Final Case Study: Test Anxiety

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Intake

Demographic, Health, and Social History

The client's mother approached me to ask if sport and performance psychology would be relevant to college admission testing preparation. She explained that they have done "everything" to prepare for her son's American College Testing (ACT) but that he is not getting his desired scores. His tutor identified that the issue may be "test anxiety" and suggested they reach out to psychological practitioner. The client is a 17-year-old White, male, Junior in high school student living in Greenwich, Connecticut. He attends an all-male prestigious private school in Greenwich where he receives excellent grades. Outside of school he is on a rowing team where he does both individual rowing called sculling and the starboard side of a team boat. He describes his commitment level to rowing as low because he is not anticipating getting recruited for college through that sport. He says rowing is just something he "does." At his school, students are required to participate in a sport during every quarter. He indicated that he has worked with a sport psychologist before to improve his testing scores. From his description, they worked on physiological regulation and relaxation techniques. One technique he mentioned in particular was beathing exercises, and his feedback was that it felt like a temporary solution. He also mentioned affirmations and was dismissive of their usefulness.

He has lived in his hometown for his whole life. His primary language is English, and he prefers services in English. His family home includes a mother and father in a heterosexual marriage and a twin sister. The client says that he gets along with his nuclear family very well. He described his father as competitive, rational, and comparative; he is a practicing lawyer. He described his mother as creative and impulsive; she does marketing for private clients on a part-time basis. He said there is no overt (verbal) pressure from his parents to gain admission to a

certain type of university. However, both attended prestigious universities and are high-achievers. The client is in general good health and perceives his nutrition and sleep as average. He did not mention his sister any further than confirming they have a good relationship. I chose not examine whether that relationship is contributing to his testing anxiety because I was not planning on using a family systems approach or social support intervention.

Performance History

The client expressed that he is a poor standardized test-taker. This identity is supported by the fact that he does well on tests and quizzes and maintains high grades, but he has historically gotten below average results or "failed" standardized tests such as private school admissions tests and college admissions tests. He is currently in tutoring once per week for one and a half hours where he engages in practice sections of the ACT and test-taking strategies. In general, the client "over-prepares" for tests because he feels that not studying for longer is a missed opportunity. He has participated in multiple informal and formal (proctored) practice tests and explained that he receives "good" scores on practice tests because they do not "matter." When he takes the official tests he describes feeling anxious about the outcome because it may be a deciding factor in which college he attends, and it is important to him to attend a prestigious university. Because he lives in competitive community, he feels he needs extraordinary attributes to help him stand out on college applications. The client indicated that he has no issues with running out of time for the tests, but he often second-guesses himself on answers and will return to already completed questions. When taking tests, his physiological arousal is high, with symptoms such as shaking and elevated heart rate. The client also notes a general desire to perform better than his peers.

Intake process

The intake process began after I confirmed with the mother that I thought sport and performance psychology was very applicable to test preparation, so she connected the client and I over a group text message. To start facilitating the client's autonomy, I confirmed that the client would like to receive services and addressed him directly (within the group text) to schedule the consultation. Once he confirmed he was on board, I sent him and the mother the Informed Consent form via email for them to sign before we began services. Although I am familiar with the mother, I wanted to make sure the client maintained control over the procedure and goals of the consultation. Additionally, I had never met the son, so I emailed him the Athlete/Performer Intake form to fill out using Google Docs. I offered to bring a hard copy of the Intake form to the first session in case he felt more comfortable filling it out during the session. I also assured him that we would go over it verbally and he could make any additions at that time. He filled out the Intake form online prior to our first session, so I was able to review it beforehand.

I planned for our first section to be almost entirely devoted to intake and needs assessment. We first verbally reviewed the Informed Consent form where I explained that my scope of practice is psychoeducational and that I am not a clinical psychologist. I reiterated that if I observed he had any acute clinical symptoms, I would need to refer him to a licensed mental health practitioner. It was also important to make sure I disclosed that I am still a mental performance consultant in-training but that I have extensive athletic experience and a strong academic background thus far. In this case, the mother was the responsible financial party, so I confirmed in her Informed Consent email that there would be no charge for these sessions, but I set an expiration date of one month after his test for free service, at which time we would discuss compensation if he needed further services. I extended the free service duration past the date of

the test to ensure that he received necessary services related to the test day in case he needed support after any experience on test day.

