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“Don’t be stupid, Stupid!”: Cognitive-behavioral techniques to reduce irrational beliefs and enhance focus in a youth tennis player

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Abstract

28 The case reports the intervention approach adopted while working with a youth tennis player.
29 The athlete held irrational beliefs and was struggling to maintain emotional control. The
30 neophyte sport psychology practitioner adopted a cognitive-behavioral approach to practice.
31 The intervention focused on: (1) using Rational Emotive Behavior Therapy (REBT) to replace
32 unhelpful beliefs about unforced errors with a new rational philosophy; and (2) using a
33 distraction control plan to restructure the thoughts and beliefs of the player in relation to
34 opponents' perceived gamesmanship. Intervention effectiveness was evaluated through
35 qualitative data from the athlete, his parents and the reflections of the practitioner. Feedback
36 suggests REBT and distraction control plans can be effective in assisting youth athletes to
37 manage their thought patterns and improve emotional control during competition. This case
38 also demonstrates the importance of practitioners having a flexible and adaptable approach to
39 practice: one that meets individual client needs.

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41 *Keywords: sport psychology, professional development, youth sport, REBT, irrational beliefs,*
42 *distraction control*

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Context

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At the time of this case, I was a trainee Sport and Exercise Psychologist in the United Kingdom. I was working in the public and private sectors with a range of clients from individual and team sports. I had already completed a masters qualification in Sport Psychology. This meant I met part of the criteria to become chartered with the British Psychological Society (BPS), known as *Stage 1*. I was building my professional qualifications by undertaking a Professional Doctorate in Sport and Exercise Psychology. Completion of this course constitutes the final stage of the official routeway, known as *Stage 2*, to becoming a Chartered Psychologist with the BPS. Successful completion of *Stage 2* also leads to eligibility to apply for registration with the Health and Care Professions Council (HCPC), the statutory regulator for practitioner psychologists in the UK.

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Besides my applied role, I was also engaged in a number of research projects as part of the Professional Doctorate. My research interests included motorcycle road racing, long-term injury, and athlete development. As a doctoral student and an applied sport psychology practitioner, my career spanned the boundaries of academia and practice (Posner, 2009). Having experience in both worlds offered significant advantages to my applied work. It allowed me to develop effective solutions rooted in sound understanding of academic theory, evidence-based research, and practical experience. Yet, working in multiple roles also presented several challenges, not least understanding the real-world practitioner context. Further, although I had acquired a solid knowledge base in applied sport psychology through the BPS Stage 1 process, I also knew the uncertainty derived from a lack of practicum experience could leave me with the overwhelming sense of being *thrown to the wolves* (Tonn & Harmison, 2004). Like many neophyte sport psychology practitioners, I had anxieties about my skills and knowledge (Tod, Anderson, & Marchant, 2011). Yet, the nature of the abundant peer, mentor, and supervisor support available on the Professional Doctorate,

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70 helped to mitigate any feelings of inadequacy, isolation, and self-doubt. In this case, I was
71 able to draw on peers for sport-specific information. I also drew on supervisors for
72 intervention-specific guidance. These support mechanisms are vital for practitioner
73 development (Tod et al., 2009) and for maintaining well-being (McCormack et al., 2015).

74 **Service Delivery Philosophy**

75 Thus far in my short career I had operated from a humanistic theoretical paradigm.
76 Humanistic models elevate “holistic development of individual human potential as the
77 primary concern of psychology” (Hill, 2001, p.107). I based my professional philosophy on
78 this holistic development of an individual’s potential. This was informed by my fundamental
79 beliefs that each person is unique and the client, rather than the practitioner, is best placed to
80 provide insight into the problem and the solution (Rogers, 1951). Using a person-centred
81 approach to counselling (Rogers, 1951), I had not been constrained by traditional
82 psychological skills training procedures. Such procedures often have a narrow focus on
83 performance enhancement (Hardy, Jones, & Gould, 1996). The person-centred approach
84 investigates non-sport-related areas of client coping and growth, alongside performance
85 concerns (Danish & Hale, 1981). This method of working had proved successful with a client
86 base of more experienced, senior athletes. But, I was also keen to explore other theoretical
87 paradigms and models of practice. I believed that, without practical experience of some of the
88 alternatives, my decision making and holistic development as a practitioner would be
89 compromised. To provide optimal service delivery, it was important to find paradigms and
90 models of practice congruent with my beliefs about myself and service delivery (Lindsay,
91 Breckon, Thomas, & Maynard, 2007; Tod & Bond, 2010).

92 I had not worked with someone as young as Tom before. This lack of experience led
93 me to question how appropriate my preferred approach to practice would be with one so
94 young. Acknowledging my doubts, I returned to the literature, exploring the operation of a

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95 wider range of individual therapies (for example, Dryden, 2007). This deeper understanding
96 allowed me to consider different models of approach and congruent interventions with
97 empirical support for their efficacy. I also used the Lindsay et al. (2007) paper as a basis for
98 discussion with two experienced sport psychologists. These people challenged me to
99 verbalise my core values and beliefs and explain their importance to me. They also
100 challenged me to discuss a number of therapeutic interventions and how closely aligned they
101 were to my philosophy. These conversations, and subsequent personal reflections, allowed
102 me to become more self-aware. Greater self-awareness, together with the knowledge I had
103 gleaned from the literature, helped me formulate various means of meeting client needs while
104 maintaining congruence with my core values and beliefs. These conversations also explored
105 the ethical considerations of working with young athletes. Topics included parental consent
106 and safeguarding, together with more pragmatic issues such as the pros and cons of parental
107 attendance during service delivery.

