is some, but limited, evidence of SFBT being used within  
109 sporting contexts (see Hooigard & Johansen, 2004). Whilst, particularly suited, SFBT is just one of  
110 several approaches (e.g., narrative therapy, strategic therapy) to practice that can be integrated into  
111 SST (for a comparison of how SST is practiced from different theoretical perspectives, see Barnes et  
112 al., 2018). More recently, using a series of case-studies researchers have developed and tested the  
113 effectiveness of a framework for single-session problem solving in elite sport context. Their  
114 framework included several techniques and approaches used to reframe the client's initial description

115 of their problem, until it was described in a frame that was perceived as ‘solvable’ (e.g., Pitt et al.,  
116 2020; Pitt et al., 2023). Subsequently providing further evidence for the effectiveness of the approach  
117 for problem resolution.

118         Considering cognitive-behavioural therapies (CBTs) are seen as the predominant approach of  
119 choice within the field of sport psychology (Turner et al., 2023), little consideration has been given to  
120 how these approaches might be integrated into a single-session approach within sport psychology  
121 practice. In non-sporting contexts there has been a recent increase in the integration of SST practice  
122 with CBT approaches (Dryden, 2017; Hoyt et al., 2020; Young et al., 2008). Which, in turn, has  
123 developed a more specific form of SST named: Single-Session Integrated Cognitive Behavioural  
124 Therapy (SSI-CBT; Dryden, 2016). The use of SSI-CBTs has become popularised in contexts where  
125 there is a high demand for support services, yet resources are limited (e.g., universities, humanitarian  
126 aid, walk-in therapy centres; Perkins, 2006; Young et al., 2008). SSI-CBT could be particularly  
127 relevant to sporting contexts not only because client time is at a premium and there is frequently  
128 pressure to make an impact quickly in order to improve performance (Giges & Petitpas, 2000; Pitt et  
129 al., 2015; 2020), but also given the highly prevalent application of a range of cognitive-behavioural  
130 approaches used by psychologists practicing in sport (Turner et al., 2023). For example, these may  
131 include Cognitive Therapy (Beck, 1976), Rational Emotive Behaviour Therapy (REBT; Ellis, 1957),  
132 and Acceptance and Commitment Therapy (ACT; Hayes et al., 1999), to name just a few.

133         SSI-CBT is not a type of CBT, but a mode of delivery (i.e., “the how”) through which  
134 practitioners can adopt a range of different techniques and approaches (i.e., “the what”) from within  
135 first, second and third wave traditions (Dryden, 2012). The first wave of CBT is behaviourism, which  
136 is underpinned by the principle that interactions with the environment are central to the process of  
137 learning and behaviour (e.g., stress inoculation training; Collard, 2023). The second wave of CBT is  
138 known as the ‘cognitive revolution’ which is focussed on, but not exclusive to (e.g., behavioural  
139 techniques) the role of cognitive mediation when understanding human functioning. The two most  
140 prominent second wave CBTs include REBT (Ellis, 1957) and CT (Beck, 1976). More recently, third  
141 wave CBTs were developed in response to perceived limitations of first and second wave therapies.  
142 Third wave CBTs are heavily underpinned by the role of meta-cognitive processes, which work to

143 change one's relationships with the content of their thoughts, instead of the cognitions themselves  
144 (i.e., ACT; Hayes et al., 1999). Currently, there is significant practice literature adopting REBT  
145 techniques within SSI-CBT (e.g., Dryden, 2016; 2017) and evidence has supported the use of single-  
146 session interventions applying ACT for health-related behaviour change (e.g., Barreto & Gaynor,  
147 2019; Barreto et al., 2019). Recently, there has also been some evidence for the use of REBT  
148 informed SST within the sporting literature (e.g., Bowman & Turner, 2022; Wood & Turner, 2020).  
149 Indeed, Bowman and Turner demonstrated that one session of REBT delivered from an SST  
150 perspective (i.e., intentionally delivered as a single session intervention) to a group of golfers led to  
151 significant reductions in irrational beliefs and social anxiety, as well as improvements in wellbeing  
152 and performance.

153 SSI-CBT potentially offers a structured and effective model of practice for those seeking to  
154 make an impact in the often time constrained and dynamic setting of elite sport. Nevertheless, few  
155 researchers have reported and disseminated the utility of single session approaches for applied  
156 practitioners in sport psychology (e.g., Pitt et al., 2015; 2020), and sport more broadly. To this end, in  
157 this article we provide a *stimulus piece* that outlines: (1) the philosophical and theoretical differences  
158 between traditional CBT approaches and SSI-CBT; (2) the needs and conditions on where adopting  
159 SST-CBT might be most fruitful; (3) the range of SST-CBT techniques that can be used by  
160 practitioners to help them make an impact quickly when using a cognitive-behavioural approach; and,  
161 (4) a call for more applied practitioners to report their use of brief and single-session interventions to  
162 build a greater evidence base and benefit collective knowledge within the field.

163

164

### **The Philosophy of SSI-CBT**

165 Philosophically, SST and SSI-CBT are client-led in nature, that is, doing what is best for the client  
166 and provide them the advice they seek, rather than impose that the client take the lead and 'work it out  
167 for themselves' (Perkins, 2006). To this end, in both approaches 'client led' means serving the goals  
168 and hopes the client brings to the session, not necessarily being passive and non-directive (Dryden,  
169 2018).

170           The philosophical approach of SSI-CBT can also align to a pluralistic perspective towards  
171 therapy. This perspective is rooted in a pragmatic set of philosophical assumptions proposing that  
172 different theories and frameworks can explain phenomena, and there is no one-way of explaining the  
173 world around us (Cooper & McLeod, 2010). The practitioner adopting a pluralistic approach should  
174 be willing to adopt different frameworks within their competencies to meet the client's preferences  
175 and needs (McLeod, 2018). This includes the client's context, particularly when brief interventions  
176 are involved, as practitioners need to adopt and adapt approaches to suit clients who are looking for  
177 tangible benefits *now*, not over the course of multiple sessions. Ultimately, the client is more  
178 important than the framework (Dryden, 2018). This diverges from traditional approaches within CBT,  
179 which often require a strict alignment to a single theory or framework and seeing the client's  
180 presenting case solely through that one lens.

181           When using SSI-CBT, practitioners should be prepared to adopt a range of techniques from  
182 first wave (e.g., conditioning based approaches), second wave (e.g., cognitive therapy, REBT), and  
183 third wave approaches (e.g., ACT) in response to a client's presenting needs and preferences. For  
184 example, if an athlete has experience of utilising mindfulness meditation and responds well to it, the  
185 practitioner should be willing to adopt this third-wave technique. Similarly, if an athlete reports  
186 wanting to 'think more positively', adopting techniques for cognitive therapy may be more suitable  
187 for meeting their needs. Therefore, SSI-CBT is well suited to practitioners with a broad and  
188 comprehensive knowledge of CBT approaches, and who are not strongly attached to individual  
189 frameworks or theoretical schools. For SPs to practice SSI-CBT, it is a shift in mindset that is  
190 required, not necessarily a new set of skills. Nevertheless, this mindset shift may prove challenging  
191 for some SPs to adopt due to some of the underlying assumptions of working proactively, challenging  
192 the traditional application of CBT approaches.