After reviewing the Informed Consent form, I used the Intake Form as a guide to for a less formal intake interview. I asked him to describe his general academic experience, past testing experiences, past test preparation strategies, and his perception of performance psychology. As a consultant, it was important for me to have an idea if the client was already "bought in" to performance psychology services, or if he was engaging to appease his parents. I also asked general family and social support questions to gauge his level of familial and social pressure and support. After the discussion of his background, we moved on to the goals for our sessions and needs assessment. We planned for the consultation process to take place over three sessions: an intake and needs assessment session and two intervention sessions.

Ethical Topics

The ethical topics in this case are my level of competence, the fact that the client is a minor, and the fact that I know his mother as a colleague at the local bookstore where we are both employed. In terms of my level of competence, it was important that I communicate my level of training so far and that I am not a licensed clinical mental health provider (AASP, 2024). I needed to also ensure that I am providing services within my psychoeducational scope of practice and not engaging in pathology, but I also needed to be aware of any symptomology that may require a clinical referral.

Secondly, as a minor, I needed to be cognizant of how I communicated with the client to make sure the appropriate boundaries were set. In the mother's Informed Consent email, I introduced confidentiality boundaries, which were that all things discussed in sessions would be kept confidential between the client and I, with the exception of: imminent risk of harm to self or

others, suspected abuse, need for clinical referral, and supervisory measures. Safe Sport (n.d.) suggests that a parent or adult should always be copied on communication with a minor, so we communicated using a group text with the mother, client, and I. In one instance, I did only communicate with the client because I felt it was within the bounds of confidentiality and propriety by sharing a Google document that we created as part of the intervention plan. While the document can serve as a means to communicate without transparency, it is always available to be shared by either party and tracks any changes to the document. This felt within the parameters of confidentiality that I laid in the Informed Consent.

Lastly, the mother and I work in the same bookstore, which is how she was aware of my profession. By setting out the scope of confidentiality between the client and I from the beginning, I made sure to set a boundary about discussing the case if we ever worked at the same time. The potential risks to taking on this client would be creating an awkward atmosphere in our mutual place of business if they were unhappy with my services in any way. In the end, I judged that it is common in our community to interact with members in multiple ways, and we are two professional adults. We do not often work together and neither of our employment statuses depends on the other person. I also took into account the fact that she approached me for my services as her acknowledgement of the mutual risks. With all that in mind, I judged the risk of client injury to be small, so I undertook the client.

Theoretical Approach

As a novice practitioner who is new to working with clients, I am still narrowing down a theoretical approach. I gravitate towards approaches that allow me to be client-centered but practitioner-led. As someone who has been trained in sport psychology, that training makes me an expert in mental performance interventions, but I believe those interventions should be

grounded in the client's specific background, worldview, and capabilities. In this case, this looked like centering the client's experience by allowing him the space to discuss his past experiences and what had helped him versus what he felt had not worked. This philosophical approach treats consultation as a process that gives equal weight to the client's expertise in their own life, values, and experiences and the practitioner's expertise in mental skills and therapeutic methods (Niu et al., 2025). For this client in particular, I believe I was presented as an "expert" to whom he should listen, so our dynamic was similar to a teacher-student dyad from the beginning. His language and behavior indicated that he wanted me to tell him what to do. Although this dynamic may change over time, with my current level of experience, it gave me more confidence to act as the overall expert in this intervention process.