108 The dominant method for delivering sport psychology services has traditionally come
109 from a cognitive-behavioral theoretical paradigm (Lindsay et al., 2007). It was an approach I
110 had not intentionally used in applied practice. The cognitive-behavioral approach is rooted in
111 the assumption that perceptions or thoughts play a major role in a person's emotional and
112 behavioral responses to a situation (González-Prendes & Resko, 2011). Negative or irrational
113 thoughts can lead to psychological distress, resulting in maladaptive behavior. Cognitive-
114 behavioral interventions work by providing new ways to think, feel and act in stressful
115 situations. This empowers athletes to be in control of their thoughts and to understand how
116 those thoughts affect feelings and behaviors (Shanmugam & Jowett, 2017).

117 Around this time, I read about the application of REBT to increase athletes'
118 functioning and reduce irrational beliefs (Turner, Slater & Barker, 2014; Wood, Barker &
119 Turner, 2017). REBT is part of the broad family of therapies considered to be cognitive-

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120 behavioral. Indeed, it is the first cognitive-behavioral therapy and predates Beck's cognitive
121 therapy (Bennett & Turner, 2018). REBT (Ellis, 1957) is a humanistic cognitive-behavioral
122 approach receiving growing attention in sport literature (Turner, 2016a). REBT advocates a
123 humanistic philosophy, focussing on the person, not the athlete or the performance (Turner,
124 2016a). REBT aids people to "maximise their individuality, freedom, self-interest, self-
125 control, and helps them live in an involved, committed, and selectively loving manner" (Ellis,
126 1984, p.23). Ellis and Dryden (2007, p.3) suggest "humans are at the center of their universe
127 (but not of *the* universe) and have the power of choice (but not unlimited choice) with regard
128 to their emotional realm." Indeed, REBT has a pronounced humanistic-existential outlook,
129 with roots in the existential philosophies of Heidegger and Tillich (Ellis, 1973, 1996). REBT
130 shows how individuals, in an all-too-human manner, create much of their emotional
131 disturbances and have the ability to *uncreate* them (Ellis, 1996).

132 Cognitive-behavioral techniques are traditionally associated with a practitioner-led
133 style of delivery. Client-led delivery is seen to represent more humanistic, counselling, and
134 Socratic approaches (Keegan, 2010). Yet, this is only presented as a general heuristic for
135 neophyte practitioners grappling with these issues for the first time (Keegan, 2010). In reality,
136 sport psychology practitioners rarely operate from either end of the continuum. This
137 realisation was a *lightbulb* moment for me. It showed I could operationalize REBT via
138 different means, in a certainist, practitioner-led manner or with a construalist, collaborative
139 approach.

140 Cognitive-behavioral interventions have proved particularly efficacious in a sporting
141 context with novice and youth athletes (Tod, Hardy & Oliver, 2011). Through engagement
142 with empirical literature (for example, Turner & Barker, 2013), case studies (for example,
143 Wood & Woodcock, 2018) and contemporary online resources (for example, Abrahams,
144 2018), I recognised how beneficial REBT could be to youth athletes. Youth athletes often

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145 hold rigid, inflexible thoughts and beliefs. REBT also appeared to be congruent with my
146 beliefs and values. This case represented a first foray for me into the cognitive-behavioral
147 domain, albeit with a humanistic slant. In the first part of the case study, I present the case,
148 including the context, assessment, and intervention, along with the reasoning behind my
149 decisions and actions at the time. In the reflection section I discuss how I evaluated my
150 effectiveness, challenges I experienced working with Tom, why I selected the intervention
151 model, and how I would work in a different manner today.

152 **The Case**

153 The client presented in this case study (Tom) was, at time of consultation, a 12-year-old
154 playing multiple sports. His physiotherapist contacted me, to ask if she could put me in touch
155 Tom's mother. Based on conversations between the three of them, the physiotherapist
156 believed that sport psychology support would be beneficial for Tom. I agreed to have my
157 contact details shared and Tom's mother began messaging me. We supplemented our
158 message exchange with a phone call the next day. Given the immediacy of the response and
159 the information I had gleaned from the physiotherapist, it was clear Tom's parents were
160 supportive of his sporting pursuits. But, I recalled an article suggesting that a strength
161 overplayed can become a weakness (Kaplan & Kaiser, 2009). Overly enthusiastic parental
162 support can have a negative effect on youth athletes' wellbeing and psychological
163 development (Wadsworth, 2019).

164 Tom was adept at a variety of team and individual sports, but his preferred sport was
165 tennis. He had been playing for approximately four years since the age of eight. Over the last
166 year he had played more competitive Tennis and continued to make steady progress. He
167 ranked top-100 in the UK national rankings in the Under-12 age group. Players earn ranking
168 points through national, regional and county level competition. This resulted in Tom and his
169 parent(s) travelling across the UK to tournaments on a regular basis. Tom was due to move

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170 up to the Under-14 age group in a few months. This transition meant competing against
171 athletes with a significant size and power advantage. His short-term competition focus was to
172 “give a good account of himself” at the UK National Championship and the Road to
173 Wimbledon competitions. His longer-term ambition was to have a career on the professional
174 tour.