193           The philosophy of SSI-CBT also dictates how the impact of interventions are evaluated.  
194 Assessing the *efficacy* of SSI-CBT is difficult (i.e., standardized therapy treatments in controlled  
195 conditions), given that it sensitively responds to client preferences, strengths, immediate needs, and  
196 desired outcomes. In other words, no one SSI-CBT intervention is the same, thus creating a coherent  
197 picture of its efficacy is challenging (Pitt et al., 2015; 2020). Therefore, practitioners using SSI-CBT

198 would tend to focus on assessing *effectiveness* instead (i.e., investigating the outcomes of therapy in  
199 applied settings), on a case-by-case basis, placing the client or athlete's perception of the  
200 intervention's impact (i.e., social validity; see, Page & Thelwell, 2013) and whether the ends justified  
201 the means front and centre.

202

### 203 **The Need for SSI-CBT in Sport Psychology**

204 Although it is common practice for applied SPs to work *proactively* within sporting organisations,  
205 they are also often required to work *reactively* with individual athletes (e.g., Henriksen et al., 2011;  
206 Pitt et al., 2020). For example, Birrer et al. (2012) reported as many as 50% of interventions during  
207 the 2012 Olympic games were considered brief contact interventions. This reactive work is often  
208 completed under significant time pressure coupled with the impetus to bring about positive outcomes  
209 (Pitt et al., 2015; 2020). In other words, providing solutions quickly within a single session or contact  
210 is something sport psychologists are often required to do, whether this sits well with the tenets of their  
211 training and education or not.

212 Whilst the need to work under time constraints is well known, for many SPs, these pressures  
213 may prove challenging for a multitude of reasons. SPs in training are often taught not to attempt  
214 'quick fixes', and from an ethical standpoint the British Psychological Society's Professional Practice  
215 Guidelines state that assessment and formulation are two of the five core skills of a practicing  
216 psychologist (The British Psychological Society, 2017, p.9). In addition, across sport and other  
217 counseling domains, therapeutic alliance (i.e., the client-psychologist relationship) is viewed as an  
218 essential component of intervention effectiveness (e.g., Baldwin et al., 2007; Mack et al., 2019). SPs  
219 in training are therefore often advised to avoid delivering interventions within the first session with a  
220 new client, and instead dedicate it exclusively to rapport building, fact-finding, recording a detailed  
221 history, need analysis and the case formulation process (Keegan, 2015). The common and  
222 comprehensive application of CBTs with clients typically delivered over multiple sessions (e.g.,  
223 Wood et al., 2017) is seen as 'the norm'. However, SSI-CBT challenges this assumption, and again  
224 reflects a required shift in the practitioner's mindset by proposing that the therapeutic relationship can  
225 be developed quickly and effectively by actively addressing the client's present needs (Dryden, 2019).



226 As previously discussed, this is not to provide a ‘quick fix’ for the client, but merely to point them in  
227 the right direction so they may continue onwards as their own agent of change. The perceived need to  
228 deliver multiple sessions in order to effectively practice sport psychology remains (e.g, Pitt et al.,  
229 2020), but is often determined by individual and contextual factors (e.g., no  
230 time constraints, complex issues, an engaged client). However, dogmatic adherence to typical  
231 psychological provision may propagate a series of missed opportunities for practitioners when the  
232 client only wants and/or needs one session. Hence, we put forth a range of potentially unfavourable  
233 outcomes, that may result from taking a more structured and multi-session approach to the initial  
234 meeting, when working with athletes and coaches with immediate needs (see Table 2).

235 The scenarios (see Tables 1 and 2) demonstrate how clients and organizations may require  
236 practitioners to perform reactive work and meet their needs quickly or within a short period of time.  
237 The hypothetical scenarios presented in Table 2 example that failing to help the client at the point of  
238 need may then impact upon a SP’s ability to demonstrate their effectiveness and impact to clients,  
239 stakeholders, and employers. Therefore, we suggest that practitioners may benefit from developing  
240 their expertise in delivering single-session interventions to meet the needs of some athletes in  
241 scenarios such as those presented in Table 1 and 2. For those with a preference for a cognitive-  
242 behavioural approach, this can be done using the identifiable and established framework of SSI-CBT.

243 Ultimately, moving beyond the repeated session delivery reported in the extant sport  
244 psychology literature, we introduce SSI-CBT as an established and effective approach/mindset to  
245 practice that has been, and can be integrated into a range of cognitive behavioural therapies now  
246 commonly employed within sport psychology. Drawing on existing practice-based literature in SSI-  
247 CBT’s that have emerged in recent years (see Dryden, 2019), in the next section we provide  
248 recommendations for how SPs can conduct effective single-session cognitive-behavioural  
249 interventions using some of the principles from SSI-CBT being practiced today. This is not a  
250 complete guide on how to conduct SSI-CBT with athletes, but a guide oriented towards helping SP’s  
251 adapt their mindset when attempting to get the most out of a single encounter with an athlete.

252

253

### **The Application of SSI-CBT’s with Athletes**

254 **When might SSI-CBT be appropriate (or not)?**

255 The application of SSI-CBT should not be considered a panacea by SP's. That is, it should not  
256 represent the entire repertoire of what a SP will deliver as part of their psychological provision.  
257 Instead, practitioners should be sensitive to the conditions on which SSI-CBT can be best utilised, and  
258 when it should remain in the SPs toolbox. If an athlete's immediate needs are clinical in nature (e.g.,  
259 depression, general anxiety), then more comprehensive long-term support may be required (and  
260 delivered or supported by a clinically trained psychologist). If the athlete requests long-term support,  
261 the practitioner would be remiss not to address these needs. However, SSI-CBT can be adopted by  
262 practitioners as a tool for working with athlete's who have immediate needs relating to relatively non-  
263 complex problems or who have a clear tangible goal that they have for meeting with the SP (see  
264 examples in Tables 3.1 and 3.2)

265

266 **Cultivating conditions for SSI-CBT**

267 **Realistic expectations.** Contracting and establishing realistic expectations between athlete  
268 and SP is crucial to the SSI-CBT mindset (Dryden, 2018). The offer of further sessions can be  
269 provided, but the expectation is created that athlete and SP will work quickly and in a focused manner  
270 to help them make a first step in the right direction. Therefore, a SP offering a single-session service  
271 may say the following to help both the SP and the athlete get into a single-session mindset:

272 *"If we're focused, we can see what we can do now to help you get moving in the direction*  
273 *that's right for you. But you can schedule more meetings later if you think they'll be helpful"*  
274 (e.g., Dryden, 2018)

275

276 The SP should also be conscious of not over-promising what can be achieved in the single-session,  
277 The practitioner should avoid framing the session as a 'quick fix' that will have an instant impact, but  
278 instead as a 'point in the right direction' that the athlete can explore further (See Tables 3.1 and 3.2  
279 for examples).

