Using a Case Formulation Approach in Sport Psychology Consulting

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Providing effective sport psychology services requires practitioners to conceptualize the unique issues and concerns of each individual athlete. However, collecting information on the athlete, understanding the athlete’s issues and needs, and determining how to best assist the athlete can be a complex process. Thus, this article outlines a case formulation approach to help the sport psychology consultant assess the athlete, organize and conceptualize assessment data, classify the athlete’s issues, and choose interventions that directly target those factors that are impeding the athlete’s progress in athletics or other life domains. Two case examples are provided to illustrate the case formulation process.

Providing high-level care to athletes requires the practitioner to make correct decisions regarding the best intervention to meet the needs of the individual athlete. Yet, interventions cannot be thoughtfully chosen and successfully implemented without truly understanding the athlete, what brings him or her to consultation, and where to focus intervention efforts. As all forms of human behavior, including athletics, result from a complex interplay of person-situation interactions, the sport psychology practitioner is charged with understanding numerous athlete characteristics, including individual skill sets, dispositional characteristics, and the situational demands that trigger that athlete’s characteristic style of being in the world and navigating life’s demands (Gardner & Moore, 2006; Hardy, Jones, & Gould, 1996; Mischel, & Shoda, 1995; Tenenbaum, 2001). Practitioners are also faced with the athlete’s thinking patterns, belief systems about the world, emotional responses, and behavioral choices that can affect both performance and other life domains. When trying to determine the best intervention to meet the athlete’s specialized needs, these competing pieces of information can at times be overwhelming to
the practitioner, and organizing and conceptualizing this information can be both confusing and daunting.

To assist practitioners in this process, this article presents a case formulation approach to sport psychology consulting, which is designed to help the practitioner organize and manage case material collected during the assessment process and which subsequently helps determine the right interventions to meet the athlete’s needs. While other approaches conceptualize athletes according to more educational models (e.g., Poczwardowski, Sherman, & Henschen, 1998), the case formulation approach presented herein takes a more holistic approach. By more effectively obtaining relevant client information (through personal interview, behavioral observation, and possible psychometric evaluation), organizing and conceptualizing this information into meaningful hypotheses, and classifying the athlete’s issues according to the Multilevel Classification System for Sport Psychology (MCS-SP; Gardner & Moore, 2004b) to assist in intervention planning, the practitioner can make confident decisions about the primary needs of the athlete and can make accurate intervention choices.

Assessing the Athlete

The process of case formulation presented herein begins with a thorough and comprehensive assessment of the athlete, which has been encouraged by numerous sport psychology professionals (Andersen, 2000; Bond, 2001; Leahy, 2001; Tenenbaum, 2001). While some practitioners may respectfully assert that collecting comprehensive data is beyond the scope of their specific professional roles (Halliwell, 1990; Ravizza, 1990), other authors have suggested the need for practice models that adopt a more comprehensive and holistic approach to athletes, “...not simply directed towards the traditional psychological skills training models promoted in the past primarily by North American Universities” (Bond, 2001, p. 218). In contrast to previous approaches to assessment noted in the sport psychology literature, such as performance profiling (Butler & Hardy, 1992), the assessment process suggested herein differs in the scope of characteristics being considered and includes a thorough evaluation of basic psychological dispositions and processes, which may or may not be “sport-specific.”

Although it is tempting to hear the word “assessment” and think only of long self-report inventories that evaluate severe psychopathology, it is important to note that we use the term “assessment” to include much more than just the use of self-report psychological inventories. We use the term “assessment” to represent all forms of data collection, including personal interview, behavioral observation (such as watching a practice), and the possible but not mandatory use of self-report measures. Nonetheless, we recognize that there are multiple beliefs about the need and/or benefit of various forms of assessment, particularly the use of self-report inventories. Some have posited that due to consulting time limitations and anecdotal reports suggesting that athletes prefer to not complete these types of instruments, psychometric assessment should be avoided (Halliwell, 1990; Ravizza, 1990). Others suggest that questionnaires that target a variety of relevant constructs are in fact useful for the practitioner and acceptable to the athletes if the purpose is
thoroughly explained (Beckmann & Kellmann, 2003; Gardner, 2001; Morris & Thomas, 1995). It is also understood that many sport psychology consultants are not licensed to utilize a number of psychological inventories. These are certainly difficult professional issues that require careful consideration and discussion. Despite these issues, comprehensive assessment (with or without psychometric tests) is optimal to truly understand the athlete and his or her specific needs. This has been supported by several sport psychologists, noting that the athlete’s initial presenting issue is often not the issue at all, and that over time, the athlete often reports issues beyond simple performance concerns (Bauman, 2000; Bond, 2001; Eyal, 2001).