175 Tom came from a close-knit and supportive nuclear family, both parents being
176 professionals. They appeared to have high expectations of Tom fulfilling his potential in all
177 aspects of his life. Tom was the younger of two siblings. His older sister had little interest in
178 sport, involving herself in more creative and artistic pursuits. Tom attended a private school.
179 He had no major exams or obvious school stressors looming. He excelled in the academic
180 environment and enjoyed music and reading. Due to his diverse interests, Tom had a diverse
181 group of friends. Most were from outside the tennis environment. Nonetheless, he indicated
182 he sometimes missed out on social occasions with friends due to tennis commitments. Tom
183 had regular sports massage and physiotherapy at a local clinic. He had no chronic injury
184 concerns. Neither Tom nor his parents had worked with a sport psychologist before.

185 **Needs Analysis**

186 The better and more thorough the needs analysis, the more bespoke and appropriate the
187 intervention can be, and the more likely it is to work (Keegan, 2016). A broad range of needs
188 analysis considerations have been suggested including interviews, informal chats,
189 observations, psychometrics, stakeholder analysis, and analysis of the sport (Keegan, 2016).
190 These needs analysis considerations are compatible with different philosophical standpoints
191 and different practice styles (Keegan, 2016). The needs analysis methods adopted in this
192 specific case were semi-structured interviews, informal conversations, stakeholder analysis,
193 and analysis of the sport. These techniques fit within my overarching construalist / client-led
194 philosophy of practice. One could argue that stakeholder analysis introduces a certaintist

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195 element, thereby creating the risk of an eclectic approach. At the time of the case, coherence
196 in the needs analysis was a confusing area for me and a confusing area for many trainees
197 (Tonn & Harmison, 2004).

198 Before conducting an intake interview, I spoke to Tom's mother over the telephone.
199 In this initial conversation, she gave me some context and outlined the issues she felt Tom
200 was experiencing. Tom's mother also believed it would be useful for me to speak to his
201 physiotherapist, to help understand the wider context. I explained to her about patient
202 confidentiality and informed consent. Tom's mother provided us both with written consent.
203 The physiotherapist was authorised to share background information with me that might be
204 useful for my work with Tom. At that point, I was able to assimilate the information from
205 Tom's mother with the limited information received from the physiotherapist.

206 I had not worked in tennis before. As such, I undertook an analysis of the sport to
207 understand the specific demands and the terminology Tom might use. Tennis is a sport that
208 includes natural breaks in play. These regular breaks provide opportunity for competitors to
209 review, refocus and revisit their psychological strategies. Sport-specific knowledge allows
210 conversations to flow more smoothly and such preparatory work is important in helping to
211 build rapport (Keegan, 2016). This diligence prepared me well for the intake interview and
212 allowed me to tentatively consider some factors of the case, together with the challenges of
213 the sport.

214 The next stage of the preliminary needs analysis process was a face-to-face meeting.
215 This involved me, Tom and both of his parents. I assessed Tom and his presenting issues
216 using an adapted version of Taylor and Schneider's (1992) Sport-Clinical Intake Protocol
217 (SCIP; as suggested by Keegan, 2016). I adapted the SCIP to avoid alienating Tom by
218 probing about clinical issues (Andersen, 2000). SCIP provides a semi-structured interview
219 guide. It allows the psychologist to generate and record enough client history to inform the

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220 needs analysis and intervention selection process, prove due diligence, and give clients an
221 informed choice (Keegan, 2016). I found the protocol supportive. It ensured I elicited
222 information from Tom about wider areas of his life, outside sport. It was also flexible and
223 open-ended enough to allow Tom and his parents to talk about matters they felt were
224 important. It did not restrict them to pre-determined themes. Basing the interview on SCIP
225 and triangulating data from different sources, using a range of needs analysis methods, gave
226 me confidence I would collect sufficient relevant information to understand Tom's
227 predicament. Observation of Tom in a tournament situation would have been beneficial but
228 was not possible at the time due to scheduling.

229 Psychometrics have a long tradition in the cognitive and behavioral therapies. In
230 theory, they provide objective data on an individual's functioning. Yet, there was difficulty in
231 identifying an instrument with theoretical, statistical, and ecological validity (Collins &
232 Cruickshank, 2017). Furthermore, I was sceptical about the utility of psychometrics in this
233 case. As such, I determined not to use psychometrics. I understood this omission would make
234 it difficult for me to be objective when evaluating the intervention and I discuss this point
235 later.

236 **The Presenting Problem(s)**

237 Tom recounted a recent regional contest at which he had made several unforced errors. These
238 led to him losing his temper and getting upset about making 'silly' and 'stupid' mistakes. He
239 was still upset and annoyed about the mistakes in the following set. This led him to lose
240 focus, lose points, and lose the match. He felt that if professional tennis players did not make
241 unforced errors, he should not either. He also struggled to stay focused in the face of
242 distractions. He struggled when opponents made line calls he deemed to be 'unfair' and used
243 techniques to keep him waiting or try to distract him (for example, taking long toilet breaks
244 or making him wait after changing ends). This often led to him losing emotional control. He

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245 became angry and frustrated at opponents' behavior. When he lost focus, Tom used
246 motivational self-talk to try and gather himself. He used phrases such as "keep fighting" but
247 with limited success.

248 I initially considered a counselling approach to service delivery. Tom's parents were
249 keen for Tom to be *helped* prior to an upcoming tournament. This meant our time working
250 together would be limited to a maximum of four weeks. Also, given Tom's young age, I
251 questioned how long it would take to build the necessary rapport and whether he would
252 engage with such an approach or not. Corlett (1996) suggests that when time-limited, or an
253 athlete is not ready or willing to engage in counselling, more direct approaches may be most
254 suitable.