280 **Identify a working focus.** A small yet important step in shifting to a single-session mindset as a  
281 practitioner is to work with the athlete to clearly identify a working focus for the session by quickly  
282 assessing:

- 283 1. The athlete's immediate needs (i.e., what do they want to take away from the session),  
284 rather than a comprehensive needs analysis (Keegan, 2015);  
285 2. What the athlete is ready and willing to change now, rather than what they may be  
286 ambivalent or resistant to changing (Wood et al., 2020); and  
287 3. What a helpful first step in the right direction to get them 'unstuck' would look like (Hoyt,  
288 2018)

289 The first few initial questions the SP asks the athlete are therefore crucial to establish a clear and  
290 realistic goal for a single session. These initial questions are important for fostering an aspiration and  
291 thus expectancy that a change can occur within that time frame (Pitt et al., 2015). Here are some  
292 initial questions that a SP may ask an athlete in order to quickly create an effective working focus for  
293 a single-session with a cognitive-behavioural emphasis:

294 *"If we are only going to meet once, what would you want to focus on at this time?"* (Pitt et al.,  
295 2015);

296 *"What name would you label this problem with?"* (Dryden, 2017);

297 *"What would you like to take away from this session?"* (McKergow, 2021; See Table 3.2);

298 *"What are you willing to change today?"*(Dryden, 2017);

299 *"What needs to happen today for this session to have been useful?"*(Dryden, 2019);

300 *"What are your best hopes for our talking today?"* (Ratner et al., 2012; See Table 3.1);

301 *"How may I best help you today?"* (Dryden, 2019);

302 *"If this session could do one thing for you and/or your game what would it be?"* (Pitt et al.,  
303 2015); and

304 *"When you put your hand on the door handle to leave this session in an hour's time, what to  
305 do you need to be leaving with for this to be a brilliant use of your time?"* (Pitt et al., 2020);

306 These questions may appear simple and straightforward, but they are crucial for cultivating the  
307 conditions for effective SSI-CBT and promoting the single session mindset, ensuring that the session  
308 itself is goal-focused (e.g., Pitt et al., 2015). This is important not only for the athlete but also for the  
309 practitioner as well, as both need to share the same mindset and be working at the same pace. From a

310 cognitive-behavioural perspective, it may also be useful to contextualise the agreed focus of the  
311 session in terms of the athlete's desired cognitions and behaviours. For example, if the athlete states  
312 that they would like to leave the session with more confidence, the practitioner may ask solution-  
313 focused questions (see Ratner et al., 2012) such as:

314 *How would you know that you were leaving the session with more confidence?*

315 *What might you notice yourself thinking?; and*

316 *What might you notice yourself doing differently?*

317 As an another example, a coach might say they would like to feel less anxious and to begin to enjoy  
318 competition environments, the practitioner might ask:

319 *What signs would you notice that meant you were enjoying yourself more?;*

320 *What would you be thinking differently?; and*

321 *What might others notice you doing differently?*

## 322 **Delivering the Intervention**

323 As stated previously, SSI-CBT is not one single approach cognitive-behavioural therapy. When  
324 adopting SSI-CBT and the associated pluralistic assumptions, the goal for the session will vary based  
325 on (a) the SPs preferred approach within their competencies and (b) the athlete's input regarding what  
326 they think would work best for them. Nevertheless, CBT interventions are largely focused on  
327 improving one's emotional regulation, via cognitive, meta-cognitive, and/or behavioural change  
328 (Dryden, 2012). This shared decision-making process will therefore vary the goal pursued by SP and  
329 athlete on different occasions. For example, the session may focus on:

- 330 - Maladaptive coping behaviours in response to stressors (Lazarus & Folkman, 1984).
- 331 - Reappraising faulty inferences made about a specific situation (Beck 1976).
- 332 - Recognising and challenging rigid and extreme beliefs about adversity (Ellis, 1957; see  
333 Table 3.1).
- 334 - Tackling client's experiential avoidance (Hayes et al., 1999).
- 335 - Restructuring negative self-talk (Hardy et al., 2008).

- 336 - Utilising visualisation techniques to focus on the present moment during critical moments
- 337 of a game (Murphy & Martin, 2002).
- 338 - Re-establishing clients' motivations and values (Harris, 2019).
- 339 - Meta-cognitively re-appraising their response to heightened arousal (Moore et al., 2015;
- 340 See Table 3.2).

341 Whatever the agreed focus and goal for the intervention is, practitioners need to creatively consider  
342 how they may best adapt their delivery of key principles and techniques to fit within a short time-  
343 frame (Dryden, 2018). For example, a practitioner may use a brief impact technique such as the 'Big  
344 I, Little I' (Lazarus, 1977), commonly used in REBT to dispute depreciation beliefs (i.e., condemning  
345 oneself as a complete failure for a single action). Alternatively, an ACT technique may involve using  
346 the 'quicksand' analogy to help clients reframe their ineffective strategies of trying to get rid of their  
347 feelings such as anxiety, which paradoxically perpetuates said emotions (Harris, 2019). Once again,  
348 the SP should bare in mind at this point that their role is to point the athlete in the right direction so  
349 they may make further progress for themselves, not to produce a quick-fix within the session.

350 **Encouraging what works.** Typically associated with the process of case formulation, asking  
351 the athlete what makes the problem better or worse can be an effective method for making an impact  
352 quickly in SSI-CBT. Specifically, common questions asked in SSI-CBT are:  
353 "When is the problem not a problem?" or "When or where are you already achieving this goal?".  
354 Exploring client's experiences of exceptions to the problem, instances where their preferred future is  
355 already happening, or past successes of dealing with similar adversities can be a technique that helps  
356 athletes to re-frame their problems as transient rather than constant and permanent (de Shazer et al.,  
357 1986). This way the athlete can be encouraged to do more of what works, and less of what does not  
358 (see Table 3.2). These techniques are adopted from Solution-Focused Therapy (de Shazer & Dolan,  
359 2012) but can be accommodated within SSI-CBT, especially if the athlete has prior experience of  
360 successfully using cognitive-behavioural skills. For example, when describing an exception when they  
361 did perform with confidence (or with whatever they wish to leave the session with), an athlete could  
362 be asked:

363 *What were you thinking as you did that?;*

364 *And what did you then do?;*

365 *How did you do that?;* and

366 *What did it take for you to do that?*

367

368 Similar to the principles of encouraging ‘what works’, an SP can enquire about an athlete’s strength  
369 and how they might be able to be used to address the presenting problem (Ludlum et al., 2016). The  
370 athlete could be asked to map their different sources of social support, and then asked which resource  
371 could be used to help them achieve their goal.

