Abstract

The present case study presents the first idiographic application of a one to one Rational Emotive Behavior Therapy (REBT; Ellis, 1957) intervention integrated with Motivational Interviewing (MI; Miller & Rollnick, 2013) with a client (elite athlete) on irrational beliefs, self-determined motivation, and sporting performance. Building and maintaining a strong working alliance with a client is considered central to both MI and REBT, and psychological interventions generally. Whilst there are widespread recognition and recommendations of the importance of working alliance, the guidance on how to explicitly cultivate this beyond broad descriptions is relatively scant. Using the present case of 'Theo', MI was used as an identifiable and measurable framework to foster a strong working alliance between the practitioner and client, to increase Theo's *readiness* and enhance the effects of the REBT intervention. After receiving eight one-to-one REBT sessions, data indicated acute and maintained reductions in Theo's endorsement of irrational beliefs, increases in self-determined motivation, and marked increases in sporting performance. In addition, measures of treatment fidelity showed the effective and maintained inclusion of core MI principles through the REBT intervention. Ultimately, the case supports the effective application of REBT in addition to MI, whilst providing guidelines by which practitioners can actively facilitate a working alliance when applying REBT. Further, the case contributes to the emerging literature that links reductions in irrational beliefs with enhanced self-determined motivation and its potential value on wellbeing and/or performance.

Key words: rational emotive behavior therapy, motivational interviewing, working alliance, self-determined motivation, sport performance.

Developing Self-Determined Motivation and Performance with an Elite Athlete: Integrating Motivational Interviewing with Rational Emotive Behavior Therapy

Introduction

In the current study the case of "Theo" (pseudonym) is introduced. Theo is a 22-year old nationally ranked male archer who recently represented his nation at the world university games. Upon his return from the games Theo contacted the first author to seek psychological support for three main reasons. First, to help regain his enjoyment and motivation for archery; second, to help manage his emotions prior to (i.e., anxiety) and after competitions (i.e., anger); and finally, to enhance his performance in competition. Using an explanatory case-study design the authors detail the application of Rational Emotive Behavior Therapy (REBT; Ellis, 1957) with Theo, whilst drawing upon principles of Motivational Interviewing (Motivational Interviewing; Miller & Rollnick, 2013) to augment the application of REBT from initial contact through to completion. The application of psychotherapeutic frameworks such as REBT and MI with clients (i.e., athletes) within performance contexts is receiving increasing interest within the extant literature (e.g., Turner, 2016; Mack, Breckon, Butt & Maynard, 2017).

REBT is a cognitive-behavioral approach (Dryden, 2012), based upon the Stoic premise that "people are not disturbed by things, but by the view which they take of them" (Epictetus, 1948, 55-135 A.D.). REBT theory proposes that when faced with adversity (e.g., failure, rejection, or poor treatment) those who hold irrational beliefs will experience unhealthy negative emotions (e.g., anxiety, anger) and maladaptive behaviors (e.g., avoidance, disproportionate behaviors that hinder goal achievement; David, Szentagotai, Eva, & Macavei, 2005). Instead, those who harbor rational beliefs will experience healthy negative emotions (e.g., concern, healthy anger) and adaptive behaviors (e.g., problem focused,

proportionate behaviors that help goal achievement). There are four core irrational beliefs, namely "demandingness" (i.e., rigid beliefs expressed in the form of musts, absolute should, etc.), "awfulizing" (i.e., concluding that the adversity is 100% bad, and disproportionately exaggerating the consequences), "frustration intolerance" (i.e., concluding that the situation is intolerable & that they cannot stand it) and "self/other/life depreciation" (i.e., attributing failure wholly to oneself/others/life; Dryden & Branch, 2008). Irrational beliefs are rigid, inconsistent with reality and illogical. On the contrary, the four core rational beliefs are categorized as flexible, consistent with reality, and logical, and include "preferences" (i.e., flexible beliefs expressed in the form of wishes, desires, & wants), "anti-awfulizing" (i.e., the belief that nothing can be 100% bad and truly awful), "frustration tolerance" (i.e., the belief the adversity may be difficult but not intolerable), and "self/other/life acceptance beliefs" (i.e., rating one's behavior and accepting themselves/others/life as fallible and imperfect; Dryden & Branch, 2008).

Central to the practice of REBT is the GABCDE framework (Ellis & Dryden, 1997). The GABCDE framework holds that when faced with an adversity (A; i.e., failure, rejection, or poor treatment; actual or inferred) that is incongruent with one's goals (G), practitioners educate clients that it is their beliefs (B) about the adversity (A), rather than the adversity per se that dictates the functionality of their emotional and behavioral responses (C). Practitioners work to dispute (D) irrational beliefs and help clients replace them with rational alternatives, in turn, encouraging healthy negative emotions and adaptive behaviors (E) when approaching or responding to an adversity (A). In sport, the delivery of REBT and the GABCDE framework has received growing attention as an efficacious intervention to support athletes. The one-to-one application of REBT with athletes has been reported to increase archery performance (e.g., Wood, Barker & Turner, 2017), reduce anxiety (e.g., Turner, Ewen, & Barker, 2018), and enhance resilience (e.g., Deen, Turner, & Wong, 2017), across a range of

sports (Turner, 2019). Researchers have also postulated (e.g., Turner, 2016), and evidenced that REBT can influence self-determined motivation (e.g., triathletes; Davis & Turner, 2019). Davis and Turner (in press) demonstrated that reductions in irrational beliefs were matched with increases in self-determined motivation as a consequence of five 1-2-1 REBT sessions. Accordingly, irrational beliefs are purported to draw conceptual similarities (i.e., self-placed, extrinsic, and a controlling form of motivation) with the organismic integration theory (OIT; Ryan & Deci, 2000) and the self-determination theory (SDT; Deci & Ryan, 1985).

Building on emerging support for REBT with athletes, the present case-study was the first to integrate MI with REBT to help support its application. The working alliance is considered central to the effective application of REBT (Bernard & Dryden, 2019). One of the most robust findings within counselling psychology is the importance of a strong working alliance between the client and psychologist for successful therapeutic outcomes (Watson, Hilliard, & Way, 2018). The working alliance is founded on practitioner-client trust, and associated with the quality of communication on purposeful and collaborative work (Hatcher & Barends, 2006). In support, research findings have reported small to moderate effect sizes (r = .22 - r= .28) between the working alliance and therapeutic outcomes (e.g., Hovarth, Del Re, Fluckiger, & Symonds, 2011). Considering the centrality of the working alliance, research examining the application of REBT overlooks the specific and teachable steps by which practitioners are able to foster the working alliance with their clients (e.g., Wood et al., 2017). Further, there is a misconception that REBT is based on non-humanistic, brief and overtly directive communication style (Dryden & Neenan, 2015). On the contrary, REBT practitioners are recommended to vary their interactional style with their client (Dryden, 2019). As such, the integration of MI offers a structured communication and relational framework that actively promotes the working alliance and facilitates the action orientated process of REBT.

Arguably within clinical settings the most common psychotherapy, but certainly the one receiving the most attention in conjunction with MI, is cognitive behavior therapy (CBT; e.g., Arkowitz & Westra, 2004; Naar & Safren, 2017). The efficacy of CBT for clinical disorders is well documented (Barlow, 2008), and yet many clients fail to respond to, or disengage from, the treatment process prematurely (Kertes, Westra, Angus, & Marcus, 2011). To further justify the inclusion of MI with an action orientated approach such as REBT, intra-session treatment activities and inter-session tasks are considered a vital part of the therapeutic process (Dryden & Neenan, 2015), yet noncompliance with these are commonly cited as a problem in cognitive behavioural therapies (CBT's; Helbig & Fehm, 2004). Though not with REBT, practitioners have successfully employed MI as an additive framework to improve the response rates and engagement with alternative CBT's (Dryden, 2012), across various clinical disorders (e.g., general anxiety disorder; Kertes et al., 2011; Westra, Arkowitz, & Dozois, 2009). The present MI-CBT (REBT) integration, at no less than an assimilative level (Norcross, Karpiak, & Lister, 2005) forms a mutually beneficial relationship, whereby relational and communication techniques are applicable irrespective of the theoretical grounding (Hardcastle, Fortier, Blake, & Hagger, 2017).