255 Following the initial assessment, it appeared the aims of the intervention programme
256 should be twofold. First, to challenge and replace Tom's unhelpful irrational belief that
257 professional players do not make unforced errors. Second, to help Tom remain focussed on
258 task-relevant cues and control his emotions on court. This highlighted an obvious
259 compatibility with the cognitive-behavioral approach, whereby dysfunctional cognitions and
260 emotions are modified to change how people think, feel, and behave.

261 In formulating the case, I began to explore belief challenge, based on Ellis' (1957)
262 REBT as the basis of support, complimented by a distraction control plan (Orlick, 2008). As
263 noted, I had read contemporary literature on the application of REBT in sport. It appeared
264 applicable to a variety of situations. In this case, the athlete presented a genuine need for
265 belief change that REBT was well placed to address. The main purpose of REBT is to
266 challenge and dispute an unproductive, 'irrational' philosophy. The irrational philosophy is
267 then replaced with an effective new 'rational' alternative. There is a growing literature base
268 on REBT in sport, and mounting evidence for its efficacy with youth athletes (Turner &
269 Barker, 2013; Wood, Barker & Turner, 2018; Wood & Woodcock, 2018; Yamouchi &

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270 Murakoshi, 2001). Turner and Barker (2013) employed a brief REBT intervention with youth
271 cricketers. This entailed one 20-minute counselling session per week for three consecutive
272 weeks, together with two homework assignments. Results, based on quantitative measures,
273 showed players experienced a reduction in irrational beliefs. Yamouchi and Murakoshi
274 (2001) also used a brief REBT intervention to reduce cognitive anxiety in youth tennis
275 players. Brief therapy is defined as 11 sessions or less and REBT lends itself well to brief
276 work (Dryden, 2019). Brief REBT can be as effective as long-term REBT (Palmer, 1995). As
277 such, it may be particularly suitable for application to sport where more time-intensive
278 therapies are not always practical (see Turner & Barker, 2013). Indeed, Wood et al. (2016)
279 suggest REBT is most effective on a one-to-one basis, over a brief series of sessions.

280 In a comprehensive examination of the psychological characteristics of peak
281 performance, Orlick and Partington (1988) found distraction control to be a key element of
282 success for Olympic athletes. Orlick (2008) defines distraction control as “the ability to
283 adapt, refocus, and stay positive and focussed in the face of distractions” (p.89). Distraction
284 control works through the mechanisms of attention control. For example, attentional
285 narrowing to optimise focus, combined with cue utilization and relevance, where task
286 relevant cues are attended to and task irrelevant cues are excluded. Orlick (2008) suggests
287 this ability is critical for consistent, high-level performance in pressure situations. Quality
288 mental preparation for competition, which included a plan for dealing with distractions, was a
289 common element of success for the very best athletes (i.e., Olympic medallists and world
290 champions) across many sports (Orlick & Partington, 1988). These plans link to consistent,
291 repeatable pre-performance routines that assist athletes with preparation for skill execution.
292 The athletes performing at a consistent high level had excellent strategies for refocussing
293 when faced with distractions. Distraction control plans have also been successful in golf
294 (McCaffrey & Orlick, 1989), tennis (Weinberg, 2006), and with adolescents in sporting

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295 summer camps (Glover & Fry, 2019). These findings, in Tom's sport and age group,
296 suggested that a distraction control plan may be appropriate for him.

297 Distraction control has received significant attention for performance enhancement.
298 But, the technique can also help with psychological well-being and mental health in youth
299 athletes through holistic development (Bailey et al., 2009; MacNamara, Button, & Collins,
300 2010a, b). The growing body of evidence from the life skills literature (for example, Cronin
301 et al., 2018) is consistent with these earlier findings. Thus, the use of psychological skills
302 training to accelerate the learning of coping skills may be beneficial for youth athletes for
303 both performance and wellbeing.

304 **Intervention**

305 The intervention took place across four sessions over a 4-week period. The time period was
306 limited as Tom's parents were keen for Tom to be *helped* prior to an upcoming tournament.
307 REBT delivered over three to five sessions is commonplace in the literature, and the structure
308 of those interventions all follow the same process as that described in Table 1 (Davis &
309 Turner, 2019; Deen, Turner, & Wong, 2017; Turner & Barker, 2013; Wood, Barker, Turner,
310 & Sheffield, 2018). Meetings took place in a quiet corner of a local coffee shop. The first
311 session involved me and Tom, with subsequent sessions including his father (see
312 Reflections). The first session was designed to continue the needs analysis process, foster
313 rapport building and to introduce the intervention. Thereafter, the sessions led Tom through
314 the intervention, stage by stage. This allowed him time to reflect on the material covered.

315 *Insert Table 1*

316 **REBT intervention.** In REBT, athletes are introduced to the ABCDE framework.
317 The framework helps athletes to understand that adversity (A) alone, an event, does not cause
318 unhealthy emotional and behavioral consequences (C). Ellis and Dryden (1997) suggest that
319 irrational beliefs (B) about the adversity are often the real cause. Athletes then learn to

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320 dispute (D) their irrational beliefs and are encouraged to form a new effective rational
321 philosophy (E) as an alternative (Turner & Barker, 2014). Disputation aids athletes to
322 understand their irrational beliefs are false, illogical, and unhelpful, and that rational
323 alternatives, by contrast, are true, logical, and helpful (Dryden, 2009; Dryden & Branch,
324 2008). I used this ABCDE framework to guide the intervention process. I separated the
325 REBT intervention into three distinct phases: education (ABC); disputation (D); and effective
326 rational belief (E).