Ultimately, professionals will make their own determination about the nature of the assessment process and will make personal decisions based on their unique roles, education, training, and beliefs. Regardless of the specific approach to assessment that one chooses, an exploration of physical, situational, intrapersonal, interpersonal, attentional, and behavioral factors involved in the presenting issue promotes a thorough understanding of the athlete, his or her athletic performance, and his or her overall life functioning. Despite varying styles, several key content areas to cover during the assessment process can be recommended in order to gain a full picture of the athlete’s personal characteristics, sport-specific demands, and intervention needs. A comprehensive assessment process typically includes the following:

- A thorough interview process possibly including coaches and parents, behavioral observation of practices and competition, and the use of carefully selected psychometric measures as needed. For a detailed list of psychometric measures, readers are referred to Gardner and Moore (2006).
- A functional analysis (i.e., understanding of the connection between triggering events, the athlete’s responses, and reinforcement contingencies). The functional analysis essentially details the who, what, when, where, why, how, how much, and how often surrounding the presenting issues. This evaluation helps clarify the environmental triggers, personal dispositional variables, problematic emotional and behavioral responses, and maintaining factors that impact the athlete’s world.
- An understanding of the psychological and behavioral processes that are directly related to the referral issue. It is essential to remember that the goal of an intervention is not to treat or eliminate classifications or even end-point behaviors in and of themselves. Instead, the goal should be to provide interventions that target the processes that lead to, create, or maintain the problematic behavior or situation.

In our experience, the initial interview with an athlete typically takes about one hour, and during this time, substantial personal and sport-specific data is collected. Yet, case material is meaningless unless it is organized in a manner that allows for a thorough understanding of the athlete, his or her unique situation, and his or her specific needs. Therefore, once assessment data is obtained, the next step in the case formulation process is the organization and conceptualization of the relevant case material.
Organizing and Conceptualizing Assessment Material

Once the practitioner has determined the presenting issue and has collected necessary information to begin understanding the athlete’s complex world, the next step in the case formulation process is the organization and conceptualization of the data into a set of meaningful hypotheses. We have found that once relevant information is obtained, it is helpful to organize and conceptualize this data into nine specific elements (noted on the Case Formulation Data Form in the case examples to follow). These elements include contextual performance demands; skill level; situational demands; transitional, developmental, and psychosocial stressors; performance and nonperformance schemas; attentional focus; cognitive processes; affective responses; and behavioral responses. When the practitioner can describe these elements of the athlete’s experience, the practitioner has likely developed a sound understanding of the athlete.

Contextual Performance Demands, Skill Level, and Situational Demands

These first three elements are separate yet clearly interrelated factors that form the foundation of the person-situation interaction noted previously. Contextual performance demands refer to the athlete’s level of competitive activity and the performance demands inherent in that athletic enterprise. For example, professional sports place a very different demand upon an individual athlete than a Division III Collegiate program, which in turn differs substantially from an elite youth travel team, and so on. This is important to know, as changes in performance demands or demands that require greater skill than the athlete possesses can lead to possible performance difficulties, excessive self-critique, and disrupted attention.