In sum, and in the present case, MI was integrated with REBT to help Theo access deeply held beliefs, foster a working alliance conducive to disputing irrational beliefs, reinforce rational beliefs, and strengthen his readiness and commitment for change. The present case study aimed to first, identify the client needs and detail the application of REBT, facilitated by MI, on Theo's self-determined motivation and performance; and second, to contribute to the professional practice literature describing an identifiable and teachable framework to foster the working alliance between a practitioner and client. Theo provided informed consent to undertake the research that was conducted in accordance with the British Psychological Societies Code of Ethics and Conduct (2018).

Method

Needs analysis and formulation

A needs analysis and formulation process aligned with a cognitive behavioral approach was conducted to identify the demands Theo was faced with (e.g., sporting, life situation), the aetiology of his concerns, the subsequent impact on his behaviors, and the mechanisms by which Theo could be supported (Keegan, 2016). To this end, a complete assessment interview was conducted with Theo to best conceptualize his issues, development goals, strengths and weaknesses, whilst gaining a holistic understanding of his world (Fifer, Henschen, Gould, & Ravizza, 2008); as a result, three key themes arose. First, Theo was an intelligent, quickly spoken, ambitious, and determined individual, whose fortitude for success appeared to inadvertently hamper his progress. The harder he tried, the harder it became to achieve. Theo cited elements of self –, and other-oriented perfectionism, focusing on others' capabilities, and needing to meet others' expectations. Theo was not regularly satisfied with his performances, which compounded an obsession with outcome scores inherent within archery (e.g., “anything less than a 10 is terrible”). Second, Theo cited illogical, extreme, and unhelpful beliefs about achievement (Dryden & Branch, 2008). For example, he noted “I need to continuously get better” (i.e., demand for development), “I can’t stand it when I get beaten” (i.e., frustration intolerance regarding failure), and “Oh I performed terribly at the last competition, and I now feel like a failure” (i.e., awfulizing and self-depreciation about failure). Subsequently, Theo noted signs of low emotional control that manifested in angry outbreaks directed at himself or others when his immoveable standards were not met; as such, his performances would rapidly decline. Theo also cited becoming extremely anxious prior to important competitions, thus he no longer enjoyed shooting and was unable to concentrate in competition. Finally, Theo was amotivated to train, compete, and was contemplating quitting the sport.

Theo's language in the initial interview suggested he held core irrational beliefs (i.e., demands, awfulizing, frustration intolerance; Dryden & Branch, 2008) about success and achievement. One cognitive behavioral approach which highlights the importance of core beliefs for the creation and maintenance of human disturbance is REBT (Bernard & Dryden, 2019). As evidenced in previous research, Theo also cited clear links between perfectionistic tendencies, alongside a pre-occupation with outcome goals, and deemed his self–worth to be contingent on his performance. (i.e., low unconditional self-acceptance; Flett, Davis, & Hewitt, 2003). According to REBT, deeming one's self-worth to be contingent on performance is irrational in terms of empirical (i.e., not true), logical (i.e., not plausible), and pragmatic arguments (i.e., not conducive for goal achievement). Further, Theo's irrational beliefs about achievement and success were corroborated by his description of unhealthy emotions (e.g., anxiety and anger) and maladaptive behaviors (e.g., avoiding and/or storming out of competitions, outward expressions of anger) that hindered his goal attainment.

Theo's disengagement and deliberations to quit the sport in its entirety, alongside his use of irrational language (i.e., having to, rather than wanting to train) was also indicative of low-levels of self-determined motivation towards archery. In the organismic integration theory (OIT; Ryan & Deci, 2000), a core aspect of self-determination theory (SDT; Deci & Ryan, 1985), extrinsic regulation and introjected regulation are considered to be controlling forms of motivation associated with low-levels of persistence, negative affect, and poor performance (Deci & Ryan, 2008). One type of extrinsic motivation, named introjected regulation, is purported to hold particular saliency with irrational beliefs. The introjected regulation of behavior is controlled by self-imposed sanctions to avoid feelings such as guilt and shame; thus, one is likely to engage in activities because they feel compelled into 'having to', rather than 'wanting to' (Standage, Duda, & Ntoumanis, 2005). Similarly, irrational beliefs are conceptualized by the internalization of external regulations (e.g., "I should/I must

participate in this event") and the presence of self-imposed pressure (e.g., "I should always succeed"; Turner, 2016). Though limited, researchers have shown reductions in irrational beliefs to be matched with increases in self-determined motivation (i.e., reduced controlling forms of motivation; e.g., Turner & Davis, 2018). Indeed, self-determined motivation in athletes is associated with enhanced performance, persistence, and well-being (Turner & Davis, 2018).

Single-subject case study

The use of single-subject investigations is considered beneficial for the practice of psychology, allowing for an intensive investigation of an individual (Barker, Mellalieu, McCarthy, Jones, & Moran, 2013). In addition, the inclusion of repeated measurements provides a more representative overview of the participant (i.e., changes in performance scores, psychological variables; Normand, 2016). A case study design also offers a valuable means to provide an insight into unique and novel procedures, and the subsequent effects on performance, health, and psychological wellbeing (Giges & Van Raalte, 2012).

The Intervention: REBT and Motivational Interviewing

As part of an REBT intervention, accessing and disputing deeply held irrational beliefs can be challenging, and is therefore a process which must be founded on a strong working alliance from the onset (Dryden & Neenan, 2015). According to REBT theorists the working alliance can be separated into four-key components: 1) Bonds (interpersonal connectedness), 2) views (understandings that both participants have on salient themes), 3) Goals (purpose of therapeutic meetings, and 4) Tasks (procedures by which both therapists and the client engage with to support the client; see Dryden, 2019 for a detailed overview). One counselling approach that seeks to maximize the working alliance, and one that is receiving interest in the sport psychology literature is MI (e.g., Mack et al., 2017; Mack, Breckon, O'Halloran & Butt, 2019). MI is a client-centred counselling approach that

reinforces the athlete's intrinsic motivation for change through exploring and resolving ambivalence (Miller & Rollnick, 2002). To this end, in the current study, the practitioner integrated MI throughout the REBT intervention, offering an identifiable and teachable framework to actively augment the therapeutic alliance with Theo. Broadly, MI consists of four core components: 1) a relational component (spirit) that develops a collaborative partnership between the practitioner and client. MI advocates that the practitioner will demonstrate accurate empathy (accurate understanding of client's thoughts and feelings) and compassion (desire to alleviate client distress), and views the client as both resourceful, and an active agent in their progress. 2) MI practitioners draw upon identifiable communication microskills known by the acronym OARS (i.e., Open-ended questions, Affirmations, Reflections, & Summaries) which operationalize the underlying spirit. 3) The four + processes (engage; evoke; focus; plan; maintain) provide a structure to a single session, or for ongoing support. 4) MI is sensitive to the client's language in terms of behavior change, and works to elicit and reinforce change talk (the client's own arguments for change), while simultaneously reducing sustain talk and resistance to change (arguments for maintaining the status quo). See Breckon (2015) and Mack et al. (2017) for further details on the central tenets of MI and an overview of MI in sport respectively. Ultimately, the integration of MI principles with REBT was intended to help foster a strong working alliance with Theo, conducive to the examination of his deeply held beliefs and to disputing and reinforcing a rational view of success and failure.