I approached this case through a cognitive behavioral (CBT; Beck, 1976) framework, with elements of Rational Emotive Behavior Therapy (REBT; Ellis, 1962). With this client, I wanted to focus on identifying and restructuring maladaptive thoughts that may contribute to his test anxiety and poor performance (Turner et al., 2020). I was looking for any distorted core beliefs that may negatively influence the client's identity. After identifying these cognitive distortions, we could embark on cognitive restructuring to reduce his anxiety and improve his performance by altering the relationship between his thoughts, emotional responses, and behaviors. By altering this relationship, I could aim to improve his confidence going into test day. Additionally, I tend to use the REBT practice of disputing irrational beliefs when the client does not seem to be ready to change them (Turner et al., 2020). My perception of the client is that he masks insecurity with strong convictions in his core beliefs, so he may be unwilling to buy-in to changing his maladaptive thoughts in their entirety. The conceptualization would focus

on developing a more balanced and rational self-appraisal to reinforce adaptive beliefs and enhance self-efficacy.

Needs Analysis

Presenting Problem: The client is receiving lower test scores than his perceived ability on the ACT. He feels anxious and has high physical arousal during tests and often second guesses himself. He has embedded being a "bad standardized test taker" into his identity. This core belief is demanding and conflicts with his catastrophizing of not being accepted to a top-tier university.

Predisposing Factors: Past poor performances on standardized tests have contributed to his lack of confidence. It is now part of his identity that he is a "bad standardized test taker."

Precipitating Factors: The client repeatedly received low scores on the ACT. His test skills tutor feels the problem is psychological rather than knowledge-based or strategic. Because he is a Junior in high school, his college applications are imminent. He described each subsequent test as having higher stakes until he achieves his desired scores.

Perpetuating Factors: The client has a strong desire to outperform his peers academically. This normative goal indicates that he may be performance goal-oriented and may engage in avoidance behaviors (Locke & Latham, 2007; Vealey, 1986). However, he did indicate that he preferred a high score over a high rank. For example, the question was, would you rather receive an 85% on a test and be first or receive a 95% on a test and be the fifth best score. The client also has two high-achieving parents, who set a high unspoken standard. He also attends a prestigious school within a privileged community where students of above average intelligence are expected to gain entry to prestigious universities.

Protective Factors: While the parents and community set a high implied standard, they do not verbally pressure him into attending a certain university. They have the willingness and ability to

seek out and pay for resources that can help their son improve his test scores. He seems to have a close relationship with his mother. The client is self-motivated to improve and he fully participates in the preparatory tools that his parents have provided for him. He feels he is a generally smart person.

Performance Enhancement Needs

The client would like to improve his ACT scores as a means to stand out from his peers on college applications. His goal for the mental performance consulting sessions was to "feel better" so that he can get better results because he wishes to attend a prestigious university. We discussed building a mental toolbox to build on his strengths and distance himself from negative thoughts. He identified under-confidence as the underlying issue in his poor performance as evidenced by the fact that he second-guesses himself and tends to over-prepare for tests. Our goals were to capitalize on his strengths to enhance his confidence because he did not show interest in physiological regulation at this time.

Behavioral Observations as an Assessment

As a non-clinical practitioner, I can use observations as a form of assessment in conjunction with an interview and/or objective measure without pathologizing the behavior. While I do not have competency in behavioral analysis, I observed some behavioral patterns in the client. The client presented with the following non-verbal behavioral patterns: rapid speech, constant fidgeting with his arms or objects such as clothing, and lateral jaw movement when speaking. Initially, the client conducted the intake interview with his arms crossed in front of him, which can be viewed as a protective measure in a novel situation, and then he proceeded to fidget with his hands or arms for the rest of the session. While I cannot assess speech pathology, his lateral jaw movement when speaking seemed to co-occur with the effort level he was putting

into choosing his words. For example, when describing his concern with how others perceive his level of intelligence, he started working the lower half of his jaw as he formed his explanation. This agitated psychomotor behavior could be indicative of physiological arousal or self-regulation behavior (Del Casale et al., 2025; Foley & Gentile, 201; Stults-Kolehmainen, 2023). Del Casale and colleagues (2025) caution the practitioner in jumping to a diagnosis with these behaviors and indicate that the observation should be part of a multi-faceted assessment of the client. The observation of this physical agitation seemed to be consistent with the under-confidence and anxiety I observed in the verbal interview.