Contextual performance demands in turn intersect with the athlete’s skill level to impact performance in a highly individualized way. Here, it is important to assess both the athlete’s performance history and development and current skill level to determine if the athlete is currently functioning according to expectations and ability level. Typically, the athlete’s skills are developed to the point where he or she is generally able to handle the contextual performance demands that arise. For instance, a Division II freshman point guard, with the typical skill level of a Division II freshman, will be able to perform at or near his expected level, and as such, he or she will experience an appropriate intersection between contextual performance demands and athletic skill level. However, when adding relevant situational demands to this combination, the intersection takes an even more individualized and unique shape. Adding to the above example, a situational demand would be thrusting this freshman point guard into a starting role due to a teammate’s injury. This athlete will then face a very different set of demands upon his performance than he or she would under normal circumstances. Additional situational demands may include playing for a team with a high preseason performance expectation, injuries to self or teammates resulting in a modified role, challenges to the athlete’s interpersonal fit within the organization, the presence of a new coach, and many other situations and events.
Psychological Characteristics

Naturally, the intersection of the first three elements discussed above will be affected by the athlete’s unique psychological characteristics. These psychological characteristics are represented in elements 4-8. The fourth element helpful in conceptualizing the athlete includes transitional, developmental, and psychosocial stressors. Here, the practitioner considers the impact of issues such as moving away from home, a problematic romantic relationship, family difficulties, financial stress, or significant personal loss. The fifth element includes the performance and nonperformance schemas held by the athlete. Schemas are learned cognitive processes developed over repeated experiences that form the template by which individuals appraise and interpret the world (Gardner & Moore, 2006; Young, Klosko, & Weishaar, 2003). For athletes, these cognitive schemas can develop in the performance domain, such as extreme sport perfectionism, fear of failure, and self-perceptions of inadequacy or can be unrelated to performance, such as viewing the self as unlovable or vulnerable or believing that rejection and disappointment are inevitable.

The athlete’s attentional focus is the sixth important element to consider. Recent models of athletic and other performance domains such as social, test, and sexual performance have implicated attentional processes as critical to functional and dysfunctional human performance (Barlow, 2002; Gardner & Moore, 2004a; Gardner & Moore, 2006; Harvey, Watkins, Mansell, & Shafran, 2004). As such, consideration of such processes is helpful in understanding the intrapersonal elements of both personal and performance issues. In particular, it appears that task-focused attention is related to optimal performance, whereas self-focused attention is related to dysfunctional performance across numerous performance domains (Barlow, 2002; Harvey et al., 2004). These data are consistent with findings in the sport psychology literature suggesting that high performers have less verbal linguistic engagement, as measured by neurohemispheric activity, than lower performing athletes (Crews & Landers, 1993; Janelle et al., 2000).

To determine attentional processes and their relative contribution to performance, questions to consider include the following:

- Is the athlete fully engaged in the present moment of competition or is he or she excessively concerned about personal performance, the possibility of failure, or surrounding events?
- Is the athlete anxious, angry, or sad, and if so, does he or she view experiencing these emotions as problematic?
- Do efforts at monitoring or controlling internal experiences such as thoughts or emotions predominate over focus on sport-related external cues and contingencies?

The seventh element to consider includes the athlete’s cognitive responses to performance and nonperformance stimuli. Relevant cognitive content can include the athlete’s automatic thoughts when things are going badly and when confronted with frustration and disappointment. The last psychological element (element eight) includes the athlete’s affective responses, which include the athlete’s emotions in relevant situations and characteristic style of emotion processing. Emotion processing patterns can be healthy (such as the clear and brief expression of emotion) or
unhealthy (such as the over utilization of experiential avoidance to regulate negative emotion; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

**Behavioral Responses**

The athlete’s overt *behavioral response* pattern to competition is the ninth and final element that is helpful for understanding the athlete and his or her athletic performance. Each athlete has characteristic cognitive and affective responses. This cognitive-affective response pattern, which we will refer to as the athlete’s internal experience, is triggered by various life situations, including performance. The athlete’s behavioral responses to these internal experiences and the consequences of these behaviors are thus important to consider. In essence, the consultant seeks to understand the relationship between thoughts, emotions, behaviors, and consequences. Frequently, *feeling better* is the athlete’s first stated goal, and it is often thought that feeling better is a requirement for enhanced functioning; however, quite often, improved functioning can occur in spite of feeling badly, which in turn may secondarily result in improved emotional states (Gardner & Moore, 2004a). For this reason, it is helpful for both adaptive and maladaptive behaviors to be identified and understood. As suggested by Murphy and Tammen (1998), the practitioner is also encouraged to assess specific behavioral responses to practice and nonsport life domains to determine if certain behaviors need to be enhanced or reduced.