372 **Staying focused.** For a brief intervention to be impactful, it is important that the SP and the  
373 client stick to the agreed working focus of the session and do not get sidetracked. This therefore may  
374 lead to SPs going against what is traditionally central to counselling skills, and politely interrupting  
375 the client to re-focus them if they go off topic (Dryden, 2019). For example, if an athlete becomes  
376 side-tracked by something outside the working focus they originally set for the session, , the SP may  
377 have to tactfully interject: “I’ve noticed that we’ve gone a little off track here, shall were-focus on  
378 x?”. Although the practitioner is interrupting the client in this instance, it is only to help them re-focus  
379 on what *the client* originally stated they wanted to address in the session, not what the practitioner  
380 believes to be more important. The practitioner ultimately acts as the custodian of the client’s working  
381 focus and what they want to get out of the session, helping them to not get side-tracked or distracted,  
382 and thus not address their immediate need by the end of the session. Indeed, practitioners can make  
383 clients aware/gain their permission for selectively and constructively interrupting them at the onset of  
384 the SSI-CBT session to ensure it avoids discord in the practitioner -client relationship. If the athlete  
385 becomes side-tracked by something that the SP feels should be addressed, it can be ear-marked for a  
386 future single-session once the agreed working focus has been addressed in the present session. Again,  
387 SSI-CBT is not necessarily a ‘one and done’ approach but can be delivered over the long-term in a  
388 one at a time fashion (Dryden, 2019).

389

390 **Solution Rehearsal**

391 Traditionally in CBTs, clients are asked to complete homework assignments in order to put into  
392 practice techniques and solutions out of session to be reviewed in the next (Dozois, 2010). This is not  
393 consistent with the SSI-CBT mindset, as client and practitioner must assume that this one session is  
394 the only contact they will have. SPs should encourage athletes to rehearse their solutions within the  
395 session by, for example asking them:

396 *'What might you be thinking as you do that?'*;

397 *'What might you then do?'*;

398 *'How would you know you were at your best?'; and*

399 *How would you know that that was no longer a problem for you?*

400 Furthermore, SPs could also encourage athletes to rehearse their solutions by:

401 - Using imagery to mentally rehearse the solution (Moran et al., 2012);

402 - Using role playing or chair-work (Pugh, 2018); and

403 - Using the training facilities to physically rehearse scenarios (e.g., pre-performance  
404 routines; Cotterill, 2010).

405 More simply, the SP may ask the athlete to just verbally walk through what they will do differently in  
406 each situation to check their learning and understanding (see Tables 3.1 and 3.2).

### 407 **Closing The Session**

408 In keeping with a client-led philosophy, SPs can ask clients to summarise the session  
409 themselves and state what they have taken away from it (Dryden, 2018). The SP may also want to  
410 check if the athlete's needs have been met (referring to the initial goal of the session that was agreed  
411 with the athlete) or if there are any questions that they think they may still have that would be worth  
412 asking now (Dryden, 2018). Finally, rather than booking a follow up session immediately, the athlete  
413 can be encouraged to reflect and digest on what they have taken from the session (Dryden, 2019). The  
414 athlete is open to re-visit the SP for another session, where the single-session mindset will be adopted  
415 again, with a new working focus. Multiple sessions of SSI-CBT can be offered and can be effective  
416 when delivered in a one at a time fashion (Dryden, 2018), similar to the way psychological support is  
417 often delivered when integrated into a team environment (Pitt et al., 2020). However, for each session

418 to be effective, the single-session mindset should be adopted, with each meeting being assumed to be  
419 the last.

420

### 421 **Evaluating Effectiveness**

422 The philosophical assumptions underpinning the delivery of SSI-CBTs dictate how its  
423 effectiveness is best evaluated. SSI-CBT is client-centred, placing the athlete's perception of what  
424 their presenting needs are at the forefront. Furthermore, given its pluralistic nature, there is not a  
425 central theory and model to be evaluated, only the athlete's perception of whether their needs have  
426 been met effectively. Therefore, this would suggest that social validity be used to evaluate the  
427 effectiveness of SSI-CBT interventions. Social validity is a widely used method for assessing the  
428 effectiveness of sport psychology interventions, by placing the athlete's perceptions as the most  
429 important measure of whether the ends justified the means (Page & Thelwell, 2013). This is opposed  
430 to extensive subjective and objective data collected over time to measure efficacy. This would not be  
431 appropriate when delivering with a single-session mindset, as athlete and SP are focused on what can  
432 be done in the here and now, not on change that may or may not occur in the future.

433

### 434 **Conclusions and Future Recommendations**

435 In the present paper we aimed to provide a stimulus piece on SSI-CBT to encourage SPs to  
436 deliver brief and effective cognitive-behavioural interventions to athletes. SSI-CBT is not a 'type of  
437 CBT' but a mode of delivery, or 'mindset'. By assuming that they will have one session and one  
438 session only, SPs and athletes can work quickly and efficiently to address a presenting problem with  
439 the use of cognitive-behavioural skills or techniques. We recognize, however, that the mindset shift  
440 when using CBT techniques in a single-session manner can challenge many longstanding beliefs  
441 around the traditional application of these approaches. For comparison, Table 4 illustrates some of the  
442 differences between traditional 'long-form' CBTs and SSI-CBT in terms of approach, mode of  
443 delivery, and key focal points.

444 SSI-CBT is not designed to replace long-term support for athletes and clients who need it,  
445 particularly if their presenting needs are complex. Instead, SSI-CBT is a tool sport psychology



446 practitioners can use when the context is appropriate, particularly if the athlete is motivated and ready  
447 to change and time is of the essence, as it often is in sporting environments (Pitt et al., 2015). It is  
448 hoped that this stimulus piece will provide both neophyte and experienced SPs the confidence to  
449 deliver cognitive-behavioural interventions at athletes' points of need, whether this be in structured  
450 scheduled sessions, or more informal contacts.

451 Case study-based research in applied sport psychology commonly features interventions  
452 delivered over multiple sessions with individuals and teams. Most resources and texts aimed at trainee  
453 and developing SPs focus exclusively on how to deliver interventions spanning multiple sessions,  
454 with more sessions being seen as the gold standard and commonly reporting a dose effect (e.g., Wood  
455 et al., 2017). Despite the importance of single session interventions being recognised within the  
456 literature (e.g., Pitt et al., 2015), there is a significant lack of applied research demonstrating the  
457 effectiveness of single-session (or single-contact) interventions with athletes. There is also little  
458 advice and guidance for both trainee, neophyte, and experienced SPs on how to confidently deliver  
459 impactful brief interventions within the context of sport. Research adopting single-case research  
460 designs have become increasingly popular within applied sport psychology (see Barker et al., 2020 for  
461 overview), and offers an appropriate methodology for assessing more planned and structured SSI-  
462 CBT interventions with sports people. This is particularly the case where the intervention itself is so  
463 tailored and specific to that session (e.g., see Pitt et al., 2020). However, briefer interventions taking  
464 place in more informal and 'dynamic' environments (see Andersen et al., 2001) may be harder still to  
465 measure effectiveness and impact. Thus, case study research could be aimed at demonstrating how  
466 practitioners deliver interventions briefly and informally within a sporting organisation, while  
467 reflecting on factors that may impact the delivery of such brief interventions (i.e. the guidance set out  
468 in this paper).