Psychometric Assessment

To quantify Theo's issues, measures of irrational beliefs and situational motivation regulation were collected to further determine intervention suitability. Irrational beliefs were assessed using the 28-item Irrational Performance Beliefs Inventory (iPBI; Turner & Allen, 2018). The iPBI offers a performance-context specific measure of irrational beliefs. Theo was

asked to indicate the extent to which he agreed with each item on a Likert-scale from 1 (*strongly disagree*) to 5 (*strongly agree*) where higher scores indicated stronger beliefs. The iPBI demonstrates construct (alpha reliability between .90 - .96), concurrent (medium to large correlations), and predictive validity in athletic samples (Turner et al., 2016). In comparison to normative values drawn from an athletic sample (demand = 24.92, frustration intolerance = 24.77, awfulizing = 22.31, self-depreciation =14.85; Turner & Allen, 2018), Theo reported high levels of demand (30), frustration intolerance (30), awfulizing (30) and self-depreciation (19). The Situational Motivational Scale (SIMS; Guay, Vallerance, & Blandchard, 2000) was used to assess Theo's situational motivation towards archery. Specifically, the SIMS assessed levels of intrinsic motivation, identified regulation, external regulation, and amotivation. Results from previous research have indicated the SIMS to demonstrate adequate factorial structure and internal consistency in athletic populations (e.g., Standage, Treasure, Duda, & Prusak, 2003). Theo was asked to report the extent to which he agreed with each item on Likert-scale from 1 (*does not correspond at all*) to 7 (*corresponds exactly*), where higher scores indicated stronger motivation. In comparison to normative values drawn from an athletic sample (amotivation = 1.75, external regulation = 3.64, identified regulation = 5.09, intrinsic motivation = 5.06; Gillet, Vallerand, Amoura, & Baldes, 2010), Theo reported high levels of amotivation (M = 6.50; e.g., 'I do this activity, but I am not sure if it is worth it) and external motivation (M = 6.00; e.g., 'because I feel I have to do it'). On the contrary, Theo reported low scores of intrinsic (M = 3.50; e.g., 'because I think that activity is fun') and identified motivation (M = 3.00; e.g., 'because I am doing it for my own good'). The four subscales were combined into an index, where higher scored indicated greater self-determined motivation.

In sum, Theo had reported low levels of self-determined motivation towards archery. He was also experiencing debilitative anxiety when approaching competitions and displayed

angry outbursts when faced with failure. These factors were underpinned by a strong endorsement of core irrational beliefs. Given the growing evidence base applying REBT with athletes (see Turner, 2016 for a review), to enhance performance (e.g., Wood et al., 2017), foster self-determined motivation (e.g., Turner & Davis, 2018), and decrease anxiety (Turner, Ewen, & Barker, 2018) a program centred upon disputing and replacing Theo's irrational beliefs with rational alternatives was devised as a valuable intervention to support Theo. Based upon the extant literature it was predicted that first, the intervention would bring about acute and maintained reductions in Theo's irrational beliefs. Second, a new rational philosophy would foster healthy emotions, and adaptive behaviors when Theo faced adverse performance situations (e.g., prior to and/or during competitions) to ultimately enhance his performance scores. Finally, the conceptual similarities between extrinsic motivation and irrational beliefs suggested the reduction of irrational beliefs would be matched with increases in self-determined motivation.

Treatment Fidelity

Throughout the intervention process, the second author acted as a 'critical friend', asking provocative questions, providing perspective and would critique or affirm elements by listening to audio recordings of each session (Costa & Kallick, 1993). Making audio recordings of sessions for the purposes of self-reflection and professional development is argued to be one of the best methods for improving one's professional practice (Rogers, 1975), and is perhaps under-used in applied sport psychology. The second author listened for and coded technical components (e.g., cultivating change talk; softening sustain talk); relational components (e.g., partnership; empathy); practitioner behavior counts (e.g., the frequency of MI micro skills; seeking collaboration; emphasizing autonomy); general MI adherent and MI non-adherent practice. The coded elements can all be found within the Motivational Interviewing Treatment Integrity 4.2 (MITI; Moyers, Rowell, Manuel, & Ernst,

& Houck, 2016), and this measure was used to give feedback and facilitate discussion with the practitioner after each contact point with Theo. At the end of each session Theo was asked to complete a Client Evaluation of Motivational Interviewing (CEMI; Madson et al., 2013). The CEMI assessed the degree by which MI-adherent behaviors were exhibited by the practitioner. Theo was asked to rate practitioner behaviors on a four-point Likert scale from 1 (*never*) to 4 (*great deal*), where higher scores indicated greater adherence to MI.

The Intervention

Sessions 1-2: Building the Working Alliance

Based upon previous recommendations and applications of REBT with athletes (e.g., Wood, Barker, Turner, & Sheffield, 2018; Turner & Barker, 2014) a total of eight one-to-one REBT sessions were conducted with Theo, each lasting between 50 - 75 minutes. The purpose of sessions 1 and 2 was to establish a working relationship with Theo and laying foundations for an intervention, and so the MI spirit and process of engagement were central. As such, emphasis was given to purposefully explore various topics (e.g., challenges, demands, willingness to change). The use of open questions, affirmations, reflections, and summaries (OARS) provided a guiding framework from which to explore Theo's current reality, express a curious interest, accurately empathise, withhold judgement, and ultimately, build a strong collaborative partnership.

Open-ended questions allowed Theo to explore issues, and reach clarity on his situation in a non-judgemental setting. Theo appeared to benefit from disclosing issues that he had not felt able to share with others, in particular feelings of frustration, and helplessness about how to change his circumstances. To further understand Theo's position, elaborations were used (i.e., "tell me more about this…"), which also encouraged the client to do most of the talking. Similarly, questioning was purposeful in creating and directing forward momentum for change around topics that appeared salient. For example, during this session

the practitioner asked "why have you decided to make a change now?" and “how would it feel if you were able to make this change and maintain it?”. The aim of such questions was to elicit from Theo his own needs and reasons (i.e., change talk) for engaging with the support.

Affirmations are reflective statements that were used with Theo to acknowledge his strengths, capabilities, values, beliefs, behaviors and reinforce his self-efficacy regarding change and the REBT intervention (Rosengren, 2017). In particular, affirmations were used throughout the intervention to strengthen Theo’s recognition to seek support, to reflect honestly on his beliefs, and his ability to resolve and work through challenging situations. For example, when Theo cited difficulties around seeking psychological provision, the practitioner was able to affirm his resolve and his commitment by reflecting, “It hasn’t been easy, but by just seeking psychological support tells me that you’re really committed to making a change”. It is important to note, affirmations are distinct to praise and echoes the notion of REBT that strives for clients to not merely feel better, but also get better (Dryden & Neenan, 2015). To explain, the affirmations used with Theo anchored his internal attributes and his actions, whereas praise is centred on outcomes, and the practitioner's implied judgement of the value of the client’s behaviors (Mack et al., 2019). This can inadvertently create dependency and/or perpetuates the client's need for reassurance (see Table 1 for a practice example).

Reflective listening involves making reflective statements rather than asking questions, and ensured parity between what Theo was saying and the practitioner’s interpretation. There are varying levels of reflections (i.e., simple and complex reflections) that the practitioner used with Theo to either simply describe his existing position or reflect in a way that provided greater meaning or cognitively altered his view of the situation. For example, when Theo noted, “I set myself very high standards and I get angry quite quickly if I don’t perform well”, a simple reflection (repeat) was: “you have very high standards for

yourself and they can be hard to meet". This demonstrated to Theo that the practitioner was attentive and making best efforts to understand his position, whilst allowing for further elaboration. Alternatively, a complex reflection (adding a deeper level of feeling, meaning or content) would be: "It sounds like you are placing a lot of pressure on yourself, which hasn't helped with your emotions or your shooting", or more succinctly, "You're feeling frustrated". Such reflections allowed the practitioner to make explicit association between Theo's core irrational beliefs, unhelpful negative consequences, and the detrimental effect it was having on his performance. From a practitioner's view it was difficult to always have the forethought to offer a simple or complex reflection, and in such instances the critical friend noted that it was important to be vigilant for opportunities to offer meaningful reflections and affirmations whilst maintaining momentum.