327 *Education phase.* The education was conducted over the first two sessions. The
328 primary aim was to teach Tom the ABC model of REBT. We achieved this by working
329 through his situation, stage by stage. I explained the relevance of each part of the model as
330 we progressed. I also provided Tom with a basic explanation diagram (adapted from Turner
331 & Barker, 2013) to take home and review in his own time. I wanted to help Tom understand
332 how his beliefs about the situation caused him to feel certain emotions (i.e., the B-C
333 connection) rather than him viewing the adversity as causing his response (i.e., A-C
334 thinking). This is often an interesting and liberating process for athletes as they come to
335 realise they have volition and autonomy over their beliefs (Barker, 2018).

336 *Unhelpful responses (C).* Through Socratic dialogue, Tom was quick to identify the
337 main emotional, behavioral, and cognitive reactions to his situation. He was also able to
338 pinpoint how these reactions affected his performance. He identified the overwhelming
339 emotions of anger, frustration, and disappointment in response to making mistakes.

340 *Finding the adversity (A).* After understanding the unhelpful responses, the next stage
341 in the REBT framework was to identify the specific adversity Tom was experiencing. This is
342 sometimes referred to as the ‘Critical A’ (Dryden & Branch, 2008). Practitioners can
343 determine the ‘Critical A’ through a technique known as downward arrow. Downward arrow
344 follows the logical implications of a client's key automatic thought(s) in order to discover

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345 performance interfering beliefs or silent assumptions (Neenan & Dryden, 1999). Often, the
346 initial problem noted at A is not the real underlying issue that needs to be addressed (Palmer,
347 2009). A representation of how I proceeded is described below (adapted from Palmer, 2009):

348 Sport psychology practitioner (SPP): What is it about not giving a good performance
349 in competitive matches that gives rise to your feelings of anger and frustration?

350 Client: I should be doing better. I know I can play better.

351 SPP: What is it about underperforming that frustrates you?

352 Client: Making silly mistakes. Unforced errors. I shouldn't be doing that.

353 SPP: So, when you make an unforced error you get frustrated and angry?

354 Client: Well, making one unforced error is ok. More than one is stupid.

355 SPP: And what is stupid about making multiple unforced errors?

356 Client: It means I'm not learning.

357 (The SPP then reviews the interfering thoughts and beliefs with the client to establish
358 the Critical A.)

359 SPP: I'd like to review what we've covered. It is possible you are frustrated and angry
360 about a number of issues: (1) you know you can play better; (2) making a silly
361 mistake; (3) making multiple unforced errors; and (4) not learning. When you are
362 getting angry and frustrated what do you think you are most angry and frustrated
363 about?

364 Client: I'll always think I can play better... and I know the odd mistake is going to
365 happen. But making lots of silly mistakes, unforced errors... that's just stupid. I can't
366 stand making the same mistake twice.

367 SPP: Are you saying that it's not so much the overall performance you're angry and
368 frustrated about but making multiple unforced errors?

369 Client: Yes. Yes. That's it.

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370 (The SPP has derived the most relevant aspect of the adversity, the Critical A.)
371 Downward arrow enabled me to identify that making multiple unforced errors was the critical
372 adversity.

373 *Irrational beliefs (B)*. After clarifying the critical adversity, I began to explore with
374 Tom the stress inducing, performance interfering or resilience reducing thoughts and beliefs
375 he held. I used questions such as “What are you telling yourself about unforced errors that is
376 causing this response?” Tom responded that it was “stupid” or “silly” to make unforced errors
377 and “why can’t I learn from these mistakes.” Resistance is often apparent with this line of
378 questioning (Barker, 2018), but Tom offered little. It was clear that Tom held a firm belief
379 that “professional players do not make unforced errors”. His aspiration was to be a
380 professional tennis player. As such, he struggled to accept making unforced errors himself.
381 To ensure my understanding was correct, I reflected the belief back to him. He confirmed. It
382 appeared that failing to meet the rigid demand of emulating professional players in not
383 making unforced errors was causing Tom’s self-depreciation beliefs.

384 At this point, in preparation for the disputation phase, I explained again the ABC
385 model. I again stressed the importance of the B-C connection rather than A-C thinking. The
386 schematic representation below (see Table 2, left column) provides a summary of the main
387 adversity, irrational beliefs, and unhelpful consequences. It also highlights why I selected
388 REBT as an appropriate intervention for Tom’s situation.

389 *Insert Table 2*

390 *Disputation phase (D)*. In disputation, the athlete is challenged on their beliefs. Being
391 active-directive and challenging too soon can damage rapport and reduce the effectiveness of
392 the intervention (Morris, Tod & Eubank, 2018). Yet, younger athletes are typically more
393 open to abandoning their irrational beliefs and adopting new rational beliefs (Wood &
394 Woodcock, 2018). We had scheduled our third consultation for the day following the

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395 Australian Open singles final. I decided to use statistics from that event (see
396 <https://ausopen.com>) to empirically dispute Tom's unhelpful belief that professional players
397 do not make unforced errors. I presented a document detailing the statistics to Tom and his
398 father. They both appeared surprised at the high number of unforced errors made in the final,
399 and in general by champions in Grand Slam finals. We discussed Tom's pre-existing beliefs
400 around unforced errors. We also discussed conditions that might lead to unforced errors in a
401 match situation (for example, loss of concentration and aggressive play / trying to hit
402 winners). Our discussion resulted in Tom having a wider appreciation of why unforced errors
403 might occur in the wider context of the game. Following this phase of the intervention, I
404 provided Tom with a simple schematic outlining the ABC model he had described.