469 Overall, we, the authors, call for more a more intensive investigation into the study of single-  
470 subjects (Normand, 2016) to detail how single-session and brief cognitive-behavioural interventions  
471 can be delivered effectively to those operating in sport (e.g., athletes, support staff, coaches, match-  
472 officials). Specifically, researchers would be prudent to detail the numerous factors which influence  
473 the effective delivery of single-session interventions, not limited to the cognitive behavioural

474 techniques themselves. For example: (1) what conditions (e.g., temporal, situational, individual,  
475 relational factors) determine the suitability and effectiveness of a single-session intervention, (2) how  
476 does the practitioner adapt their approach to deliver interventions quickly and efficiently within a  
477 limited time frame, and (3) how does the practitioner assess the effectiveness of their brief delivery?  
478 Addressing these questions when reporting these case studies will help trainee and experienced  
479 practitioners develop their confidence to deliver brief contact interventions.

480

481

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482

### **Declaration of Interest**

483 The authors declare no competing interests.

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**References**

503

Andersen, M. B., Van Raalte, J. L., & Brewer, B. W. (2001). Sport psychology service delivery:

504

Staying ethical while keeping loose. *Professional Psychology: Research and Practice*, 32(1),

505

12-18. [doi:10.1037/0735-7028.32.1.12](https://doi.org/10.1037/0735-7028.32.1.12)

506

Baldwin, S. A., Wampold, B. E., and Imel, Z. E. (2007). Untangling the alliance–outcome correlation:

507

exploring the relative importance of therapist and patient variability in the alliance. *Journal of*

508

*Consulting Clinical Psychology*, 75, 842–852. doi: 10.1037/0022-006X.75.6.842

509

Barker, J. B., Slater, M. J., Pugh, G., Mellalieu, S. D., McCarthy, P. J., Jones, M. V., & Moran, A.

510

(2020). The effectiveness of psychological skills training and behavioral interventions in sport

511

using single-case designs: A meta regression analysis of the peer-reviewed

512

studies. *Psychology of Sport and Exercise*, 51, 101-115.

513

[doi:10.1016/j.psychsport.2020.101746](https://doi.org/10.1016/j.psychsport.2020.101746)

514

Barnes, M., Carruthers, P., & Gigovic, M. (2018). One... two... three ways to help you today:

515

Therapeutic models in a single-session therapy program. In M. F. Hoyt, M. Bobele, A. Slive,

516

J. Young, & M. Talmon (Eds.), *Single-session therapy by walk-in or appointment:*

517

*Administrative, clinical, and supervisory aspects of one-at-a-time services* (pp. 175–185).

518

New York, NY: Taylor & Francis.

519

Barreto, M., & Gaynor, S. T. (2019). A single-session of acceptance and commitment therapy for

520

health-related behavior change: Protocol description and initial case examples. *Behavior*

521

*Analysis: Research and Practice*, 19(1), 47-59. [doi:10.1037/bar0000093](https://doi.org/10.1037/bar0000093)

522

Barreto, M., Tran, T. A., & Gaynor, S. T. (2019). A Single-Session of Acceptance and Commitment

523

Therapy for Health-Related behavior change: An Open Trial with a nonconcurrent matched

524

comparison group. *Journal of Contextual Behavioral Science*, 13, 17-26.

525

[doi:10.1016/j.jcbs.2019.06.003](https://doi.org/10.1016/j.jcbs.2019.06.003)

526

Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: Penguin Books.

- 527 Birrer, D., Wetzel, J., Schmid, J., & Morgan, G. (2012). Analysis of sport psychology consultancy at  
528 three Olympic Games: Facts and figures. *Psychology of sport and exercise*, 13(5), 702-710.  
529 [doi:10.1016/j.psychsport.2012.04.008](https://doi.org/10.1016/j.psychsport.2012.04.008)
- 530 Bobele, M., López, S. S., Scamardo, M., & Solórzano, B. (2008). Single-session/walk-in therapy with  
531 Mexican-American clients. *Journal of Systemic Therapies*, 27, 75–89.  
532 [doi:10.1521/jsyt.2008.27.4.75](https://doi.org/10.1521/jsyt.2008.27.4.75)
- 533 Bowman, A. W., & Turner, M. J. (2022). When time is of the essence: The use of rational emotive  
534 behavior therapy (REBT) informed single-session therapy (SST) to alleviate social and golf-  
535 specific anxiety, and improve wellbeing and performance, in amateur golfers. *Psychology of*  
536 *Sport and Exercise*, 60, 102-167. [doi:10.1016/j.psychsport.2022.102167](https://doi.org/10.1016/j.psychsport.2022.102167).
- 537 The British Psychological Society (2017) *Cycle of professional practice* (BPS Professional Practice  
538 Guidelines 1.2). Retrieved from <https://www.bps.org.uk/news-and-policy/practice-guidelines>.
- 539 Cameron, C. (2007). Single session and walk-in psychotherapy: A descriptive account of the  
540 literature. *Counseling & Psychotherapy Research*, 7, 245-249.  
541 [doi:10.1080/14733140701728403](https://doi.org/10.1080/14733140701728403)
- 542 Campbell, A. (2012). Single-session approaches to therapy: Time to review. *Australia & New*  
543 *Zealand Journal of Family Therapy*, 33, 15-26. [doi:10.1017/aft.2012.3](https://doi.org/10.1017/aft.2012.3)
- 544 Cooper, M., & McLeod, J. (2010). Pluralism: Towards a new paradigm for therapy. *Therapy*  
545 *Today*, 21(9), 10-14  
546 [https://static1.squarespace.com/static/596f25c2725e25fb89b3a6f4/t/5c541514eb393164fddb2](https://static1.squarespace.com/static/596f25c2725e25fb89b3a6f4/t/5c541514eb393164fddb2225/1549014293962/2010+pluralism+TT.pdf)  
547 [225/1549014293962/2010+pluralism+TT.pdf](https://static1.squarespace.com/static/596f25c2725e25fb89b3a6f4/t/5c541514eb393164fddb2225/1549014293962/2010+pluralism+TT.pdf)
- 548 Collard, J. (2023). Cognitive-Behavioural Therapy (CBT). In *Applying Cognitive Behavioural*  
549 *Therapeutic Approaches in Sport* (pp. 5-25). Routledge.
- 550 Cotterill, S. (2010). Pre-performance routines in sport: Current understanding and future  
551 directions. *International review of sport and exercise psychology*, 3(2), 132-153.  
552 [doi:10.1080/1750984X.2010.488269](https://doi.org/10.1080/1750984X.2010.488269)
- 553 De Shazer, S., Berg, I. K., Lipchik, E. V. E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner

- 554 Davis, M. (1986). Brief therapy: Focused solution development. *Family process*, 25(2), 207-221.  
555 [doi:10.1111/j.1545-5300.1986.00207.x](https://doi.org/10.1111/j.1545-5300.1986.00207.x)
- 556 De Shazer, S., & Dolan, Y. (2012). *More than miracles: The state of the art of solution-focused brief*  
557 *therapy*. Routledge.
- 558 Dozois, D. J. (2010). Understanding and enhancing the effects of homework in cognitive-behavioral  
559 therapy. *Clinical Psychology: Science and Practice*, 17(2), 157-161. [doi:10.1111/j.1468-](https://doi.org/10.1111/j.1468-2850.2010.01205.x)  
560 [2850.2010.01205.x](https://doi.org/10.1111/j.1468-2850.2010.01205.x)
- 561 Dryden, W. (2016). *When time is at a premium: Cognitive-behavioural approaches to single-session*  
562 *therapy and very brief coaching*. Rationality publications
- 563 Dryden, W. (2017). *Single-session integrated CBT (SSI-CBT): Distinctive features*. Taylor & Francis.
- 564 Dryden, W. (2018). *Single-Session Therapy (SST): 100 Key Points and Techniques*. Routledge.
- 565 Dryden, W. (2019). *Single-session therapy: Distinctive features*. Routledge.
- 566 Ellis, A. (1957). Rational psychotherapy and individual psychology. *Journal of*  
567 *Individual Psychology*, 13, 38-44.
- 568 Giges, B., & Petitpas, A. (2000). Brief contact interventions in sport psychology. *The Sport*  
569 *Psychologist*, 14, 176–187. [doi:10.1123/tsp.14.2.176](https://doi.org/10.1123/tsp.14.2.176)
- 570 Hardy, J., Oliver, E., & Tod, D. (2008). A framework for the study and application of self-talk within  
571 sport. In *Advances in applied sport psychology* (pp. 47-84). Routledge.
- 572 Harris, R. (2019). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*.  
573 New Harbinger Publications.
- 574 Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An*  
575 *experiential approach to behavior change*. New York, NY: Guilford Press.
- 576 Hemmings, B., & Holder, T. (2013). *Applied sport psychology: A case-based approach*. John Wiley  
577 & Sons.
- 578 Henriksen, K., Diment, G., & Hansen, J. (2011). Professional philosophy: Inside the delivery of sport  
579 psychology service at team Denmark. *Sport Science Review*, 1-2, 5-21. [doi:10.2478/v10237-](https://doi.org/10.2478/v10237-011-0043-6)  
580 [011-0043-6](https://doi.org/10.2478/v10237-011-0043-6)

- 581 Hoyt, M. F. (2018). Single-session therapy: Stories, structures, themes, cautions, and prospects.  
582 In *Single-Session Therapy by Walk-In or Appointment* (pp. 155-174). Routledge.
- 583 Hoyt, M. F., Young, J., & Rycroft, P. (2020). Single session thinking 2020. *Australian and New*  
584 *Zealand Journal of Family Therapy*, 41, 218-230. [doi:10.1002/anzf.1427](https://doi.org/10.1002/anzf.1427)
- 585 Hymmen, P., Stalker, C., & Cait, C. (2013). The case for single-session therapy: Does the empirical  
586 evidence support the increased prevalence of this service delivery model? *Journal of Mental*  
587 *Health*, 22, 60-71. [doi:10.3109/09638237.2012.670880](https://doi.org/10.3109/09638237.2012.670880)
- 588 Keegan, R. (2015). *Being a sport psychologist*. Macmillan International Higher Education.
- 589 Lazarus, A. A. (1977). Towards an egoless state of being. In A. Ellis & R. Grieger (Eds.), *Handbook*  
590 *of rational-emotive therapy*. New York, NY: Springer Publishing Company.
- 591 Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.
- 592 Ludlam, K. E., Butt, J., Bawden, M., Lindsay, P., & Maynard, I. W. (2016). A strengths-based  
593 consultancy approach in elite sport: Exploring super-strengths. *Journal of Applied Sport*  
594 *Psychology*, 28(2), 216-233. [doi:10.1080/10413200.2015.1105881](https://doi.org/10.1080/10413200.2015.1105881)
- 595 McLeod, J. (2018). *Pluralistic therapy: Distinctive features*. Routledge.
- 596 Mack, R. J., Breckon, J. D., O'Halloran, P. D., and Butt, J. (2019). Enhancing athlete engagement in  
597 sport psychology interventions using motivational interviewing: a case study. *Sport*  
598 *Psychologist*. 33, 159–168. doi:10.1123/tsp.2018-0053
- 599 McKergow, Mark. (2021). *The next generation of solution focused practice: Stretching the world for*  
600 *new opportunities and progress*. Routledge.
- 601 Moore, L. J., Vine, S. J., Wilson, M. R., & Freeman, P. (2015). Reappraising threat: How to optimize  
602 performance under pressure. *Journal of sport and exercise psychology*, 37(3), 339-343.  
603 [doi:10.1123/jsep.2014-0186](https://doi.org/10.1123/jsep.2014-0186)
- 604 Moran, A., Guillot, A., MacIntyre, T., & Collet, C. (2012). Re-imagining motor imagery: Building  
605 bridges between cognitive neuroscience and sport psychology. *British Journal of*  
606 *Psychology*, 103(2), 224-247. [doi:10.1111/j.2044-8295.2011.02068.x](https://doi.org/10.1111/j.2044-8295.2011.02068.x)
- 607 Murphy, S. M., & Martin, K. A. (2002). The use of imagery in sport. In T. S. Horn (Ed.), *Advances in*  
608 *sport psychology* (pp. 405–439). Human Kinetics.