The aim of summaries was to clearly organise Theo's position, clarify understanding, combine a collection of salient points which had been raised and reaffirm his commitment for change (Miller & Rollnick, 2002). The practitioner intermittently summarised key points and at the end of session 2 asked Theo to set an agenda of content for session 3 (entering the MI process of focussing), that would allow him to reach his goals (i.e., enhance emotional control, regather his enthusiasm for archery, and enhance performance). The following script describes the use of OARS that have been condensed from original audio recordings of the one-to-one sessions to demonstrate each of the skills:

> *Practitioner:* Why make this change now? *(Open question - optimism for change)*
> *Athlete:* Well I've tried to logically work out what is going on, as I'm a very logical person but nothing seems to have worked, if I'm being honest I'm a bit puzzled at the moment and this is something I haven't felt like before.
> *Practitioner:* So you're pretty determined and willing to explore various avenues to help you reach your ambitions. *(Affirmation)*
> *Client:* Yeah that's exactly right, I very rarely give-up and normally work things through, that's one of my strengths. I always find a way [*change talk - ability*] and

because I have all of this support in place I must fulfil my potential [*change talk - need*].

Practitioner: You're not leaving any stone unturned, and with this you realise that your psychology may offer the final piece in this puzzle. *(Complex reflection)*

Client: That's it, I have S&C, physio, technical coach, and good access to training, I should be doing better - clearly this is an area I should work on [*change talk - reason*].

Practitioner: So, you are facing challenges in archery that are new to you, and you're looking to develop your mentality. What do you think is hampering your development? *(Brief summary and open question)*

In terms of REBT, many elements of the GABCDE framework were covered in sessions one and two. That is the exploration of the adversities (A; i.e., adversities), unhealthy consequences (C), and discussing the association between Theo's beliefs (B) and consequences that hindered rather than helped him achieve his respective goals. The core skills used were not limited to those of OARS, but these proved useful during the early stages of an REBT programme, helping to further explore and understand Theo's position whilst fostering a strong working alliance and strengthening his commitment to the intervention.

Session 3: Education Phase

At the beginning of session 3 the practitioner had intended to explicitly introduce Theo to the GABCDE framework. Instead, it was to be a significant turning point in the consultancy process. To this point, Theo had appeared to be engaged and committed to intervention; nonetheless, after being afforded the time and space to reflect on the last two sessions, Theo revealed his scepticism for psychology as a whole. Theo began to discuss his experiences of psychological skills in a recent major championship, noting "during the tournament, I didn't really buy into sport psychology. Other archers can sit there with their eyes shut [performing visualisation or other forms of preparation], whilst I go on the line and shoot good arrows". Theo's ambivalence about psychological support required further exploration if the REBT programme was going to be successful. Indeed, Theo's position is

not uncommon in sport, and practitioners recognise that the manner by which resistance is handled will largely determine the effectiveness of sport psychology practice (Gardner, 2017). In a recent study by Massey, Gnacinski and Meyer (2015), 37% of the total NCAA Division 1 athlete sample (n = 453) were categorised as in the pre-contemplation stage of the transtheoretical model, and considered not ready to actively engage in psychological support. The resolution of *ambivalence* is a central aim of MI, and a normal part of the change process (Rosengren, 2017). In Theo's case the practitioner first explored the dissonance between his views of sport psychology provision and seeking support. Here, the practitioner allowed Theo to explore his ambivalence using a double-sided reflection that highlighted the discrepancy between what he was doing now, and the beliefs he previously held.

> *Practitioner:* "So you used to be sceptical of psychological skills, but now you seem to be engaged with the process". *(Double-sided reflection)*
> *Client:* It's obvious now that there is something out there that will help me [*change talk - ability*], and I now know that I need to do mental practice [*change talk - need*], my mental beliefs are very negative and coming through even stronger [*change talk - reason*]"
> *Practitioner:* "You're really willing to give this a good go".
> *(Complex reflection; strengthening readiness)*

By the end of session 3, though the practitioner had not explicitly begun the REBT programme, there was certainly a shift in Theo's determination. Theo was eager to take his time with the intervention, and with this came the realisation that change would not occur overnight. From here, following reflection with the critical friend, the practitioner became more attuned to Theo's language in terms of preparatory and mobilizing change talk (cf. Breckon, 2015 for an overview).

Session 4: Preparatory and Mobilizing Language

Preparatory language consists of: desire to change (e.g., I'm hoping to change), ability to change (e.g., I could try that), reasons for change (e.g., life would be easier if this was

resolved), and a need to change (e.g., I need to get better) (Miller & Rollnick, 2013, p. 160-161). At the beginning of session 4 the practitioner had explicitly introduced Theo to the GABCDE framework and the core principles of REBT. During this session, there was very little preparatory language from Theo compared to sessions one and two. Instead, Theo displayed a greater frequency of mobilizing language that indicated his commitment and intention to take steps (e.g., I will/ I am going to/ I intend to; Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003; Miller & Rollnick, 2013, p. 161-163). In addition, he had started to keep a training diary, and was engaging with suggested reading (i.e., buying a book related to REBT). Theo's mobilizing language and his actions strongly suggested that he was becoming receptive to the REBT intervention.

Throughout the education phase the practitioner was conscious of deliberately using complex reflections to explicitly discuss core irrational beliefs that Theo alluded to. For example, when citing high levels of shame when underperforming, the practitioner responded with “underperforming says something about you as a whole” (i.e., core irrational belief of self-depreciation); and when offering examples of acting out in anger, the practitioner responded with an amplified complex reflection, “under-performing is unbearable for you” (i.e., core irrational belief of frustration intolerance). Although Theo could have been described as an assured and reactant client, his willingness to agree with such beliefs was surprising and perhaps a reflection on the collaborative and guided approach that had been adopted. In short, the practitioner offered a new lens through which Theo was evaluating his beliefs in an open and engaged manner. During post-session reflection, the critical friend noted that these deeper level, braver complex reflections from the practitioner elicited richer responses from Theo, which seemed to increase mutual understanding, and prevented the conversation from becoming circular as it had been in sessions 1-2.

Sessions 5 – 8: Disputation and Reinforcement Phases

Communication styles. When disputing irrational beliefs, Dryden (2019) highlights the need for REBT practitioners to balance their interactional style depending on the client's response. For example, with a reactant or competent client, practitioners are recommended to provide more choice (e.g., Socratic questioning), where instead a client who requires a more directive approach will prefer and benefit more from a didactic approach (Dryden, 2019). Though considered a client-centred approach to counselling, having the flexibility and skill to move between communication styles is central to MI practice. Using the *communication continuum* advocated in MI (Rollnick, Miller, & Butler, 2008), the practitioner moved between *directing, guiding* and *following* styles to facilitate the REBT intervention, in particular the disputation and reinforcement phases.

Following. A following style is one that allowed Theo to take charge and encouraged him to explore his own psychology. This approach underpinned large sections of sessions one and two to foster his self-awareness and better understand his current situation. However, during these sessions the critical friend noted that the practitioner had adopted a following style (i.e., asked, went along with) too often, missing opportunities for affirmations and to unpick key issues, and thus losing momentum and direction. Simply put, the session direction was too client-led, repeatedly covering old ground and discussing topics in a superficial and comfortable manner. Although a following style had been useful to some degree during the early sessions, it was not deemed a productive or effective communication style for the educational and disputation phases of REBT. To this end, both directing and guiding styles were deemed more appropriate during the disputation and reinforcement phases of the REBT intervention.

