Using Rational Emotive Behavior Therapy With Athletes

Article *in* Sport Psychologist · March 2014

DOI: 10.1123/tsp.2013-0012

2 authors:

Martin Turner
Staffordshire University
34 PUBLICATIONS **120** CITATIONS
SEE PROFILE

Jamie B. Barker
Staffordshire University
38 PUBLICATIONS **239** CITATIONS
SEE PROFILE

Section: Applied Research

Article Title: Using Rational-Emotive Behaviour Therapy With Athletes

Authors: Martin James Turner[1] and Jamie Barker[2]

Affiliations: [1]Centre for Sport, Health, and Exercise Research, Staffordshire University, Stoke-on-Trent, Staffordshire, United Kingdom. [2]Department of Sport and Exercise, Staffordshire University, Stoke-on-Trent, Staffordshire, United Kingdom.

Running Head: REBT with athletes

Journal: *The Sport Psychologist*

Acceptance Date: May 4, 2013

"Using Rational-Emotive Behaviour Therapy With Athletes" Turner MJ, Barker J
The Sport Psychologist

Abstract

The use of REBT in sport psychology has received scant research attention. Therefore little is known about how REBT can be adopted by sport psychology practitioners. This paper principally outlines how practitioners can use REBT on a one to one basis to reduce irrational beliefs in athletes. Guidance is offered on the introduction of REBT to applied contexts, the REBT process through which an athlete is guided, and offers an assessment of the effectiveness of REBT with athletes. It is hoped that this paper will encourage other practitioners to adopt REBT into their work and to report their experiences.

Keywords: Emotions, Cricket, Soccer, Applied Sport Psychology, Intervention

> "*It will be pretty tough for me for the next few days, but I will get over it, I will be fine…There are a lot worse things that can happen in your life. Shooting a bad score in the last round of a golf tournament is nothing in comparison to what other people go through*." Rory McIlroy after the 2011 US Masters (Philips, 2011, pB14).

Theoretical Background

The quote from Rory McIlroy after his 2011 Masters failure reflects one of the fundamental aims of Rational-Emotive Behaviour Therapy (REBT; Ellis, 1957), to promote rational and logical responses to life events. That is, by applying the rational and logical notion that there are as a matter of fact worse things that can happen than failing in sport, athletes can assuage dysfunctional emotions. Therefore, helping athletes to adopt rational beliefs may help them better deal with career adversities such as failure, rejection, and performing under pressure.

Applied sport psychologists working within professional sport are taxed with how to structure their provision, and in particular, whether and to what extent they provide one to one psychology support to athletes. Over the past five years we have undertaken consultancy work in professional football and cricket clubs. We have come to realize that the cannon of psychology skills (Anderson, 2009) is an invaluable strategy that we have used with many athletes, but some athletes require more fundamental changes in core beliefs to overcome performance disrupting psychological issues. Therefore, we have adopted REBT with athletes who present with dysfunctional emotions that stem from irrational beliefs.

The use of REBT is seldom documented in sport psychology literature (Turner & Barker, 2013), even though the beliefs of athletes may have an important influence on performance (e.g., Balague, 1999; Burton & Raedeke, 2008; Cockerill, 2002). Albert Ellis conceived REBT (then called Rational Therapy; RT) in 1955, inspired by the view that it is

not the event that causes emotional disturbance, but ones view of the event (e.g., Aurelius, Lucian, Martyr, Pater, & Edman, 1945). RT was reformulated in 1961 and became Rational-Emotive Therapy (RET), to formally recognise the role emotions have in mental processes and in therapy. RET then became REBT in 1993, now formally recognising a behavioural emphasis and also embodying a humanistic and collaborative approach to therapy (Enfield, 2010). REBT is currently one of the predominant techniques associated with Cognitive-Behaviour Therapy (CBT), asserting that beliefs individuals hold in relation to failure, rejection, and poor treatment will mediate their perceptions of events, influencing subsequent emotional and behavioural responses (Ellis & Dryden, 1997).

