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## **Comment on CBT and the Sport Psychologist Article**

**Barker, J. B., & Turner, M. J.**

We were particularly pleased to have the opportunity to read an article that reflected on a case-study approach and the use of Cognitive Behavioural Therapy (CBT) in sport psychology. Outside of sport CBT remains at the core of much psychological provision particularly in the National Health Service. However, in sport psychology less is typically written about the application of CBT (Hill, 2001) although many psychological strategies used by sport psychologists are couched in CBT (e.g., imagery and self-talk). Therefore, the authors' reflections of doing actual CBT are invaluable.

In the article a systematic approach of using CBT to help with performance anxiety in a real world sport setting is clearly outlined by the authors. We found it refreshing to be provided with such a detailed insight into their procedures and processes. Furthermore, we commend the authors for attempting to make themselves redundant by providing the client with the skills to recognise, evaluate, and respond to their own thoughts and beliefs. In our own practice we have found that empowering athletes allows them to recognise that they can control the psychological aspects that influence performance.

Much of our recent work in applied sport psychology has been based around the use of Rational-Emotive Behaviour Therapy (REBT) from which CBT originated and therefore we were intrigued by this article. We examined the efficacy of an REBT intervention in decreasing performance anxiety in elite youth cricketers using a single-case multiple-baseline across-participants design (see Barker, McCarthy, Jones, & Moran, 2011). Similar to the current article data indicated that REBT reduced performance-anxiety (Turner & Barker, in press).

Based upon our experiences of REBT we can see many similarities to CBT in terms of approach(s) and techniques. First, both therapies implement psychoeducation and homework as fundamental strategies with which to bring about change. Second, the therapies adopt the general philosophy that thoughts, moods, behaviour, and physical reactions are related. Therefore, in therapy these facets are typically assessed and identified for change. For example, in REBT by identifying and challenging individuals' irrational thoughts, changes in dysfunctional moods, behaviour, and physical reactions are likely to occur (Ellis & Dryden, 1997). Third, through the use of a downward arrow technique (known as inference chaining in REBT) the individual can be challenged on their automatic thoughts to establish core beliefs (e.g., 'I'm a failure').

Despite these similarities CBT and REBT depart in one main aspect. In CBT therapists would usually test the validity and utility of automatic thoughts whereas in REBT automatic thoughts are accepted as being true no matter what. For example, in reference to the current article, the validity of Dan's automatic thought "I will lose" is challenged for evidence, however in REBT we would *only* challenge the underlying irrational philosophy (i.e., "I'm a failure") not the automatic thought. Indeed, Dan may lose his match, but why is this such a problem for Dan. What is it about losing that is so stressful for him?

What this paper clearly highlights is the vital development of a strong therapeutic alliance between psychologist and client underpinned by core counselling principles (e.g., warmth, empathy, genuine regard) for effective CBT to take place. However, in the field this alliance is often established following regular and multiple sessions which in some applied sport settings may be somewhat difficult. Overall, this paper clearly presents a how-to-guide of doing therapy in sport psychology-something which is scant in current literature (see Hill, 2001). Accordingly, we would strongly encourage sport psychologists to more frequently

document their experiences in a systematic fashion to allow fellow practitioners more of an insight into effective consultancy.

## **Correspondence**

Jamie Barker and Martin Turner are with the Centre for Sport, Health, and Exercise Research at Staffordshire University. Email: [j.b.barker@staffs.ac.uk](mailto:j.b.barker@staffs.ac.uk); [m.turner@staffs.ac.uk](mailto:m.turner@staffs.ac.uk)

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