Directing. A directing style may be considered opposite to a following style. Specifically, this involves providing expertise and problem solving in a declarative fashion and in the form of advice, information or contributing to an action plan. In terms of the

knowledge balance, this typically resides with the consultant, where the client listens and acts upon the advice. While this directive communication style was avoided at the early stages with Theo, there were moments during the disputation phase of REBT where a directive style was valuable in problem solving, providing clarity, and directly resolving his situation. The disputation phase in REBT involves disputing core irrational beliefs in line with three rules: 1) empirically (i.e., "how true is that belief/where is it written?); 2) logically (i.e., "is it logical because you want something, that you must have it?"); and 3) pragmatically (i.e., "how helpful has this belief been so far?; Bernard & Dryden, 2019). Though the disputation process can be logical, linear, and direct, it is the most challenging phase of REBT, and the phase where clients will make the most progress if delivered effectively (Wood et al., 2017). During this phase, the critical friend highlighted that a directive style can become a default position to revert to and a trap that the practitioner fell into on a few occasions (linked to the MI concepts of the 'expert trap' and the 'righting reflex'; Miller & Rollnick, 2002, p. 24-45; Miller & Rollnick, 2013, p. 16). The directive style should be used cautiously to prevent hampering a client's commitment to change, and/or working alliance with the practitioner for two reasons. First, it creates an imbalance in expertise, where the client may feel isolated and perceive little involvement in the change process, compromising elements of autonomy and competence. Second, directive communication if overtly used can threaten a client's self-volition, instead fostering psychological reactance (Brehm & Brehm, 2013), resistance to the process for change, and potentially even discord in the client-practitioner relationship. As such, over-reliance on the directive style may hinder rather than help clients through the disputations.

Guiding. A guiding communication style sits between directive and following styles and is considered the most consistent with MI. In Theo's case the practitioner would encourage Theo to explore his own motivations, values, objectives, and viewed him as a rich

resource of his own potential strategies or solutions (entering the MI process of evoking). In addition, the practitioner offered information, options and expertise where appropriate, in a respectful and collaborative dialogue. Compared to a following style the practitioner is able to control the overall time and direction of each session, whilst allowing Theo the autonomy to make his own choices (Rollnick et al., 2008). A guiding style was a particularly effective means of challenging Theo's existing irrational beliefs, offering alternatives, and working through the GABCDE framework without compromising Theo's control and free will for the process. Accordingly, to support the disputation and reinforcement phases (e.g., the disputation of irrational beliefs, and replacement with rational alternatives; sessions five – eight), the practitioner overlapped the GABCDE framework with the following MI principles, known by the acronym FOCUS (Rosengren, 2017).

First, ask permission. Exploring Theo's irrational beliefs was a crucial part of the REBT program, which was facilitated by a technique known as *inference chaining*. Instead of telling Theo what the practitioner thought his core beliefs were, he instead asked Theo's permission to start a task that would help explore his beliefs (e.g., "Would it be ok to suggest a task that will help us unpick your core beliefs?"). In addition, as Theo established new core rational beliefs, there would be examples where he would indicate the endorsement of dogmatic and illogical beliefs about various adversities. (e.g., irrational language). It was prudent to share concerns with Theo whilst still affirming his progress and without compromising the working alliance. For example: "You've worked hard over the past few weeks to challenge what are deeply held beliefs, and it seems as if you're making progress. I do have some observations on your progress that I think will be helpful, would you mind if I share these with you?"

Offer information, rather than persuade. There were moments with Theo where psycho-educational elements enabled the disputation process. For example, Theo cited

irrational beliefs to be empirically and logically untrue, yet suggested they were still helpful. In this instance, the practitioner explained why this was not the case via reasoning rather than persuasion. For example: "I have some ideas that you may wish to consider on why these beliefs seem acutely helpful, but will actually hamper you in the long-term".

Be Concise. To help Theo organise and clarify his thoughts it was important for the practitioner to be direct and succinct in his responses, as such the use of simple and complex reflections succinctly captured key points in an accurate yet collaborative manner. When concluding a disputation session, it was helpful to make sense of what had been covered in the context of the programme. For example: "this is the first time you have evaluated your own beliefs, and it has been a challenging, yet thought-provoking session".

Use a menu. Intersession tasks are a fundamental part of the GABCDE framework (Turner & Barker, 2014). As such, between the sessions the practitioner provided Theo with tangible tasks that he could apply, developing his ability to recognise, reappraise, and replace unhelpful core beliefs. Indeed, Theo was active in seeking guidance and engaging with tasks that he could apply between sessions. Thus, the practitioner would regularly provide a menu of either cognitive (e.g., thought diary, self-statements) or behavioral techniques (e.g., in-vivo desensitisation), that were theoretically coherent with REBT, but ultimately, a task Theo chose and was happy to undertake.

Solicit. Soliciting involved beginning and ending information delivery with Theo, allowing him to give permission in receiving the information, and offer his thoughts on the content. For example, the practitioner used a common technique in MI known as Elicit – Provide – Elicit. Here, the practitioner would ask Theo what he knew about the effects of rational beliefs on emotional control compared to his old irrational alternatives (Elicit). Once he provided his view, the practitioner reflected his summary, whilst adding his own

perspective to clarify the distinctions (Provide). Following, this he would ask Theo for his reflections (Elicit).

Irrational beliefs are deeply held and engrained and so it was important to progressively encourage Theo's role as an active and largely self-directed agent throughout and beyond the REBT intervention, using the range of MI skills. By session eight, Theo continued to show promising signs of intervention engagement (i.e., completion of home-work tasks, meaningful reflective discussions), and had made substantial progress through the GABCDE framework (i.e., self-report data, verbal endorsement of a rational view of adversity, rational language, involvement in rational emotive role-play, better able to manage difficult situations and enhanced understanding of the ABC model). At this point, it was mutually agreed that formal face-to-face sessions would cease, unless Theo requested additional support, in favour of remote support.

Intervention Evaluation

Treatment Fidelity

In addition to 'unofficial' coding of audio recorded sessions by the critical friend using the MITI code, for the purposes of peer support, the client's receipt of MI was also assessed at the end of every session using the CEMI. Out of a maximum score of 4, Theo reported consistently high scores and incremental increases in the practitioner MI behaviors over the course of the intervention. (M = 3.53, SD = .15, range: 3.25 – 3.69). The CEMI scores suggest high treatment fidelity, that is, the principles of MI were implemented and practiced appropriately as originally conceptualised (see Figure 1).

Irrational beliefs, Self-Determined Motivation and Performance

Measures of irrational beliefs and motivation towards archery were measured on a session-by-session basis. Further, Theo's endorsement of irrational beliefs and motivation

were also collected at a 6-month time-point, whilst competition performance scores were recorded across the outdoor competition season prior to- and post- the intervention onset. Using the IPBI, Theo recorded short and long-term reductions in irrational beliefs at a 6-month follow-up time point. Acute and maintained reductions across all core irrational beliefs support the successful application of REBT (see Figure 2). The data also show substantial increases in self-determined motivation after session 3 that were maintained at a 6-month follow-up time point (see Figure 3). These changes are interesting for two reasons; first, and as reported in previous research (e.g., Turner & Davis, 2018), reductions in irrational beliefs were associated with increased self-determined motivation. Second, that Theo maintained changes across all outcomes over a 6-month period reflects the effective application of REBT augmented by the integration of MI to foster a strong working alliance from the outset. It was interesting to note that momentarily at session six and at the onset of the disputation phase, Theo reported a reverse shift, reporting increases in irrational beliefs and reductions in self-determined motivation. Finally, Theo reported meaningful improvements across a variety of performance measures recorded prior to, and post-intervention onset. First, Theo's personal best scores increased from 676 to 691 out of a maximum score of 720 points; and 1330 to 1355 points out of a maximum score of 1440. Second, Theo's top five mean tournament scores increased by 10.8 points from 672 to 682.8. During the head-to-heads (best of 15 arrows) Theo's personal best rose from 143 to 146, which was achieved on multiple occasions during the 2018 season. Theo medalled in 12 competition tournaments compared to the previous year in which he medalled in four. Finally, Theo's national ranking rose 44 places from 59th to 15th during the following season.