To understand the athlete and determine his or her individual needs, we suggest that the practitioner consider each of these nine elements in both the sport and nonsport context. It is also useful to recognize that the nine elements presented above are interactive. For example, athletic behaviors presented in the context of a desire for better speed times, better shooting percentage, better golf scores, etc. should be understood and considered within the context of skill level before planning an intervention. In turn, it is typically *after* the fit between performance goals and skill level is carefully considered that the practitioner can understand the contribution of psychological factors to performance issues.

For example, consider the athlete whose skill development suggests that he or she is one of the least talented members of his or her team, and whose core cognitive schema involves issues of personal competence resulting in dysfunctional perfectionism. If this athlete is also required to play for a demanding and harsh coach, he or she will likely respond to performance demands quite differently than if he or she plays for a more positive and supportive coach. As each athlete will experience his or her own unique interaction between skill level, external demands, and personal characteristics, the practitioner is therefore encouraged to examine this interaction prior to intervening.

**Classifying Athlete Issues**

As stated previously, case formulation is a sequential process that includes data collection, data organization and conceptualization, and classification for intervention planning. After athlete data has been collected through personal interview, behavioral observation, and possible brief psychometric evaluation, and this data has been organized and conceptualized into the nine elements described in the previous section, classifying the athlete’s issues based on the Multilevel Classification
System for Sport Psychology (MCS-SP; Gardner & Moore, 2004b) can help guide appropriate intervention decisions.

The MCS-SP is a structured system for understanding, conceptualizing, and classifying the myriad of athlete issues and concerns facing the sport psychology consultant and has recently garnered initial support for its use in research and practice (Gardner & Moore, 2006; Gardner, Wolanin, & Moore, 2005; Hack, 2005; Wolanin, 2005). The MCS-SP organizes athlete issues and concerns into one of four categorical classifications, which are Performance Development, Performance Dysfunction, Performance Impairment, and Performance Termination.

**Performance Development (PD)**

The PD classification indicates an absence of significant clinical issues or subclinical psychological barriers, such as developmental, transitional, behavioral, interpersonal, or intrapersonal concerns. This is the classification that is likely to best represent most athletes seeking performance enhancement services. A classification of PD suggests that the athlete may best benefit from further development of mental skills.

**Performance Dysfunction (Pdy)**

The Pdy classification indicates the presence of subclinical issues, often referred to as psychological barriers (Giges, 2000), such as developmental, interpersonal, intrapersonal, and/or transitional issues that negatively affect the athlete and in turn affect athletic performance. A classification of Pdy suggests that the primary or initial intervention would be counseling to ameliorate the subclinical barriers impeding performance and overall life functioning. Although performance is likely to improve naturally once the subclinical barriers are lifted, the development of mental skills can be a secondary or adjunctive intervention.

**Performance Impairment (PI)**

The PI classification indicates the presence of clear clinical issues such as depression, anxiety disorders, drug abuse, etc., significant emotional distress, and/or behavioral dysregulation, which lead to impairment in at least one major life domain. A classification of PI suggests that psychological treatment is the primary intervention to overcome the clinical disorder or severe affective or behavioral experience.

**Performance Termination (PT)**

The PT classification indicates the presence of issues related to the voluntary or involuntary completion of one’s athletic career. A classification of PT suggests the need for supportive counseling for athletes adjusting normally to termination, with appropriately timed career counseling if needed. Psychotherapy is the primary intervention for those athletes with acute stress responses to termination.