- 609 Normand, M. P. (2016). Less is more: Psychologists can learn more by studying fewer  
610 people. *Frontiers in psychology*, 7, 934. [doi:10.3389/fpsyg.2016.00934](https://doi.org/10.3389/fpsyg.2016.00934)
- 611 Page, J., & Thelwell, R. (2013). The value of social validation in single-case methods in sport and  
612 exercise psychology. *Journal of Applied Sport Psychology*, 25(1), 61-71.  
613 [doi:10.1080/10413200.2012.663859](https://doi.org/10.1080/10413200.2012.663859)
- 614 Perkins, R. (2006). The effectiveness of one session of therapy using a single-session therapy  
615 approach for children and adolescents with mental health problems. *Psychology and  
616 Psychotherapy: Theory, Research and Practice*, 79(2), 215-227.  
617 [doi:10.1348/147608305X60523](https://doi.org/10.1348/147608305X60523)
- 618 Pitt, T., Thomas, O., Lindsay, P., Hanton, S., & Bawden, M. (2015). Doing sport psychology briefly?  
619 A critical review of single session therapeutic approaches and their relevance to sport  
620 psychology. *International Review of Sport and Exercise Psychology*, 8(1), 125-155.  
621 [doi:10.1080/1750984X.2015.1027719](https://doi.org/10.1080/1750984X.2015.1027719)
- 622 Pitt, T., Thomas, O., Hanton, S., & Cropley, B. (2023) Brief and Single-Session Therapy.  
623 In *Routledge Handbook of Applied Sport Psychology* (pp. 145-153). Routledge.
- 624 Pitt, T., Thomas, O., Lindsay, P., Hanton, S., & Bawden, M. (2020). A Framework of Single-Session  
625 Problem-Solving in Elite Sport: A Longitudinal, Multi-Study Investigation. *Frontiers in  
626 Psychology*, 11, 3208. [doi:10.3389/fpsyg.2020.566721](https://doi.org/10.3389/fpsyg.2020.566721)
- 627 Pugh, M. (2018). Cognitive behavioural chairwork. *International Journal of Cognitive  
628 Therapy*, 11(1), 100-116. [doi:10.1007/s41811-018-0001-5](https://doi.org/10.1007/s41811-018-0001-5)
- 629 Ratner, H., George, E., & Iveson, C. (2012). *Solution focused brief therapy: 100 key points and  
630 techniques*. Routledge.
- 631 Slive, A., McElheran, N., & Lawson, A. (2008). How brief does it get? Walk-in single session  
632 therapy. *Journal of Systemic Therapies*, 27, 5–22. [doi:10.1521/jsyt.2008.27.4.5](https://doi.org/10.1521/jsyt.2008.27.4.5)
- 633 Talmon, M. (1990). *Single-session therapy: Maximizing the effect of the first (and often only)  
634 therapeutic encounter*. Jossey-Bass.
- 635 Turner, M. J., Jones, M. V., & Wood, A. G. (2023). *Applying Cognitive Behavioural Therapeutic  
636 Approaches in Sport*. Taylor & Francis.

637 Wood, A. G., Barker, J. B., & Turner, M. J. (2017). Developing performance using rational emotive  
638 behavior therapy (REBT): A case study with an elite archer. *The Sport Psychologist*, 31(1),  
639 78-87. [doi:10.1123/tsp.2015-0083](https://doi.org/10.1123/tsp.2015-0083)

640 Wood, A., Mack, R. & Turner, M. Developing Self-determined Motivation and Performance with an  
641 Elite Athlete: Integrating Motivational Interviewing with Rational Emotive Behavior  
642 Therapy. *J Rat-Emo Cognitive-Behav Ther* 38, 540–567 (2020). [doi:10.1007/s10942-020-](https://doi.org/10.1007/s10942-020-00351-6)  
643 [00351-6](https://doi.org/10.1007/s10942-020-00351-6)

644 Wood, A. G., & Turner, M. J. (2020). Rational Emotive Behaviour Therapy and Soccer. In *The*  
645 *Psychology of Soccer* (pp. 44-59). Routledge.

646 Young, K., Dick, M., Herring, K., & Lee, J. (2008). From waiting lists to walk-in: Stories from a  
647 walk-in therapy clinic. *Journal of Systemic Therapies*, 27(4), 23–39.  
648 [doi:10.1521/jsyt.2008.27.4.23](https://doi.org/10.1521/jsyt.2008.27.4.23)

649 Young, J., & Dryden, W. (2019). Single-session therapy—past and future: An interview. *British*  
650 *Journal of Guidance & Counselling*, 47(5), 645-654.

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667 Table 1: Scenarios where Sport Psychologists may need to apply SSI-CBT

|            |   |
|------------|---|
| Scenario 1 | An athlete approaches their team's SP the day of an important competition asking for advice in preparation for the event. They have never previously engaged with the SP up until now but are looking for something they can use now.   |
| Scenario 2 | An athlete seeks out a private consultation with an independent SP. They have a relatively clear idea with what their immediate needs are, and they are willing to change and commit to the work. Before discussing the expected timeframe of support with the SP, they are expecting to take something away from the first session that they can put into practice now. If the session proves useful, they may return for more sessions. |
| Scenario 3 | A coach refers their star athlete to the team's SP. They are experiencing a slump, and the pressure is on for the athlete to re-discover their form so they can support the rest of the team as soon as possible.   |
| Scenario 4 | A university sports scholars academy has limited funding available. There is not enough room in the budget for all their athletes to receive ongoing one-to-one support from a SP.  |
| Scenario 5 | A player requests to speak with the SP shortly after a training session to help resolve a one off issue that has arisen (e.g., an argument between the player and their coach).   |

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686 Table 2: Scenarios where sport psychologists may fail to address immediate needs

|            |   |
|------------|---|
| Scenario 1 | The SP tells a prospective client that they will not provide solutions within the first session, and that multiple sessions and ongoing work are needed to for relationship building and to provide a ‘true’ impact. The prospective client declines working with the SP, as they want to address their problem NOW and do not have the time or financial support to fund multiple sessions.  |
| Scenario 2 | The coach who referred their athlete to the team SP learns that no solutions have been implemented in time for the next match – despite this being an explicit request (although this may not always be the best way of utilising the SP’s expertise). Progress is too slow and the coach questions the effectiveness and the role of the SP within the organisation, and their ability to achieve results within a high-performance environment. |
| Scenario 3 | Client and SP agree to work together, but with mismatched expectations. The client leaves disappointed, as they have not taken away anything from the session or had their immediate needs met. They decline any further sessions. The SP leaves the session having collected a comprehensive amount of data about the client’s history and presenting problem, to never meet with the client again.  |

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706 Table 3.1: A hypothetical example of SSI-CBT application in practice, which includes similar core  
 707 questions, themes pertaining to intervention phase, but different CBT components.

| Phase of intervention            | Case study  |
|----------------------------------|---|
| Assess criteria for SSI-CBT      | Approached by an athlete after a training session a few days before an important competition. They want to have a 'better mindset' when they compete, and think they are putting themselves under too much pressure to perform. The athlete is motivated and ready to change with your help and advice.   |
| Establish realistic expectations | <b>SP</b> - "Ok, let's see what we can do now to help point you in the right direction. We can talk about this more after the match tomorrow if you want to do some more work on it"  |
| Identify a working focus         | <b>SP</b> - "So, what are your best hopes for our session today? How would you know if this conversation had been useful for you?"<br><b>Athlete</b> - "I'd be putting less pressure on myself."<br><b>SP</b> - "And what difference would that make?"<br><b>Athlete</b> - "I guess I'd play with more freedom and be less afraid of making mistakes"<br><b>SP</b> - "So how about we look into developing a more helpful mindset, that'll help you play with more freedom and be less afraid of making mistakes?"<br><b>Athlete</b> - "Yeah let's do that."  |
| Delivering an intervention       | <b>SP</b> - So I'm going to present you with two statements, and I want you to tell me which one you believe in the most when you are about to perform. (1) I <i>must</i> perform to the best of my ability; and (2) I <i>want</i> to perform to the best of my ability, but this doesn't mean that I <i>must</i> .<br><b>Athlete</b> - Oh definitely the first one.<br><b>SP</b> - And would you say that you feel most pressure when you are believing strongly in that statement?<br>Athlete - Yes.<br><b>SP</b> - What's the difference between statement 1 and 2?<br><i>SP and athlete then proceed to discuss how belief 1 is rigid and belief 2 is more flexible, the merits of adopting the second belief over the first, and what actions and behaviours would be consistent with the second belief.</i> |
| Solution rehearsal               | <b>SP</b> - "So can you just walk me through what you're going to do tomorrow that will be consistent with that second belief?"<br><b>Athlete</b> - "I'll be relaxed during the warmup and talk more to my team-mates and coaches. My body language will be more positive, and I'll brush off mistakes quickly."<br><b>SP</b> - "and how will you do that?"<br><b>Athlete</b> - "I'll be able to remember that playing well is important to me, but not a must have. As I put my boots on, I'll remember why I play in the first place to give me that perspective, and I'll just focus on enjoying the game.""   |
| Closing the session              | <b>SP</b> - "What would you say you've taken away from our session today? What might you be able to start doing differently?"   |