405 The empirical disputation was supplemented with Socratic dialogue around the logic
406 (Can you make multiple errors and still win? Must you play a perfect match?) and
407 helpfulness of Tom's current beliefs (Table 2; iB). This laid the groundwork for introducing a
408 new rational philosophy (Table 2; rB). It also offered an opportunity to discuss more optimal
409 ways to think, feel and behave. At this point we also discussed Tom's use of motivational
410 self-talk. We considered how we could integrate self-talk to help support an effective rational
411 belief (see Table 2, right column).

412 *Effective rational belief phase (E).*

413 I conducted the main reinforcement phase over the final two sessions. This
414 incorporated cognitive and behavioral techniques (Dryden & Branch, 2008). Following
415 reinforcement, I provided Tom with another schematic outlining the ABC model reflecting
416 his new rational beliefs and preferred responses. At all stages of the process, I encouraged
417 Tom and his father to discuss the material covered at home so they could raise any queries
418 with me at the earliest opportunity.

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419 *Rational credo.* Tom summarised his new rational beliefs into a short mantra, “it’s
420 fine, head up, step in.” This was adapted from the athlete rational resilience credo (ARRC;
421 Turner, 2016b) and Tom’s current self-talk. The use of rational credos is common in REBT
422 to help reaffirm rational philosophies (Dryden, 2007). In more recent times, Turner (2016b)
423 has used rational credos in a sporting context.

424 *Behavioral strategies.* Although Tom was quick to adopt this new rational belief, I
425 was concerned his irrational belief might return under the pressure of competition. I
426 suggested some behavioral tasks that might help Tom to reaffirm his new rational belief.
427 According to Self-determination Theory (Deci & Ryan, 2000), autonomy is a psychological
428 need that can enhance intrinsic motivation, leading to greater levels of task engagement, task
429 persistence, and more effortful action. As such, I encouraged Tom to choose his preferred
430 strategy. His favoured method was to write the mantra in his journal each evening as a daily
431 affirmation. This is a technique drawn from positive psychology (Steele, 1988). Tom
432 determined he would practice the new mantra in training before introducing it into a
433 competition environment. Tom also asked his father to help him review how effectively he
434 had used the mantra. They planned to do this each evening after practice.

435 **Distraction control plan.** One key mental skill shown to distinguish great performers
436 from the rest, is the ability to stay focused in the face of distractions (MacNamara et al.,
437 2010a, b; McCaffrey & Orlick, 1989; Orlick & Partington, 1988). Distraction control is a
438 skill athletes can master through positive focus planning and regular practice (Orlick, 2008).
439 Distraction control plans can also help athletes to build the resilience required for high
440 performance sport (Orlick, 2008). Young people are often ill equipped to deal with many of
441 the challenges of sport, which has prompted a resurgent interest in resilience and how that
442 impacts on sports performance (White & Bennie, 2015). Adolescents with a range of coping

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443 strategies can better deal with stress and are more likely to demonstrate resilient behaviors in
444 times of adversity (Galli & Vealey, 2008).

445 Based on the needs analysis, Tom's loss of focus appeared to emanate from his
446 opponents' behaviors, some of which he perceived as unsporting. During session two, we
447 discussed why an opponent might wish to engage in these types of distracting behaviors. Tom
448 surmised this could be because they were worried about him beating them. We continued
449 with this Socratic dialogue. Tom concluded that if opponents focus on trying to distract him
450 then they are not focussed on task-relevant cues. He appreciated that a positive reaction
451 would give him a competitive advantage. Over the next week, I asked Tom to recall other
452 similar situations that had occurred and his normal response to those events.

453 *Creating the plan.* In the third consultation, Tom gave me some examples of on-court
454 situations which caused him to lose focus. I used this information to populate the plan. We
455 then ran through a worked example of how he might think, feel and behave in a certain
456 scenario. For example, opponents keeping him waiting on court by taking long toilet breaks.
457 We discussed the use of self-talk as a refocus reminder and I stressed the importance of using
458 language that would be meaningful to him. Tom commented that "yes" is the positive self-
459 talk and refocus reminder he uses after hitting a winner. I suggested this might be appropriate
460 to use in these scenarios too, as the opponents' behavior suggested a lack of confidence on
461 their part and a positive development for him. I left this with Tom and his parents to discuss
462 as a 'homework' assignment (see Table 3). Tom returned the following week (session four)
463 with a populated distraction control plan. We discussed each scenario he had outlined. Each
464 scenario included his current and preferred responses and the refocus reminder. Tom
465 appeared energised from having worked his way through the process and was eager to face
466 those behaviors on court.

467 * Insert Table 3*

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493 could have reached out to my support network but something, perhaps ego, prevented me
494 from doing so. Almost in desperation, I searched online to see how Tom had fared in his most
495 recent competitions. I was disappointed to learn he had been knocked out in the first round of
496 both tournaments. Neophyte practitioners often believe they need to provide interventions
497 that result in immediate and tangible outcomes to justify their involvement with clients
498 (Rønnestad & Skovholt, 2003). With the lack of communication and the poor match results,
499 my assumption was the intervention had been an abject failure and I was the one responsible
500 (Tod et al., 2010). I began to reflect on a regular basis. What had gone wrong? What could
501 (or should) I have done better? As the *expert*, I had been desperate to solve Tom's problems
502 and was hard on myself for falling short.

503 There is much written in the literature about the difficulty sport psychology
504 practitioners have in evaluating the effectiveness of interventions (for example, Henriksen,
505 2014). Within cognitive-behavioral therapies, psychometric testing is often used for this
506 purpose, although quantitative assessment is not obligatory. Using psychometrics in this
507 scenario did not align with my philosophy. It lacked congruence with my core values and
508 beliefs. This experience proved useful in prompting me to explore my personal philosophy in
509 more depth. I continue to reflect upon the use of psychometrics and my level of congruence
510 with tools of that ilk.