When the athlete’s issues indicate a specific MCS-SP classification of PD, Pdy, PI, or PT, the MCS-SP helps the practitioner consider those interventions that are most effective for the specific problem area or need. Readers are referred to Gardner and Moore (2004b) for a full description of the MCS-SP and are referred to Gardner...
Integrating Assessment, Conceptualization, and Classification

The following section provides two vignettes to illustrate the case formulation process from data collection, to organization and conceptualization, to MCS-SP classification. These vignettes are based upon actual cases, yet specific identifying information has been altered to protect the identity and privacy of the athletes. These cases reflect common sport psychology referrals and will identify some of the particular issues that are important to address.

Case Formulation Example for Performance Development (PD)

Victor, a 28-year-old professional tennis player, is having difficulty achieving what he believes to be his “full potential” in tennis, and is seeking sport psychology services to improve his current level of performance. He recognizes that mental factors are important contributors to success and believes that he needs help in order to maintain concentration and recover more rapidly from performance errors. When examining his performance history, it is clear that Victor has not only been at the same level of performance for several years, but has also failed to attain the level of performance expected of him some years ago. The Symptom Checklist-90-Revised (SCL-90; Derogatis, 1983), a brief (15 min) self-report measure of psychological distress, was used to consider the possible presence of clinical difficulties. His score is well within normal limits and confirmed the interview impression of a psychologically healthy adult. He does not demonstrate any significant interpersonal or intrapersonal concerns, his general life circumstance is stable, and he reports functioning well in social, familial, and recreational domains.

In this vignette, the case formulation model begins with a careful analysis of the behavioral outcomes associated with Victor’s presenting complaint. Victor notes a general level of performance that has remained stable for a period of time. Accordingly, he has not attained the level of tennis performance that his skill level might indicate, and he has reported a loss of attentional focus following errors that have occurred during competition. Personal interview data with Victor and his coach indicate that Victor’s competitive tennis performance is substantially below his practice performance. As such, he has not been able to progress in tournament play, and his tennis career has therefore remained relatively stagnant. Although the interview data collected by the sport psychology consultant with both Victor and his coach indicate that Victor engages in appropriate amounts of practice and utilizes coaching help as needed, Victor reports not being pleased with his level of competitive performance to date.

Victor also describes getting angry when a poor shot occurs during competition. He reports becoming preoccupied with a variety of performance related thoughts at these moments. He also describes becoming highly aware of his “mechanics” when faced with competitive pressure. Victor reports that he utilizes stimulus
control techniques (i.e., precompetitive routines) to help control attention, yet has always experienced these cognitive and affective responses following poor shots. In response, he becomes distracted and then engages in frantic efforts to “concentrate” by trying to imagine the perfect mechanics and shot placement and by repeatedly telling himself to “relax.” In addition, he attempts to reduce negative emotion by utilizing distraction, such as thinking of other items in his life that require attention.

Additional psychometric assessment was proposed to Victor as a means of more fully understanding his current performance issues. Measures were selected to assess targeted psychological processes that could explain and/or elaborate on the personal interview material. Victor completed the Young Schema Questionnaire-Short Form to evaluate the presence of performance and nonperformance schemas (Young et al., 2003), the Penn State Worry Questionnaire (PSWQ) to evaluate the possible presence of dysfunctional levels of worry (Meyer, Miller, Metzger, & Borkovec, 1990), the Sport Anxiety Scale (SAS) to evaluate levels of sport related anxiety (Smith, Smoll, & Schutz, 1990), and the Acceptance and Action Questionnaire-Revised (AAQ-R) to evaluate his use of experiential avoidance to deal with unpleasant thoughts and emotions (Hayes, Strosahl, & Wilson, 1999). Total time to complete these measures was 30 min. Data suggest that Victor has a tendency to engage in mild yet persistent worry, tries to avoid the experience of negative emotions (experiential avoidance), experiences minimal sport anxiety, and holds no performance or nonperformance schemas.