Discussion

The present case-study reports the idiographic application of an integrated REBT and MI intervention on measures of irrational beliefs, self-determined motivation, and sporting

performance with an elite archer. This is the first case-study to describe the integration of MI as an identifiable framework to develop the practitioner-client working alliance and, ultimately, augment the application of REBT with a client (in this case an elite athlete). The intervention evaluation indicated acute and maintained reductions in Theo's endorsement of irrational beliefs, increases in self-determined motivation, and marked increases in sporting performance. Further, measures of treatment fidelity report the effective and maintained inclusion of core MI skills and principles throughout the REBT intervention.

Data showed expected reductions in irrational beliefs over the intervention process, however, after session six and at the beginning of the disputation phase Theo reported reverse shifts in both irrational beliefs (increased) and self-determination scores (decreased). This may have reflected the ambivalence and resistance that Theo harboured towards the disputation of his deeply held and core beliefs. Disputing one's deeply held and core beliefs is a sensitive and challenging process (Wood et al., 2017), and can be considered the most active-directive phase of REBT, due to the seemingly linear and logical disputation of each core irrational belief. Accordingly, it was prudent for the practitioner to not depart from, but instead maintain the core MI principles that had featured so heavily during the education phase of the intervention.

Given that the intervention included no explicit mention of principles associated with self-determination theory, the case contributes to recent proposals linking reductions in irrational beliefs, with increases in self-determined motivation (e.g., Turner & Davis, 2018). For example, Theo reported positive changes in irrational beliefs (reductions) and self-determined motivation (increases) from session 3 (introduction of the GABCDE framework), a temporary negative shift at sessions 6 and 7 (disputation phase), which positively reverted back at a 6-month follow-up time-point (see Figure 2 and 3). To explain, there exist conceptual similarities between the OIT (Ryan & Deci, 2000) and REBT. The OIT explains

human motivation along a continuum of six categories starting from intrinsic motivation (i.e., partaking in an activity for its own sake), four extrinsic motivation levels decreasing in self-determined motivation and amotivation (i.e., absence of any motivation). Thus, in the present case, lower levels of self-determined motivation were indicative of a sense of pressure and obligation for Theo to engage in archery. Comparably irrational beliefs such as, "I must be successful" or "I must engage in this sport" reflected lower levels of self-determination via the internalisation of external regulations (Turner, 2016), and more controlling types of motivation. Thus, in the present case Theo was encouraged to abandon rigid demands about achievement such as 'shoulds' and 'musts' and replaced with strong preferences, such as: 'I more than anything want to' and 'I would like to', that in turn reduced his irrational beliefs and controlling forms of extrinsic motivation. In addition, extrinsic forms of motivation such as introjected regulation and the core irrational belief of 'self-depreciation' represent regulations that are contingent on self-esteem (e.g., "I should always be successful, if not I am a complete failure"). To this end, Theo was encouraged to give-up his self-depreciating about success and failure and replaced with the rational alternative of unconditional self-acceptance.

In addition to the OIT, the SDT includes the sub-theory of *basic psychological needs* (autonomy, relatedness, and competence; Deci & Ryan, 2008), as is considered essential for psychological growth. The maintenance effects reported by Theo across all measures may suggest that REBT, and pertinently the integration of MI principles, created an environment that fostered Theo's basic psychological need of autonomy, that is one's perception of congruence and self-volition. To explain, MI seeks to cultivate an autonomy-supportive relationship, encouraging and valuing the client's input whilst involving them within the decision-making process (Mack et al., 2019); subsequently, facilitating the 'buy-in' and engagement from Theo throughout the intervention. Finally, and in line with previous

research with elite archers (e.g., Wood et al., 2017) reductions in irrational beliefs were associated with enhanced performance.

Developing a strong working alliance with Theo during the REBT program was considered an integral component of the REBT intervention for the following reasons. First, human beliefs serve evolutionary advantages for survival (Harari, 2014), as such, illogical and unhelpful irrational beliefs are deeply ingrained (Macavei & McMahon, 2010) and difficult to renounce (Ellis & Dryden, 1997). Practitioners are tasked with discussing, accessing and disputing deeply held irrational beliefs, something which clients can find challenging and uncomfortable. Second, homework tasks are considered essential in reinforcing the GABCDE framework and the development of a new rational philosophy (Turner & Barker, 2014), and completion of these tasks is unlikely if the client has not engaged with the intervention. In the present case, MI provided an identifiable and teachable client-centred approach to foster a strong working alliance throughout the REBT process, and enhance the client's engagement with the process.

During the intervention, the practitioner was required to balance the intended and unintended consequences of integrating REBT with MI. For example, allowing Theo to decide between a menu of inter-session tasks (MI) was intended to foster autonomy within the decision-making process, yet it may have unintentionally allowed Theo to select the most 'comfortable' (i.e., rational emotive imagery) rather than the most 'productive' option (i.e., risk taking, shame attacking). The REBT view that practitioners should support the client to get better and not merely feel better (Ellis, 2004) may seem at odds with the MI framework, however, and as part of MI, once a strong therapeutic alliance has been formed practitioners will work to build discrepancy and cognitive dissonance with the client to generate momentum for change. As described by Resnicow and McMaster (2012), "An effective MI practitioner is able to strategically balance the need to "comfort the afflicted" and "afflict the

comfortable"; to balance the expression of empathy with the need to build sufficient discrepancy to stimulate change" (p. 1). Thus, with sensitivity and prudence, practitioners can draw on the communications framework outlined by the acronym of FOCUS to appropriately move between directive, guiding, and following communication styles during the intervention process (see Rosengren, 2017 for an overview on information sharing, offering a concern, and giving advice).

Implications for Practice

Given the importance for practitioners, the working alliance has received increased attention within the sport psychology literature and is repeatedly outlined (e.g., Andersen, 2018; Sharp & Hodge, 2013). Irrespective of practice style, years of experience or even intervention content, the ability to form a collaborative relationship will largely dictate whether the client deems the psychological support as effective or not (Keegan, 2016). Emphasising the *what* over the *how* of the intervention, researchers have largely relied upon qualitative accounts to identify key characteristics (e.g., honesty, trust, respect, approachable, and good communication skills; Orlick & Partington, 1987). Only recently has the sport psychology literature begun to delineate in detail the specific core consultancy skills (e.g., paraphrasing, listening, confrontation, reflecting; Katz & Hemmings, 2009; Murphy & Murphy, 2010; Watson et al., 2018) that are likely to underpin effective sport psychology provision. Nevertheless, what is lacking in the literature but which has been provided in the current study, are verbatim examples of practitioner verbal skills, and vignettes of practitioner-athlete verbal exchanges, labelled with specific practitioner skills and responses to different types of athlete speech. This has significant implications for professional practice because the distinct and teachable ingredients to develop a working alliance, integrate core practitioner skills, and the empirical support to successfully ascertain the additive effects of said skills for psychology provision remain relatively unclear (e.g., Mack et al., 2019).

Rather than being viewed in isolation (client's fault), resistance is an outcome of the interaction between the psychologist, client, and context. As evidenced in this case, overcoming resistance/non-readiness and exploring ambivalence is an integral element of psychological service, and the manner in which it is handled determines the overall intervention effects (Gardner, 2017). In this case we have outlined how practitioners are able to recognize and work through resistance/non-readiness to psychology provision that is of value to not only during consultancy, but when working with a wide variety of key stakeholders. Indeed, psychology does not exist in a vacuum, instead practitioners are required to operate amongst various beliefs, pressures and political dynamics, which are often outside of their control (Gardner, 2017). The present case showcases the importance of monitoring the health of the relationship between the practitioner and client. Practitioners are able to assess the relationship using validated measures such as the CEMI or the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989). The lack of consideration and reporting of treatment fidelity is an ongoing issue in clinical settings (e.g., (Diclemente, Corno, Graydon, Wiprovnick, & Knoblach, 2017), and is non-existent in applied sport psychology literature. Practitioners might consider open and frank 'peer supervision' from an appropriately qualified person, as in the current study, to gain meaningful feedback, ensure treatment fidelity and support ongoing development, something about which psychology as a discipline can be remiss (Miller & Moyers, 2017).