511 Three months after the series of consultations ended, I received an unexpected email
512 from Tom's father. The following extract summarises his assessment of Tom's progress:

513 Thank you for the work you did with Tom. He is doing extremely well and despite
514 lots of struggles and frustrations his tennis has improved markedly. I am pleased to
515 say he is getting better at managing his thought patterns on court and although he does
516 still get upset, particularly if he feels he is playing badly or making mistakes, he is
517 now able to pull himself back and refocus on the rest of the game. This is great to see,

518 and I have no doubt your guidance has helped. Overall, he is making excellent
519 progress so thank you for your help.

520 The effectiveness of applied sport psychology is ultimately judged by performance
521 improvements (Anderson, Mahoney, Miles, & Robinson, 2002). Yet, effectiveness of service
522 delivery should not be judged solely by this indicator. A mistake often made by neophyte
523 practitioners (Rønnestad & Skovholt, 2003; Tod, Marchant, & Andersen, 2007). Anderson et
524 al. (2002) suggest four broad indicators for evaluating service provision: quality of support,
525 psychological skill and wellbeing, response to support, and performance. A battery of
526 effectiveness indicators should be used to triangulate data and evaluate service delivery more
527 comprehensively (Robson, 1993).

528 The external validation from Tom's father and news of Tom's performance progress
529 gave me confidence our time together had been beneficial. It also taught me not to judge my
530 overall effectiveness as a practitioner on short-term outcome measures. Although challenging
531 at the time, this reflection process proved indispensable for my personal development as a
532 neophyte sport psychology practitioner.

533 **Reflections**

534 The integrative use of REBT and distraction control within a person-centred framework of
535 sport psychology support was an apparent success for Tom as it enabled him to improve
536 focus under pressure and enhance the consistency of his performances. That said, I offer
537 some critical reflections on the experience, lessons learned and recommendations for future
538 applied practice. To facilitate critical reflection, I used the Rolfe et al. (2001) model, based on
539 three simple questions: What? So what? Now what? Conscious that personal reflection can be
540 limited by our own knowledge and understanding, I was keen to share my experiences with
541 my supervisor and peers, to facilitate an interchange of views (Knowles et al., 2001). This
542 forum allowed for a deeper level of critical reflection (or meta-reflection) when looking back

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543 at the intervention strategy. It also highlighted how to integrate critical reflection at earlier,
544 decision-making, stages of cases to validate, support, or challenge the case formulation.

545 The first consideration for future practice is the underpinning philosophical approach
546 to practice taken by neophyte practitioners. Aware of treading a fine line between an
547 integrated and an eclectic approach (Poczwadowski, Sherman & Ravizza, 2004), I was
548 reluctant to stray too far from my humanistic roots. An integrated professional philosophy
549 translates into a well-integrated and coherent service delivery (Poczwadowski, et al., 2004).
550 An eclectic approach is a creative synthesis of perspectives and techniques, underpinned by
551 coherent and rigorous theoretical logic (Poczwadowski, et al., 2004). The danger, for
552 practitioners and clients, is when eclecticism slips into an *anything goes* approach, with no
553 one organizing psychological theory. As such, REBT and other cognitive-behavioral tools
554 were not interventions I would have considered using. But, having discussed the matter with
555 supervisors and peers, it became clear that dogged adherence to a rigid approach brought its
556 own challenges. Furthermore, having engaged more with the literature, I was able to
557 challenge my assumptions about REBT and CBT not being compatible with humanistic
558 philosophy. On reflection, there may be a reluctance for neophytes to embrace different
559 approaches due to their educational background, limited exposure to alternative applications
560 and interventions, and favoured approaches being touted by trusted mentors. This case
561 provided me with an opportunity to expand my knowledge and experience of the cognitive-
562 behavioral approach. It was the first-time belief change formed the primary aim of support
563 and the first time I had used a specific belief change strategy. This lack of experience
564 contributed to my lack of confidence in delivering the intervention. A narrow skillset can be
565 limiting for practitioners. A flexible and adaptive approach, meeting individual client needs,
566 is more important than rigidity in a *pure* philosophy. Neophyte sport psychology practitioners
567 should be cognisant of the dangers of inflexibility. Practitioners often encourage flexible

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568 thinking in our clients, and, in this regard, we would be wise to follow our own guidance in a
569 measured and cautious manner.

570 A major benefit of REBT is that it is easy to follow. As such, it is particularly well
571 suited to younger athletes. I spent little time explaining the process and was quickly able to
572 help Tom change his beliefs through the intervention. Furthermore, I found the ABC
573 structure to be a useful investigative tool to understand how, young athletes especially, think,
574 feel and behave; a tool I have used many times since. Tom also found the distraction control
575 plan an easy concept to grasp. It allowed us to quickly move through the process and let Tom
576 implement something tangible straightaway. In addition, both interventions were completed
577 over a brief period. Taking a pure humanistic approach, may have been as effective in terms
578 of outcome but, likely, would have taken longer to complete. Hence, cognitive-behavioral
579 approaches may be more appropriate in time-limited circumstances.