From the personal interview with both Victor and his coach and psychometric data obtained in the assessment process, we can effectively organize and conceptualize the assessment data. To help in this regard, we created the Case Formulation Data Form on which relevant data can be listed in the nine domains previously described. For Victor, the Case Formulation Data Form can be completed in the following manner (identification of data source for each element is also provided):

- **Contextual Performance Demands:** Tournament competition (interview with Victor and coach).
- **Skill Development:** Skill level adequate for the desired activity. However, he has a history of tournament play that has remained fairly constant and has not matched his goals and related skill level. Utilizes coaching well (interview with Victor and coach).
- **Situational Demands:** None of significance (based on interview with Victor and coach).
- **Transitional, Developmental, and Psychosocial Stressors:** None of significance
- **Performance and Nonperformance Schemas:** None of clinical significance (Young Schema Questionnaire-Short Form).
- **Attentional Focus:** Tendency to engage in excessive self-judging, self-focused attention, and instead of being engaged in the present, he focuses on the past and the future (interview with Victor and Penn State Worry Questionnaire).
• Cognitive Responses: Frequent effort to control or suppress self-referenced negative thoughts in response to poor performance/mistakes by use of positive images and thought suppression/self-talk (interview with Victor and the Acceptance and Action Questionnaire-Revised).

• Affective Responses: Heightened affect, especially anger, in response to poor performance and mistakes (interview with Victor) with minimal levels of sport related anxiety (Sport Anxiety Scale).

• Behavioral Responses: Victor describes task disengagement by thinking about post-competitive activities and efforts to reengage in the task by exerting excessive cognitive self-control. These actions have not led to optimal performance, but have simply helped Victor feel better for the moment. Loses focus during competition (interview with Victor and coach, and behavioral observation by practitioner).

Victor’s issues are most appropriately classified as Performance Development (PD) according to the MCS-SP. A classification of Performance Development is made when the athlete’s issues are not subclinical or clinical in nature and are not primarily due to significant environmental, situational, intrapersonal, or interpersonal factors. Victor also meets PD criteria because he has already developed his athletic skills to a high level and desires more consistent performance to maximize his athletic skills.

Case Formulation Example for Performance Dysfunction (Pdy)

Lisha, a 20-year-old female volleyball player who recently transferred to an NCAA Division I program, has been referred to a sport psychology consultant due to significant reductions in performance and a reduction in practice effort. Her performance history indicates that she was a high school All-American, and she states that she had been a well-adjusted teenager, had numerous friends in high school, and is very close to her family.

During the interview, Lisha reports that since transferring schools farther from her home, she has been feeling increasingly unhappy and lacking in energy, and while she is still making adequate grades, she has withdrawn from others and has lost her passion for athletics. While she had been making excellent grades, her schoolwork has begun to deteriorate as well. In addition, Lisha reports that she has not made many friends at school and has few social supports.

When considering both engagement in practice and her competitive performance, Lisha’s athletic performance has clearly begun to deteriorate. This deterioration has also been accompanied by increasing social isolation and a reduction in academic motivation. During the interview, it became apparent that Lisha is experiencing psychological distress in response to being farther from her family and without a friend group, which is not uncommon for transfer students. Lisha also indicates that she is thinking about quitting college altogether and moving back home where she can be close to her family and high school friends.
In addition to discussing general interview topics to obtain the above information, portions of a semistructured interview known as the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; First, Spitzer, Gibbon, & Williams, 1997) were asked to determine if Lisha’s dysphoric mood was at clinical levels and if comorbid disorders were present. SCID-I findings are negative. However, her score on the Beck Depression Inventory (BDI; Beck, 1976), which takes approximately two minutes to complete, indicates that she is moderately depressed. Of significance, scores on the Young Schema Questionnaire-Short Form (Young et al., 2003) suggest the presence of cognitive schemas relating to dependency and family enmeshment, and her score on the Acceptance and Action Questionnaire-Revised (AAQ-R; Hayes et al., 1999) indicates a primary focus on her internal experiences.