Finally, researchers should continue to gather and publish treatment fidelity measures as part of applied practice research. Regarding REBT, researchers may wish to use the REBT Competency Scale for Clinical and Research Applications (CSCRA; Dryden, Beal, Jones, & Trower, 2010). They may also consider the five aspects of treatment fidelity outlined within behavior change counseling (i.e., design, training, delivery, receipt, enactment; Breckon, Johnston, & Hutchison, 2008).

Implications for Training

In the present case, we have tried to describe the assimilative integration of two approaches to psychological practice. As evidenced, formal integration requires a competent understanding and experience of two complementary approaches combined in one superordinate framework (Boswell, 2015). Repeated assertions have been made of the importance of neophyte and trainee practitioners to 'get their hands dirty' in counselling theory and skills, in order to apply their psychological interventions with fidelity. REBT is one of many approaches a practitioner may use to meet the presenting needs of a client, while MI offers a guiding framework that can be called upon irrespective of the action-orientated content (e.g., REBT). Nevertheless, MI is not a panacea and its sole application would not provide Theo with the cognitive, behavioral strategies/framework that were central in helping him experience reductions in unhelpful irrational beliefs, shifts towards intrinsic motivation, and enhance his performance. To this end, MI should not be exclusively relied upon by practitioners who wish to operate effectively. As exemplified in this case, REBT provided a clear cognitive and behavioral framework helping Theo to experience lasting and meaningful psychological change.

Implications for Research

Whilst MI offers practitioners a guide as to *how* action-orientated interventions can be best applied to bolster their effects, the precise additive benefit on the magnitude and maintenance of an intervention remain unclear. Future researchers may wish to first, explore the additive ingredients of MI via the assessment of perceived helpful and unhelpful elements of each face-to-face session (e.g., Swift et al., 2017). Second, researchers should continue to make use of exploratory single-case and repeated measures research designs (Normand, 2016) that allows for an idiographic investigation, as well, increasing confidence that client change was brought about by the psychological intervention. Finally, the present case has

delineated an assimilative, arguably theoretical level of integration beyond that of cherry picking techniques from two approaches, a "scattergun" approach (Cecil & Barker, 2016) or 'technical eclecticism' (Norcross et al., 2005). Researchers should continue to delineate the precise level (i.e., theoretical, assimilative, eclectic), timing (e.g., pre-, during), and compatibility of alternative psychological approaches (e.g., cognitive therapy, acceptance and commitment models) for successful integration.

Conclusion

From our knowledge this is the first case-study to specifically link the cognitive behavioral approach of REBT with MI. Whilst the use of MI in sport has been cited by practitioners (Mack et al., 2017) and broadly outlined (Mack et al., 2019), the present case study provides the first comprehensive insight into its application, providing benefits for both neophyte and established practitioners. In the present case, we describe and provide guidelines (see Figure 4 for a graphical representation) to facilitate a working alliance when applying REBT (Norcross et al., 2005; see Table 1.). That is, the selective incorporation of techniques and concepts from both orientations (i.e., REBT and MI) into a single, preferred psychological intervention. Based upon the importance of a strong working alliance during REBT, MI was integrated to place Theo as the primary advocate for change. Over the course of the intervention Theo was able to achieve his respective goals, via the cultivation of a close and collaborative relationship with the practitioner. While elements of MI are apparent across many psychological interventions, the present study charts the distinct, identifiable, teachable, and measurable mechanisms by which psychologists are able to initiate, build and maintain their relationship with their client. In addition, the short and long-term assessment of treatment fidelity, psychological (i.e., irrational beliefs and self-determined motivation) and competitive performance scores strongly indicates the effective application of the intervention used with Theo.

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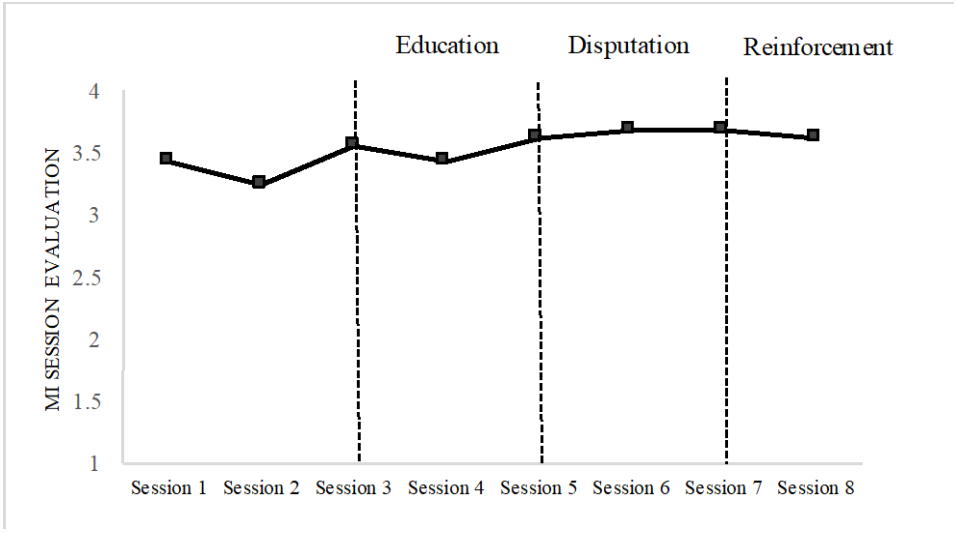

Figure 1. Graphical representation of Client Evaluation of Motivational Interviewing (CEMI) scores on a session-by-session, mapped with three distinct phases of the REBT (i.e., ABCDE framework) process.

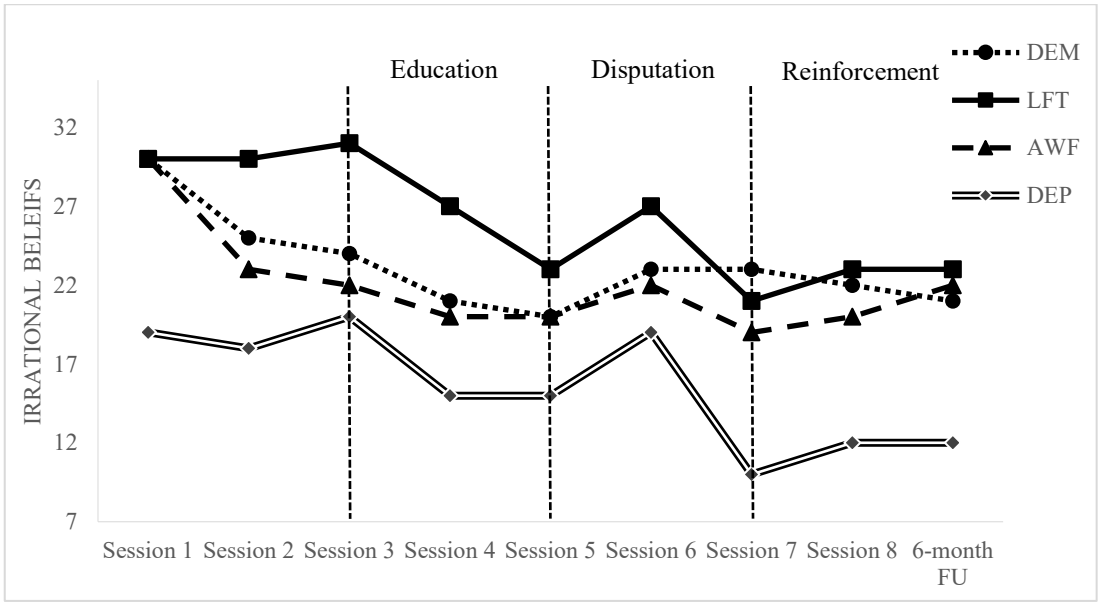

Figure 2. Core irrational beliefs scores mapped with three phases of the REBT (i.e., ABCDE framework) process across the intervention period and at a 6-month follow-up time-point.