Case Conceptualization

Schachter (2007) pointed out that test anxiety has similar characteristics to choking in sports, where worry can divide attention between and self- and task-relevant factors. Additionally, cognitive anxiety has been found to be associated with lower scores on college admissions exams (Cassady & Johnson, 2002). This is evidenced in the client's second-guessing behavior where he becomes inattentive to subsequent questions when he worries about his accuracy on the prior questions. This rumination can trigger the same mechanisms as the declination seen in choking situations in sports (Schachter, 2007). This mechanism can be explained by the Attention Control Theory, which posits that anxiety impairs goal-directed behavior by shifting focus to stimulus-driven behavior (Eysenck & Calvo, 1992). So, the intervention should reduce the risk of choking on the test by enhancing the client's confidence through improving his sense of self-efficacy. By addressing the client's irritational beliefs, we would be able to streamline his attention during the test.

This case centers on confidence, outcome focus, and self-imposed performance pressure. Using the CBT with REBT framework, one of the client's core beliefs is that he is a "bad"

standardized test-taker, which comes from the overgeneralization of a self-limiting cognitive distortion (McCardle & Moore, 2012). From a top-down level, this core belief is affecting his performance confidence. In Vealey's (1986) model of sport confidence, a competitive orientation will influence how a performer gains confidence. In this case, when the client has distorted beliefs and a competitive orientation, this can lead to anxiety and avoidant behavior, thus, negatively affecting his performance confidence. Performers who demonstrate lower sport-confidence are more likely to focus on outcomes and social comparison rather than task mastery. In this case, the client's tendency to overprepare, second-guess himself, and put pressure on the results suggests that he has low confidence and a high competitive orientation. This combination may increase cognitive anxiety that will disrupt performance despite his preparation.

The client is concerned with avoiding looking bad in comparison with his peers and wants to be seen as intelligent and competent in general, and this orientation is often associated with poor performance results (Bandhu et al., 2024). The client's belief that he is not a "good standardized test-taker" has negatively affected his self-efficacy. While he may possess the academic and strategic skills that are required to complete the test, but he does not believe in his abilities to execute the test well (Bandura, 1977). On this particular task, he has not had enough mastery experiences and does not positively interpret his arousal, so his self-efficacy is low (Bandura, 1977). To increase his self-efficacy we would need to evaluate the accuracy of his core beliefs using the objective information about his test preparation so far. Using REBT principles, we can confront his perception of the necessity of getting high test scores and gaining admission to a prestigious university. This can be achieved through logical questioning, such as the Socratic method to examine the catastrophic thinking. The intervention can then be grounded in a strengths-based reinforcement of his adaptive beliefs.

Intervention

Session One of Three

The consultation process was planned to be completed over three sessions before his next ACT. The intake and collaborative needs assessment took place during the first session, so session two and three would be reserved for the intervention. The goal of the intervention plan was to enhance his confidence by showing up to the test expecting to do well and outperform others by focusing on his strengths. As the practitioner, I identified that having a comparative view of peers is not facilitative for his performance, but we agreed not to include that in our intervention as it would take longer to explore than the time we had before his next test. The client and parents seemed to be looking for a "quick fix" which is not optimal for long term performance enhancement but is a realistic part of sport psychology work. Psychologically, my aim was to change the story he tells himself about who he is as a test-taker. My alternative plan was to try and engage him on physiological regulation skills because he cited the heightened arousal symptoms as evidence that he was anxious. I sensed that he was more bought-in to the logical tools than physiological tools, and with the short time frame, we decided to work on the confidence first.