From this data we can complete the following Case Formulation Data Form (identification of data source for each element is provided):

- Contextual Performance Demands: College level competition (interview with Lisha).
- Skill Development: Above average for the desired activity (interview with Lisha and coach).
- Situational Demands: Transfer to a new school farther from home (interview with Lisha).
- Transitional, Developmental, and Psychosocial Stressors: Disconnected from her primary support group (family and friends). Few friends at her new school (interview with Lisha).
- Performance and Non-performance Schemas: Schemas related to dependence and family enmeshment were noted (Young Schema Questionnaire-Short Form).
- Attentional Focus: Attentional focus not on competition or school. She is more focused on her thoughts and emotions than on athletics and schoolwork (interview with Lisha and the Acceptance and Action Questionnaire-Revised).
- Cognitive Responses: Thinking of moving home. Views schoolwork and athletics as less important than the comfort of home (interview with Lisha).
- Affective Responses: Dysphoric mood (interview with Lisha and the Beck Depression Inventory).
- Behavioral Responses: Isolating herself from others. Avoids practice and school activities. Unfocused during practice and competition (interview with Lisha and coach and behavioral observation by practitioner).

It is clear that Lisha is having a psychological response to transferring to a new school farther from her comforting home environment. Exacerbating this situation, she is having difficulties making friends at the new college, which has impeded the development of social supports. Although these changes are understandably challenging, they have also triggered pre-existing cognitive schemas that center around beliefs of her inability to effectively function without considerable help from others.
(dependence schema) and excessive emotional involvement with parents/family at the expense of full individuation (enmeshment schema). Based on these schemas of dependence and enmeshment, she is more likely to respond strongly and with increased emotion and disruptive behaviors to being far away from her supportive home environment than would the athlete without these schemas. As a result, she is experiencing decreased enjoyment in athletics and school, thus mediating an increase in negative emotions. Due to these increased negative emotions, she spends excessive time focusing on how bad she feels rather than focusing on athletics, schoolwork, and social development. As such, she is no longer interested in what once made her happy and is instead more motivated to immediately reduce her dysphoric mood.

Although there are dispositional factors in the form of cognitive schemas that make Lisha vulnerable to the external stressors that she has been experiencing, the primary and direct triggers of her schemas are the external/transitional aspects of transferring to a college farther from home and away from those on whom she has depended. Thus, the MCS-SP classification most appropriate in this case is Performance Dysfunction (Pdy). As a reminder, when the practitioner determines that the athlete’s performance concerns are largely due to environmental, transitional, situational, intrapersonal, or interpersonal factors, and there are no debilitating clinical concerns, a classification of Performance Dysfunction is made. Specifically for Lisha, external life changes and circumstances are leading to interfering psychological reactions, which are affecting both her athletic pursuits and her ability to function well in other life domains.

The psychometric instruments utilized in the above case examples were selected based on their ability to provide specific information, and our own knowledge of and experience with the instruments.

**Intervention Planning**

As noted, the purpose of the MCS-SP is to help the practitioner determine the best intervention to meet the specific needs of the athlete. Before discussing interventions for the athletes in the case examples, it is important to note that in this case formulation approach, we suggest that interventions should directly target those elements discovered during the assessment process. In essence, the most effective interventions are likely to be those based directly upon the processes presumed to be at the core of the athlete’s issues, rather than a broad based utilization of multiple interventions to develop generic “mental skills.” However, this approach is most readily utilized in individual consultation and may have some limits to its utility when working with entire teams that are simply seeking education about the development of mental skills.

In Victor’s case, as in all cases of Performance Development, it should not be surprising that the most logical interventions will focus on the nonclinical psychological factors related to the enhancement of performance. Thus, intervention efforts could be seen as a performance development strategy designed to help Victor meet his performance goals. Now that this has been decided, in choosing a performance enhancement strategy, the intervention of choice should logically and directly target those factors noted as relevant on his Case Formulation Data Form.
(which should be directly related to his performance needs) and should optimally be backed by empirical evidence when available. In this case, since difficulties in task focus and the regulation of emotion were particular issues noted in the assessment, the intervention should focus on both attentional strategies to directly enhance present-focused attention and emotion regulation strategies (Gardner & Moore, 2004a). Victor’s case formulation suggests that he may benefit from the ability to notice and accept as passing events the “negative” thoughts and emotions that normally occur immediately following mistakes and from the ability to focus his attention to the functional requirements of the tennis tournament, such as the external cues and demands of the tournament as it is happening. Thus, although practitioners will make their own intervention decisions, we suggest that the performance enhancement strategies that would be most logical in this case would help Victor develop a more consistent focus on present tasks, would reduce self-focused attention, and would promote a nonjudging acceptance of internal experiences (Gardner & Moore, 2004a).