REBT is distinct from other cognitive-behavioural approaches as it specifically proposes that rigid and extreme beliefs in relation to adversity are considered irrational beliefs, leading to dysfunctional (unhealthy) emotions (e.g., anxiety, unhealthy anger, depression). In contrast, flexible and non-extreme beliefs are considered rational beliefs, leading to functional (healthy) emotions (e.g., concern, healthy anger, sadness; Dryden, 2009). Further, unhealthy and healthy emotions are associated with particular action tendencies or behaviours that are either maladaptive or adaptive. Table 1 shows the common healthy and unhealthy emotions we have observed in athletes, and the corresponding action tendencies, but in brief, unhealthy emotions are associated with maladaptive behaviours while healthy emotions are associated with adaptive behaviours.

REBT proposes that there are four types of irrational belief, and four types of rational belief, with both comprising a primary belief and three secondary beliefs. Primary beliefs stem from asserted preferences (e.g., "I want to be successful") that an individual either transmits into a demand (primary irrational belief), or negates and retains the preference. That is, the preference either becomes "I want to be successful and therefore I must" (primary irrational belief) or "I want to be successful but that does not mean I have to be" (primary

rational belief). The three secondary beliefs are derived from the primary belief, with primary irrational beliefs leading to awfulizing, low frustration tolerance (LFT), and or self-/other-downing. In contrast, primary rational beliefs lead to anti-awfulizing, high frustration tolerance (HFT), and or self/other acceptance (Dryden, 2009). More detailed information about each irrational and rational belief can be found in Table 2. In short, awfulizing, LFT, and self-/other-downing beliefs are rigid and extreme, leading to dysfunctional emotions, while anti-awfulizing, HFT, and or self/other acceptance beliefs are flexible and non-extreme, leading to functional emotions.

The principle goal of REBT is to replace irrational beliefs with rational beliefs to promote functional emotions (Ellis & Dryden, 1997; Kirkby, 1994). The therapeutic process of REBT (see Figure 1 for pictorial illustration) first encourages the client or group to understand that in the face of failure, rejection, and poor treatment, their irrational beliefs (B) cause their dysfunctional emotional and behavioural responses (C), not the event (A) alone. Once this ABC framework is understood, the client is encouraged to dispute (D) their irrational beliefs and replace them with rational alternatives (E). Disputation helps the client to understand that their irrational beliefs are false, illogical, and unhelpful, and that rational beliefs are true, logical, and helpful (Dryden, 2009). Disputation comprises three main arguments: empirical (is the belief true or false?), logical (does the belief make sense?), and pragmatic (is the belief helpful?). Once the irrational beliefs have been successfully disputed and acknowledged as being false, illogical, and unhelpful, the rational alternatives are also disputed, but acknowledged as being true, logical, and helpful (Dryden, 2009; Dryden & Branch, 2008).

Conceptually REBT is a motivational theory (David, 2003) akin to the cognitive appraisals paradigm posited by Lazarus (1991). Irrational and rational beliefs represent specific types of hot cognition (e.g., Ableson & Rosenberg, 1958) or primary appraisal

(Lazarus, 1991) strongly involved in the generation of emotion. To explain, irrational and rational beliefs are ways of appraising (hot cognition) particular representations of reality (cold cognitions) in terms of their personal significance (goal or motivational relevance; David, Lynn, & Ellis, 2010; Hyland & Boduszek, 2012). General core irrational and rational beliefs are coded as schemas or propositional networks in the cognitive system (David, 2003). So in specific situations (e.g., failure, rejection, and poor treatment) irrational and rational schemas bias perceptions of the adversity and generate specific irrational and rational beliefs, leading to dysfunctional and functional emotional responses. The therapeutic process of REBT (ABCDE) is congruent with Lazarus' appraisal theory (Hyland & Boduszek, 2012) because the primary appraisal of future adversity is altered by changing irrational beliefs to rational beliefs, thus altering the emotional response (Maxwell & Wilkerson, 1982). For example, prior to an important competition an athlete with the primary irrational belief "I want to perform well and therefore I must" may feel anxious and adopt maladaptive behaviours. Through REBT, the athlete could adopt the new and effective rational belief "I want to perform well, but that does not mean I have to," and instead feel concerned and adopt adaptive behaviours. It is the irrational beliefs that elicit anxiety, not the adversity (e.g., important competition) alone (Harris, Davies, & Dryden, 2006; Himle, Thyer, & Papsdorf, 1982).