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**Athlete** – “I’ll start being less hard on myself and I’ll try and think more flexibly. Telling myself that I ‘must’ play well just isn’t helpful”

**SP** – Take some time to have a think about we’ve talked about, see how tomorrow goes, and let me know if you want to talk again about this and do some more work on it if you think that’ll be helpful.

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735 Table 3.2: A hypothetical example of SSI-CBT application in practice, which includes similar core  
736 questions, themes pertaining to intervention phase, but different CBT components

| Phase of intervention            | Case study  |
|----------------------------------|---|
| Assess criteria for SSI-CBT      | Approached by an athlete after a training session before an important competition. They are feeling nervous and want to some advice on how manage their nerves before the event. The athlete is motivated and ready to change their behaviour with your help and advice.  |
| Establish realistic expectations | “Ok, lets see what we can do now to help point you in the right direction. We can talk about this more after the event tomorrow if you want to do some more work on it”   |
| Identify a working focus         | <b>SP</b> - “So, what would you like to walk away from this conversation with?<br><b>Athlete</b> - “Something to help me control my nerves before the match tomorrow.”  |
| Negotiate the working focus      | <b>SP</b> - “So let’s look into a way of managing your nerves a bit better tomorrow. We might not be able to get rid of them completely between now and tomorrow, but we can look into what you might be able to do now to help manage them a bit better if that is good with you?”<br><b>Athlete</b> - “Yeah let’s do that.”   |
| Delivering an intervention       | <b>SP</b> - “When you notice yourself feeling nervous, do any thoughts start to go through your mind?”<br><b>Athlete</b> - “I think: This is bad, I need to get rid of these feelings, I’m not going to play well if I’m feeling this nervous”<br><b>SP</b> - “Ok, so what I’m hearing is you react quite negatively to those initial feelings of nervousness. What happens to those feelings over time the more you think about them?”<br><b>Athlete</b> - “They just get worse and worse.”<br><b>SP</b> - “Yeah, the more you tell yourself, ‘these feelings are bad’ the worse they get!”<br><b>Athlete</b> - Yeah that’s right.<br><b>SP</b> - So what if those nerves were actually not something you needed to worry about so much in the first place? When our heart rate increases, that’s our body getting ready to perform by pumping out blood to our limbs. If we didn’t feel nervous before an important event, it would probably be a sign that we <i>weren’t</i> ready. So, one way of managing your nerves a bit better might be to just view them in a more helpful way.<br><b>Athlete</b> - Ok that makes sense, how can I do that?<br><b>SP</b> - When you first notice those nerves start to appear before the match tomorrow, take a second to remind yourself that this is a positive sign. It’s your body getting itself ready to perform! |
| Encouraging what works           | <b>SP</b> - “Have there been any times when you have felt nervous before a big match but been able to manage those nerves effectively?”   |

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|---------------------|--|
|                     | <p><b>Athlete</b> – “Yeah, there was this one time last season, where I was really nervous before the start of a match but I actually went on to play really well.”</p> <p><b>SP</b> – “Ok great, how did you do that?”</p> <p><b>Athlete</b> – “I guess it helped that I made a good start to the match. I completed some key plays early on and that settled me down”</p> <p><b>SP</b> – Ok, so by focusing on making a good start to the game that helped you focus on what was important. What’s 3 things will help you make a good start and settle into the match early tomorrow?”</p> |
| Solution rehearsal  | <p><b>SP</b> – “So can you just walk me through what you’re going to do tomorrow?”</p> <p><b>Athlete</b> – “When I first notice those nerves, around the time a get on the team bus, I’ll just tell myself ‘this is good, I’m ready’”</p>  |
| Closing the session | <p><b>SP</b> – “What would you say you’ve taken away from our session today? What might you be able to start doing differently?”</p> <p><b>Athlete</b> – “To not judge my feelings so quickly. I’ll start viewing my pre-match nerves a bit more positively.”</p> <p><b>SP</b> – Take some time to have a think about we’ve talked about, see how tomorrow goes, and let me know if you want to talk again about this and do some more work on it if you think that’ll be helpful.</p>   |

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754 Table 4: Comparison of goals, objectives, and priorities of traditional CBT vs. SSI-CBT

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| <b>Traditional CBT</b>   | <b>SSI-CBT</b>  |
|--|---|
| Ask the athlete what their long-term goals are   | Ask athlete how you might best help them <i>today</i>   |
| Conduct comprehensive intake and needs analysis (e.g. Sport Clinical Intake Protocol; (Taylor & Schneider, 1992)     | Focus on athlete's presenting problem and/or desired outcome  |
| Draw up a 'problem list'   | Address the athlete's presenting problem or the problem they are most ready and willing to address now                            |
| Develop an understanding of precipitating and perpetuating factors   | Develop awareness of positives, exceptions to the problem, and instances where the athlete's goal is/has been achieved            |
| Develop trust and rapport by taking time to listen and build a relationship  | Develop trust and rapport by offering to help the athlete in the best way you can now at their point of need                      |
| Focus on what you think the 'real problem' is as the practitioner and expert, and motivate the athlete to address it | Use the athlete's frame of reference, what they think the problem is, and address what they are ready and motivated to change now |
| Encourage the athlete to learn and practice new skills and techniques  | Encourage the athlete to use their own strengths and resources, and what has worked for them before                               |
| Develop a comprehensive change in thinking patterns and behaviours over multiple sessions                            | Point the athlete in the right direction, often with just one small change they are motivated to make                             |
| Measure long-term efficacy of the intervention using multiple sources of objective and subjective feedback           | Ask the athlete whether the single session was useful and whether the ends justified the means                                    |
| Give the athlete homework to be completed after/in between sessions  | Ask the athlete what they have taken away from the session and can start doing/using now  |