In Lisha’s case, the most appropriate evidence-based intervention would be either Cognitive Therapy (Beck, 1976) or Interpersonal Psychotherapy (IPT; Klerman & Weissman, 1993), both of which have garnered substantial empirical support and are considered first line interventions for depressive episodes. While most cases of Performance Dysfunction do not automatically require psychological intervention, Lisha’s score on the Beck Depression Inventory suggests moderate depression, which should not be overlooked. These two intervention modalities would focus not only on the depressive state but also on role changes/conflicts, dysfunctional cognitive processes, and behavioral inhibitions. As we aim to use interventions that target the specific processes underlying the athlete’s difficulties, these two empirically supported interventions seem to precisely target Lisha’s needs.

Of course, Lisha’s performance has also been affected during this time. Yet, as there is no empirical evidence to support the use of traditional psychological skills training procedures to alleviate depression (Nathan & Gorman, 2002), we believe these interventions would not be the appropriate initial intervention focus. Here, timing and sequencing are important. The initial use of traditional psychological skills training procedures would probably not improve athletic performance and may exacerbate Lisha’s depressive episode. Yet, after the initial intervention targets and alleviates the depressive reaction to her transition, the strategic development of mental skills may be useful in helping Lisha return to earlier levels of competitive performance. Since psychological reactions to transitions such as moving away to college, joining a youth travel team, and training away from home are certainly common among young athletes, sport psychology consultants should expect to occasionally encounter athletes similar to Lisha. We recognize that in such circumstances, the necessary intervention sequence may call for both psychological treatment and mental skills development. Thus, interdisciplinary collaboration or intervention by a practitioner trained in both types of interventions strategies may be necessary. We thus encourage all types of sport psychology professionals to develop a referral network so that the best interest of the athlete can be met at all times and continuity of care can be available.

These two case examples, representing MCS-SP classifications of Performance Development and Performance Dysfunction, describe the more normative types
of cases faced by sport psychologists. Both examples highlight the interrelated connection between the assessment process, data organization and conceptualization, classification, and targeted intervention planning, which make up this case formulation approach to sport psychology consulting. Those athletes classified by the MCS-SP as either Performance Impairment (PI) or Performance Termination (PT) are of the more classic clinical variety, as PI cases involve more serious clinical difficulties and the adjustment to voluntary or involuntary career termination (PT cases) can sometimes invoke severe reactions as well. As a result, PI and PT case formulations often take a slightly different focus and are more consistent with the typical psychotherapy case formulations common in clinical and counseling psychology. Yet, as athletes are just as likely as the general population to experience clinical concerns and severe reactions to termination, readers interested in more detailed information are referred to Gardner and Moore (2006).

While the case formulation approach suggested herein may differ from the educationally-based methodology of many sport psychology consultants’ work, it is consistent with recent calls for more comprehensive and holistic approaches to sport psychology practice (Andersen, 2000; Bond, 2001; Eyal, 2001; Leahy, 2001; Tenenbaum, 2001). Since all practitioners gather some level of athlete data and must organize and conceptualize this data prior to intervening, we do not believe that this approach eliminates any one group of providers. In fact, we believe that sport psychology practitioners of varying disciplines can creatively integrate this case formulation approach within their respective practice styles. It is our hope that this case formulation approach will be seen as a helpful way of both thinking about sport psychology practice and understanding the complexity of the individual athlete.

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*Manuscript submitted: December 24, 2004
Revision received: September 9, 2005*