In sports competition, an irrational shift from "want to" to "have to" occurs easily due to the pressure of performing and an obsession with results (Botterill, 2005). However, sparse research documents the use of REBT with athletes (Bernard, 1985; Elko & Ostrow, 1991; Larner, Morris, & Marchant, 2007; Marlow, 2009; Turner & Barker, 2013) in which REBT is used in various ways (e.g., lecture-based, one to one meetings, as part of a multimodal strategy) yielding promising but mixed results.

Therefore, the present paper adds to the extant literature by providing a more detailed insight into how REBT can be used with individual athletes. This current paper advocates the use of REBT by reflecting on how we the authors have used it on a one to one basis with a number of athletes. This professional practice article attempts to move beyond what is offered in REBT textbooks, which are highly valuable, by being more specific with regards to how REBT can be adopted and applied by sport psychologists. This paper will offer practitioners guidance on using REBT with athletes, and the potential challenges to delivering REBT effectively in an applied sport setting. It is hoped that this paper will help to raise awareness of REBT for other sport psychology practitioners to assist them in their consultancy.

REBT and the Sport Setting

Introducing REBT to the applied context

Perhaps because of its clinical connotations (Marlow, 2009), seldom is the use of REBT in applied sport settings reported. Indeed, it is the clinical connotations of REBT that have provided various barriers to our use of REBT with athletes. For example, coaches and sport science staff are often concerned that by adopting REBT we are suggesting that the athletes require therapy, which can encourage misplaced perceptions about the role of sport psychologists (e.g., Pain & Harwood, 2004). However, we are clear in our use of REBT that our aim is to help athletes deal with performance issues that are routed in dysfunctional emotions stemming from rigid and maladaptive beliefs, rather than to help athletes develop other valuable psychological skills such as imagery or goal setting. That is, REBT is rooted in clinical practice, and although we do not attempt to help athletes deal with clinical issues, we do not and have not needed to alter the goals of REBT to make it more palatable to athletes. Our use of REBT is underpinned by specific training through the completion of the Primary Practicum at The Centre for REBT at The University of Birmingham accredited by the Albert Ellis Institute. Both authors are also practitioner psychologists registered with the Health and

Care Professions Council (HCPC) as Sport and Exercise Psychologists. Another important note is that the authors have a philosophy of practice that encompasses a humanistic approach, where athletes' psychological well-being is of primary importance, and not necessarily sport performance. Put simply, although we use REBT to help athletes deal with performance issues, the goal is to help athletes exercise better emotional control, and this philosophy is communicated to sports organizations we work with.

It is important to indicate to performance directors, coaches, and sport science staff that REBT is not exclusively for use with clinical populations (Gonzales, Nelson, Gutkin, Saunders, Galloway, & Shwery, 2004) and as all humans have the propensity to adopt irrational beliefs (Ruth, 1992), theoretically all athletes could benefit from REBT. Similarly, we have found that the use of the word *irrational* carries some negative connotations when introducing the concept to applied sport settings. Irrationality can be considered by some people to be a sign of low intelligence or lack of maturity, and we address this misconception when introducing REBT to coaches and sport science staff by defining what irrationality means in REBT (e.g., rigid demands). In addition, often we will rebrand REBT as *Smarter Thinking* for athletes with the intention of facilitating palatability while curbing the clinical connotations of REBT. To be clear, REBT is a name and the removal of it, while retaining the key elements of REBT, is done only to allow more efficient uptake of this strategy in applied sport settings. One of the strengths of REBT is that it provides an explicit and easy to understand framework for athletes and coaches alike. Therefore, when introducing REBT it is possible to explain broadly what the athletes will do in one to one sessions, offering some transparency of service delivery often not possible in sport psychology practice. Finally, we find that coaches, sport science staff, and athletes, appreciate the realistic and pragmatic philosophy of REBT, and in particular the recognition that negative emotions can be adaptive. To explain, REBT is not concerned with transforming negative emotions into