As the client seemed to connect well with logic, I suggested we discuss both the reasons he would do well on the test and the reasons he would not do well on the test during the second session. In the third session we would build his test-taking "resume" so that he had a visual a visual tool with "proof" that he has the tools necessary to perform well. I used Castillo and Bird's (2022) strengths-based performance profile (SBPP) as the guide for creating this document with the client because it has been developed for single-session consultations, so it would be useful for our short intervention timeline. However, as this was my first real-world

consultation, I lacked confidence in adhering to the empirical side of the SBPP as I tend to find numbers to be constrictive. Thus, I used the spirit of the SBPP framework to have the client list his personal existing strengths rather than an ideal profile. This was congruent with the theoretical underpinnings of self-awareness, motivation and cohesion, but diverged in the model of change (Castillo & Bird, 2022). Instead of using the deficit model of contrasting ideal and current qualities, I chose to approach the profile (the "resume") from an asset-based model. This was based on my observations of his normative, performance-orientation because I thought he may use the ideal profile as another comparative measure that he would need to compete with. Additionally, with the overall goal of enhancing his confidence, I judged that his capacity for change would be better suited to focusing on assets.

Session Two of Three

During the second session over Zoom, we focused on the strengths-spotting step of the SBPP (Castillo & Bird, 2022). I created a shared Google Document with two columns: strengths and challenges. I diverged from the SBPP on including challenges in our discussion because I suspected that at least some of the attributes he identified as negative, we could in fact view from a positive perspective. We then discussed his self-perception of his academic strengths. He highlighted things such as his ability to study effectively and achieve high results on practice exams, noting they were higher than his peers and almost perfect scores. Additionally, he noted his natural intelligence, to which I added the breadth and depth of his test preparation over the last six months. We then moved on to the challenging factors in his test performance. He reiterated being a "notoriously" bad standardized test taker citing that he has not gotten a passing grade on a standardized test to date. His other evidence was that he does "worse" on the "real" tests (as opposed to practice tests). Additionally, he explained that his habit of second-guessing

himself has been helpful on class tests is not facilitative for the ACT. When asked to describe any mental states that were challenging, he noted the pressure he puts on himself to get near perfect results.

After listing his challenges, I went back over the list to contextualize each challenge because people tend to overgeneralize personal experiences in order to create stories about themselves. I first questioned his evidence about scoring poorly on standardized tests, with the logic that those "bad" scores only represent five percent of his academic scores, and he should consider his overall performance instead of five percent of his performance. The questioning continued on to the scores themselves, by asking what would happen if he never received a higher score. The response was that his current scores would be sufficient for his lower tier schools and that his goals scores would make a stronger application for his dream schools. In this case, I asked what would happen if he attended a lower tier school, which seemed to start breaking down the necessity of a high score. When moving on to his self-imposed pressure and second-guessing test answers, I acknowledged that both of these things can be positive attributes. However, on a time-based test, questioning your answers affects your attention control and thus becomes distracting. I also pointed out that this behavior may stem from trying to control outcomes which are not controllable because some questions are meant to trick the student and some may just not be clearly worded questions. Finally, when addressing the increasing pressure he feel with each subsequent test, we discussed focusing on the factual truths about his intelligence and test preparation rather than the score. To that effect, for our next session we planned that I would create his test-taking "resume" from the strengths we discussed and discuss how he could use it before his test.

Session Three of Three

Before the third and final session, I created the client's "resume" using the strengths we discussed in the second session. I made the decision to create it myself because the client does not seem to have extra time to devote to mental performance homework, and I did not want to add to his workload. In the case where we had more sessions available, I would have chosen to make this a homework assignment or an in-person collaboration to enhance the client's autonomy and accountability. We did collaborate on filling out his statistics when presented with the sheet. During our final session, he was distracted by just having received a speeding ticket so this session was shorter based on his attention span. We went over each point of his resume which included the following sections under the "Practical Preparation" heading: 1.) Tutoring, 2.) Practice tests, 3.) Unit books, 4.) Proctored ACTs, 5.) Practice SATs and ACTs, 6.) Having a strategic plan. I also included a section on "Personal Attributes," which included: 1.) General high intelligence, 2.) Caring about the results, 3.) Diligence, 4.) Family support. We then entered the numbers for how many hours of tutoring he had completed, number of practice sections and tests, and his scores for the practice tests. To emphasize the depth and quality of his toolbox, I asked him if he saw this resume for another student, how he would guess that student would perform on an ACT test. We also discussed how I had changed some of his challenges into positive qualities. For example, second-guessing himself turned into the quality of diligence. Outcome pressure turned into investment into his future.