580 The BPS Stage 2 is an accredited process for developing competency in sport
581 psychology practitioners in the UK. There is value for trainees in undertaking continuing
582 professional development (CPD) courses in psychological techniques beyond supervision, the
583 teaching they receive in education and their independent reading. The 2020 3-Day Primary
584 Certificate Practicum in REBT (“Albert Ellis Institute”, n.d.) would be an example of
585 accredited CPD. With hindsight, there were clear gaps in my knowledge around some
586 fundamental components of REBT. These knowledge gaps no doubt contributed to the
587 anxiety I experienced and my confidence in delivery. These feelings would likely have been
588 moderated had I undertaken a CPD course in REBT beforehand. One could argue that formal
589 training in a technique gives practitioners an additional level of competence and confidence.
590 This is an issue that trainees ought to consider when using novel techniques.

591 That said, attending accredited CPD courses is not the only way to develop
592 professional competence in a technique. Supervised ‘hands-on’ training may be just as

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593 valuable. Yet, this is something that could be improved upon in the Stage 2 practitioner
594 development process (Tod, 2007). Additionally, there are pragmatic challenges to consider
595 when considering training through accredited CPD courses. Not least, the cost-benefit
596 relative to individual trainees' stage of development. There is often a significant financial
597 cost associated to CPD. The above course at The Ellis Institute is priced at US\$999. This
598 figure could be inflated to well over US\$2,000 when travel, accommodation, and subsistence
599 are included. This is an impasse for many Stage 2 trainees already saddled with debts from
600 education and training, and, in many cases, struggling to make ends meet. Within a particular
601 chosen theoretical orientation that aligns with practice philosophy, a trainee may draw on
602 many psychological techniques and develop effectiveness in their use. Partly, this is because
603 they are, by definition, in-training and thus still trying things out. Continued practitioner
604 development post-qualification may well include attending and investing in accredited CPD
605 courses. This would seem to be a worthwhile investment to become a 'master-practitioner' in
606 a technique that will become a 'go-to' intervention for the psychologist over the longer term
607 (as a representation of practitioner authenticity). In training, neophyte practitioners are going
608 through a process of individuation to find that out. Individuation is a dynamic and ongoing
609 process where practitioners attempt to understand better, who they are and the influence they
610 have on service delivery (McEwan, Tod, & Eubank, 2019). Individuation can also assist
611 practitioners in realising professional satisfaction and meaning (McEwan, Tod, & Eubank,
612 2019).

613 Early in their careers, neophyte practitioners are often under the misapprehension they
614 need to provide interventions that result in measurable performance outcomes (Rønnestad &
615 Skovholt, 2003). They accept too much responsibility for client performance (Tod, 2014).
616 This was a trap I fell into as I searched for validation through Tom's match results. Seeing he
617 had under-performed, although completely unaware of the context, I immediately thought I

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618 too had under-performed. The quest to satisfy my ego, and validate what I had done, led me
619 to attach my self-worth to Tom's match results. I had begun to develop, what Eubank and
620 Tod (2016) labelled, a "sport psychologist identity." My self-esteem had become tethered to
621 my effectiveness as an applied practitioner. That was a 'rookie' mistake. But, an important
622 part of the learning and development process. With experience, supervision and through
623 regular reflection, I have learned not to make that link. Doing good work is enough. I now
624 derive confidence, pride and self-respect from a task-oriented approach (see Nicholls, 1984).
625 Fulfilling my own high standards of performance. Satisfaction from a job well done. In the
626 words of Goethe, "what matters to an active [hu]man is to do the right thing; whether the
627 right thing comes to pass should not bother [them]" (as cited in Holiday, 2017, p. 175).

628 The characteristic ranked as one of the most important for sport psychology
629 practitioners is high interpersonal skills; this potentially encompasses qualities such as being
630 likeable, approachable, trustworthy, and empathic (Tod, Hutter, & Eubank, 2017; Woolway
631 & Harwood, 2018). These qualities are critical to building rapport. Rapport is critical for
632 effective service provision (Campbell, 2009; Lubker et al., 2008). The constructive
633 relationships I built with Tom and his parents highlight two areas critical to my philosophy of
634 practice. First, I give high importance in the service delivery process to demonstrating
635 empathy and building rapport. I believe empathy and rapport are vital; the bedrock for
636 successful intervention. A common misconception is that rapport and empathy are non-
637 essential to the therapeutic process in REBT (Ellis, 1981). Yet, successful REBT therapists
638 listen well and are sensitive to and accepting of their client (Ellis, 1981). Second, the case
639 describes the development of constructive relationships with Tom and his father over a series
640 of four sessions. The personality of the psychologist, meaning skills, values and self-
641 knowledge, is the most important element in the likely success of any work carried out in the
642 humanistic-existential tradition (Ronkainen & Nesti, 2017). To develop high quality working

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667 This case describes how the principles of REBT were implemented to influence the
668 performance related beliefs of a national level junior tennis player. Initial needs analysis
669 highlighted Tom held unhelpful and factually incorrect beliefs about professional tennis
670 players. I guided him through the five stages of REBT. This helped Tom to understand how
671 his beliefs were affecting performance. I challenged those beliefs and helped him replace
672 them with a more helpful rational philosophy. Initial needs analysis also highlighted Tom's
673 loss of focus during competition. This emanated from the behavior of some opponents, which
674 he perceived as unsporting. We collaborated to develop and implement a distraction control
675 plan. This gave him a reliable heuristic to draw on in high pressure situations to maintain
676 focus on task-relevant cues. Although, at an early stage of my applied career and having scant
677 experience with the cognitive-behavioral approach, it proved effective, based on the measures
678 discussed, in this case. My reflections of the service delivery process, allied to the qualitative
679 feedback received from Tom's father, highlight the apparent effectiveness of the intervention.
680 Practitioners should be flexible enough to consider a range of support techniques to meet
681 athletes' individual needs.

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