positive emotions. Rather, REBT is focused on promoting healthy negative emotions, that is, emotions that are unpleasant but more adaptive than unhealthy negative emotions.

In this paper we outline the stages that we go through when using REBT with athletes on a one to one basis. Hereafter, we provide our typical approach to using REBT with athletes, including experiential examples where necessary, and providing data to illustrate the efficacy of REBT where appropriate. We begin by considering what factors contribute to the decision to use REBT with an athlete or not.

Deciding whether to use REBT

Needs analyses are an important part of deciding which approach to take when helping an athlete to enhance their psychological skills for performance (Shambrook, 2009) no less so for deciding whether to use REBT with an athlete. If poor emotional control is apparent to the coach in observation of an athlete, we arrange a one to one meeting with the athlete in question to explore potential psychological issues. In the meeting, to initiate a conversation about thoughts, feelings, and behaviours in relation to sport performance, it is useful to first adopt a person-centred approach (Katz & Hemmings, 2009; Rogers & Sanford, 1984). We typically encourage athletes to reflect on the factors contributing to recent poor performances or the thoughts surrounding dysfunctional emotions. For example, one athlete described performing poorly when under pressure in important competitions, and when prompted, suggested that big matches "mean too much," causing rumination on negative consequences of "probable failure" (e.g., being dropped from the academy programme). Athletes often talk about experiencing unhealthy anger in circumstances where they are disrespected (usually by an opposing athlete), treated unfairly (usually by coaches and or officials), or have not met their own or others' expectations.

The information gleaned from this initial meeting is considered alongside the coach's observations, and if irrational thoughts appear prevalent we feel it necessary to obtain

quantitative indicators of irrational beliefs. To assess irrational beliefs we have found the Shortened General Attitudes and Beliefs Scale (SGABS; Lindner, Kirkby, Wertheim, & Birch, 1999) particularly useful as it offers a range of subscales relating to specific irrational beliefs. Specifically, the SGABS provides a valid and reliable measure of total irrational beliefs, self- and other-downing, need for achievement, need for approval, need for comfort, and demand for fairness. The SGABS has 26 items, and athletes are asked to indicate the extent that they agree with the 26 statements on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate stronger beliefs. This SGABS information is important as REBT can be tailored to the athlete based on their specific irrational beliefs. In our use of the SGABS we have used subscale scores reported in validational papers (e.g., Lindner et al., 1999; MacInnes, 2003) as guidance (alongside coach observation and sport psychology meetings with the athlete) on whether athletes present sufficient irrational beliefs to justify REBT. Lindner et al. (1999) used a sample of 60 females and 30 males (M = 31.20 years) from the general population, while MacInnes (2003) used a sample comprising 14 mental health patients and 27 students (M = 29.10 years) with 30 females and 11 males. Combined Mean subscale values across the two papers were: total irrational beliefs = 2.51, self-downing = 1.66, other-downing = 2.21, need for achievement = 2.58, need for approval = 2.41, need for comfort = 2.98, and demand for fairness = 3.17. As norm values for athletes have not been established for the SGABS, we consider subscale scores above those reported across Lindner et al. (1999) and MacInnes (2003) to be sufficient to warrant the use of REBT with athletes (if observation and a one to one meeting corroborate with the SGABS data).