The main goal of this session was to help provide the client security in the logic that he has all the tools, he just needed to execute the test. He had all of the logical reasons that he would do well on the test, and I used the analogy that the test itself was just the next step in getting the results he desired. This session was underpinned by the broaden-and-build theory of positive

emotions (Frederickson, 2001) cited in in the SBPP framework (Castillo & Bird, 2022). I leveraged the positive emotions he felt when seeing all his preparation and attributes on paper to try to introduce the possibility of these positive emotions on test day. Interestingly, when discussing how he felt about his resume, he was dismissive of the "Personal Attributes" section, stating that he believed more in the empirical information. This confirmed my judgement that he would respond more to logic in this short intervention. With more time, I would have focused more on building confidence using both logic and personal attributes. However, if adhering strictly to the SBPP, the client still may not have listed attributes such as personality qualities or family support; although these may have been begrudgingly included after encouragement. Because the client was distracted, I chose to conclude the session early, after we had gone over his resume. I asked if there was anything further, he would like to discuss and how he was feeling about his upcoming test at the end of the week. He said he was pleased with "having it all down on paper," and I encouraged him to take the sheet and look at it in the coming days and on the morning of his test. I reiterated that I had confidence in his ability and ended the session, letting him know that he was welcome to reach out if he had any questions or concerns.

Monitoring and Evaluation

As this was intended to be a short intervention, the monitoring was also short-term. In the beginning of the first session, I asked the client how he felt about his test preparation during the intervening week. He expressed some hesitation about a new strategy he worked on with his tutor and felt that they tutor may be reaching the end of their effectiveness. I then asked how we felt about our first session and if he had any concerns or new thoughts come up. He confirmed that he was still feeling good about the intervention plan and was ready to start.

A few minutes before the third and final session, the mother texted me to let me know that the client had just received a very serious speeding ticket, to which I replied thanking her for letting me know. She did not indicate whether the client was made aware that his mother was going to inform me of the situation, so I attempted to present a neutral front to allow the client to tell me if he was comfortable. He told me soon after he arrived, and I let him lead how much time we spent discussing and processing it. He seemed to need to speak through the experience to move past it and focus on our session. When he seemed ready to move on to the intervention, I asked how he felt about our last session and how he was feeling about his upcoming test. His feedback was positive for our second session and neutral for the test, explaining that he typically does not get anxious until he is in the room for the test.

We ended this session in about thirty minutes after presenting and discussing the "resume." Although he had a good attitude made a sincere effort to focus, the aftermath of the speeding ticket seemed to be distracting him. He tried to surreptitiously check his phone a few times, and I suggested he check it and respond to get it off his mind. He was also repeatedly turning the sleeve of his coat inside-out, so I judged that he had reached his attentional limitation. So, I asked how he felt about his test-taking resume, to which he responded that he liked the fact that it was logic and anticipated it would boost his confidence for the test. I interpreted that he was satisfied with the intervention and suggested we end the session.

As we did not fill out any formal assessments, I did not use empirical psychological measures to evaluate the intervention. I struggled with deciding whether to reach out right after the test date to see how the client felt about the test or to wait until after the results were released. My main concern was the amount of pressure he was already placing on himself and not adding to that pressure by checking if the intervention "worked." I also wondered if it was too

aggressive professionally. In hindsight, I think it would have been professional to inquire a week after the test to ask how he felt that day. I ultimately decided to text the group with his mother (to keep ethical boundaries) after the date the results were released. I intentionally asked how he felt about the test and not about the results because we were focusing on confidence, and I wanted to indicate that the results would not affect my positive regard for him. He responded with his score and that it improved by two points. He thanked me for the help.

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