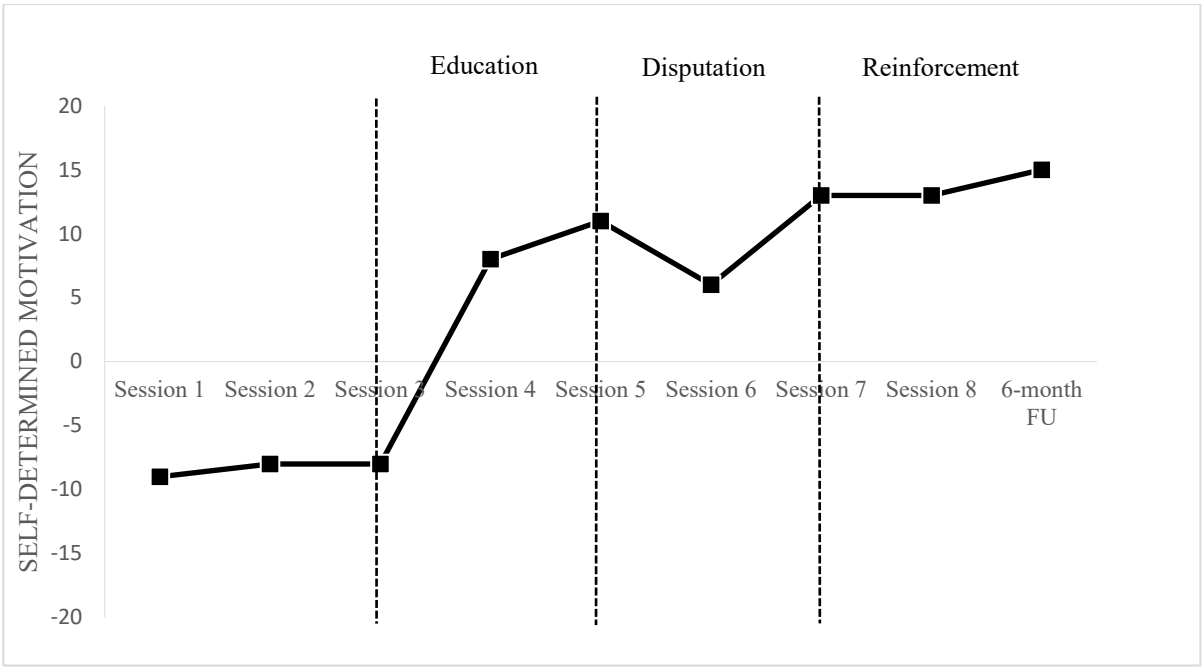

Figure 3. Index of self-determined motivation mapped with three phases of the REBT (i.e., ABCDE framework) process across the intervention period and at a 6-month follow-up time-point.

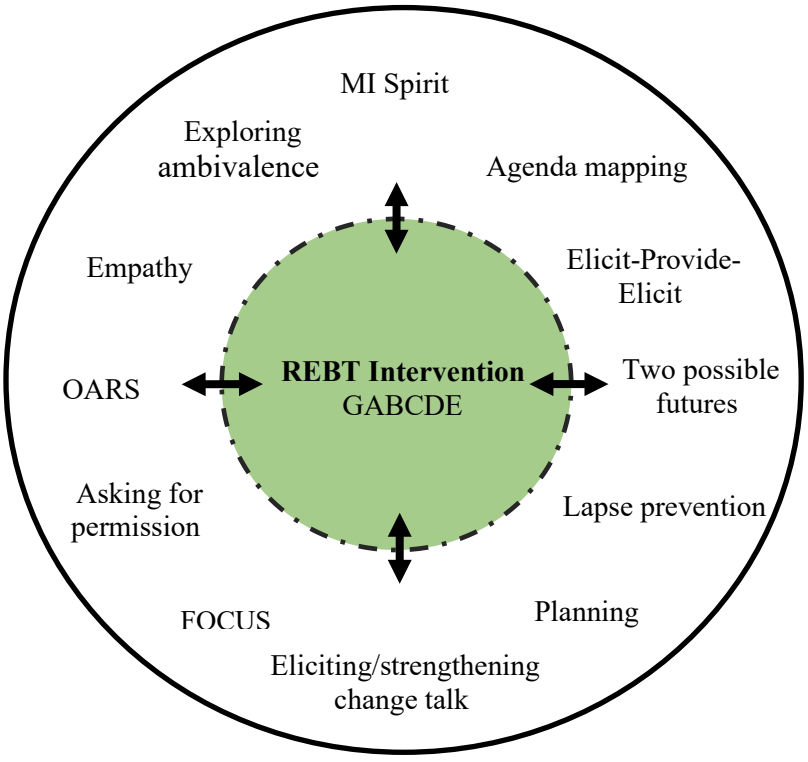

Figure 4. Hypothesized assimilative model of a Rational Emotive Behavior Therapy intervention drawing on MI principles to augment the working alliance.

985 Table 1.

986 *Practice Examples of Core MI Skills Used to Facilitate That Application of GABCDE*

987 *framework).*

Core MI skill	Function for REBT intervention	Case example
Affirmation	To reinforce Theo's diligence and openness to adopt new and helpful rational beliefs.	P: "It hasn't been easy but you've worked hard last week to recognise and re-think your core beliefs"
		P: "It sounds like you're willing to look at yourself with openness and honesty"
Double-sided reflection	Reinforcing unconditional self-acceptance (core rational belief).	P: "So whilst archery is a large part of your life, you've come to realise that how you perform does not define who you are"
	Reinforcing new anti-awfulizing belief (core rational belief).	P: "So in the moment it feels like the end of the world, but sitting here you know that it's really not that bad"
Building discrepancy (structured as a double-sided reflection)	Conflicting Theo's endorsement of new rational beliefs and old irrational beliefs.	P: "It's comfortable for you to keep up the irrational belief in the short term, but it is causing you to avoid the significant change required for long-term benefit"
Gaining permission and offering a concern	Drawing attention to reoccurring irrational beliefs.	P: "Would I be able to share a concern with you?"
	Highlighting lack of engagement in inter-session task.	P: "I've noticed you haven't completed the task we came-up with last week. Would I be able to share a concern I have with you?"
Elicit-Provide-Elicit	Avoids telling clients what they already know, whilst respecting their skills and knowledge.	P: "What do you know about rationality?" C: "For me it's about being logical" P: "I wonder if you'd be interested in hearing more about rationality?" C: "That would be useful" [Practitioner shares relevant information regarding rationality] P: "I wonder what you make of this, in relation to your core beliefs."

Chunk-Check-Chunk	Keeping the client engaged whilst conveying large amounts of information.	Chunk: The practitioner would describe the debilitative effects of irrational beliefs on psychological health. Check: Practitioner stops to talk to the client about this information. Chunk: Practitioner would continue and elaborate on the first 'Chunk'.
Menu of options	Affords Theo autonomy over his intersession tasks.	P: "There is more than one way to continue reaffirming your rational beliefs. These include… Which one makes the most sense to you?"
Normalizing; providing information in the context of other clients.	Normalizes Theo's position, whilst offering ideas and solutions that seem fitting for them.	P: "Typically, in my work with clients they have found the disputation phase the most challenging, yet rewarding."

'P' = Practitioner, 'C' = Client.