To illustrate, in the athletes that we have adopted REBT with between January 2009 and December 2012 (n = 19), mean subscale values were: total irrational beliefs = 3.03 (SD = .32), self-downing = 1.84 (SD = .57), other downing = 2.74 (SD = .64), need for achievement

= 3.74 (*SD* = .57), need for approval = 3.09 (*SD* = .53), need for comfort = 3.24 (*SD* = .67), and demand for fairness = 3.49 (*SD* = .47). These scores can also be used to inform the REBT intervention. For example, an athlete scoring highly on the need for achievement subscale may benefit from adopting a more rational approach to success that is underpinned by preferences instead of demands (needs and musts). However, the SGABS has not been validated with athletes and is a measure of general beliefs, not a measure of sport specific beliefs. For example, items for the need for achievement subscale include: "It's unbearable to fail at important things, and I can't stand not succeeding at them," and "I cannot tolerate not doing well at important tasks and it is unbearable to fail." These two items refer to success and failure in important tasks and could quite easily be amended to refer to sport competitions. Therefore, future research could validate the SGABS with athlete populations helping to produce norm values for athletes across a range of sports that could serve as more reliable guidelines than presented in the present paper.

In all, coach observation, initial meeting and questionnaire data provides triangulation (Barker, McCarthy, Jones, & Moran, 2011) and informs whether REBT is used with the athlete or not. In the cases where triangulation indicates irrational beliefs as a potential cause of performance disruption and dysfunctional emotions, REBT is warranted. REBT is used when sufficient irrational beliefs are indicated, as there are many other psychological techniques that can help athletes with anxiety, emotional control, and mood issues (e.g., Jones, 2003).

Doing REBT

Education phase

The broad aim of the education phase is to teach the athlete about the ABC process of REBT and to ascertain whether the athlete wishes to pursue this strategy or not. This education phase can take place across up to three sessions depending on the context in which

we are working. For example, if we have a 45 minute meeting with an athlete, which is typical when an athlete contacts us independently, it is possible to complete all steps required for this phase in one session. If only brief 20 minute sessions are available, such as those we often have when working in academy soccer, three sessions are more realistic for this phase. The steps usually taken in this phase are described in sequence and follow guidelines from key REBT texts (e.g., Dryden, 2009; Dryden & Branch, 2008; Dryden, DiGuiseppe, & Neenan, 2003; Ellis & Dryden, 1997; Ellis, Gordon, Neenan, & Palmer, 1997). For brevity, this paper details and reflects on the process of using REBT with athletes that report suffering from pre-performance anxiety. In this way, it is possible to offer more specific insights into how we use REBT.

The REBT process

With athletes we try to describe REBT (*Smarter Thinking*) very plainly, as a way to change unhelpful thoughts to helpful thoughts. Then the ABCs of REBT are explained to the athlete. To this end, athletes are informed that when facing adversity (A) it is their beliefs (B) about the adversity that determines their emotional and behavioural responses (C), not the adversity alone. It is important to make it clear that in REBT, an important match (A) is unlikely to cause anxiety (C) alone without irrational beliefs (B). This serves to quash the validity of statements such as "big matches make me feel anxious" (which reflect the erroneous direct link between the adversity and the response). It is vital at this stage that the athlete realises that it is their beliefs that are leading to anxiety, and that they can develop their ability to alter and control their beliefs, and thus control their emotional and behavioural responses. Indeed, adversities can rarely be changed, and why should they need to be if one can control ones beliefs? For example, if the athlete is selected to play in an important competition, we can't cancel the match, or simply make the match less important, but we can help the athlete to change their beliefs about the match. Usually 15 to 20 minutes are

dedicated to this important stage with the athlete gaining more understanding as the REBT intervention progresses. When confident that the athlete has fully grasped the fundamental REBT process, evidence by the athlete being able to describe the process verbally in relation to their issue, it is appropriate to move onto identifying specific ABCs.

Finding emotional and behavioural responses (C). Many athletes we have worked with have received some sport psychology education as part of professional programs, therefore many athletes already have an understanding of their emotional and behavioural responses, which are often underperforming (behavioural C) due to feeling too anxious (emotional C) prior to important competitions. In REBT anxiety is considered unhealthy as it is associated with behaviours that are incongruent with goal attainment. The healthy alternative to anxiety is concern, in that it is associated with behaviours congruent with goal attainment (see Table 1). To identify whether the athlete is responding with anxiety or concern, it is important to explore the action tendencies of the athlete's emotional response by asking the athlete how they behave in the face of the adversity. Typical indicators of anxiety are avoidance tendencies away from important situations, the feeling of wanting to go home before the start of important competitions, or the hope that the competition will be cancelled. Concern in contrast is characterized by confronting the situation with approach behaviour such as taking steps to overcome challenges and or embarking on extra preparation in order to cope with the event (Ellis & Dryden, 1997). Simply, the emotional response (C) is usually the main performance issue (e.g., anxiety) characterised by particular behavioural indicators (e.g., action tendencies).

Finding the adversity. Important in REBT is finding the athlete's critical adversity (A). Put simply, the critical adversity triggers irrational beliefs B and may not be the first adversity to emerge. For example, initially the adversity may be "important competitions," however this is not always accurate and it is vital to ascertain what it is about important

competitions that lead to irrational beliefs and consequent anxiety. To attain the critical adversity we have found inference chaining (Ellis et al., 1997), particularly valuable. For example, with one athlete an inference chain was conducted in the following way:

> *SP (Sport Psychologist):* What makes you so anxious going into an important competition?
>
> *A (Athlete):* if I perform badly, everyone will see
>
> *SP:* why is that a problem?
>
> *A:* everyone will think I'm not a good enough player
>
> *SP:* why would that be bad?
>
> *A:* the coach might think I'm not good enough for the academy
>
> *SP:* why is this so bad?
>
> *A:* he will drop me from the academy
>
> *SP:* ok let's assume that is true, if you lose this one match you will get dropped, what would be so bad about that?
>
> *A:* if I get dropped then I'll never achieve my goal of becoming a professional. Ill have failed
>
> *SP:* What would that be like for you?
>
> *A:* Terrible. I don't even want to think about it.

In the above instance, the inference chain facilitated the discovery of potential underlying inferences that represent the athlete's core beliefs surrounding important competitions. It is useful to present the start and end of the chain to the athlete to reinforce the jump they can make in a very short space of time, from approaching one important competition to potentially never reaching their goals. An added strategy we have used is to

write down the most pertinent inferences and ask the athlete which one, directly prior to important competitions, leads to anxiety: everyone will think I'm not good enough, the coach might think I'm not good enough for the academy, he will drop me from the academy, if I get dropped I will never achieve my goal. With the athlete in the above example, he replied that the coach's opinion worried him most. So through inference chaining it is possible to arrive at the critical adversity, in this case and many others, important competitions provoke anxiety in part because the coach (or significant others) evaluates the athlete, thus failure in these situations would be detrimental to the athlete's career. In sum, in the above example the critical adversity was "being evaluated by the coach."

Finding irrational beliefs. The fundamental therapeutic purpose of REBT is to change irrational beliefs to rational beliefs, thus the accurate identification of the athlete's irrational beliefs is imperative. Irrational beliefs have two components, primary (demands) and secondary (awfulizing, LFT, self-/other-downing). Using the critical adversity as a basis, it is sometimes possible to use straight forward questioning with the athlete in order to elucidate the primary irrational beliefs. One question we often use is "what are you saying to yourself about the adversity that is causing the emotional and behavioural response?" Fundamentally, this question is designed to access the irrational beliefs that the athlete may have in relation to the adversity. Athletes tend to be able to articulate their irrational beliefs willingly as some may use the beliefs as part of their self-talk prior to matches. Common irrational beliefs to emerge in this meeting are, "I have to play well," "I must win," "the coach must like me," and "I have to always play my best." These statements represent primary irrational beliefs (rigid demands). It is very important at this point to ensure that by "have to" or "must" that the athlete truly means "must" in an absolute sense. To explain, although athletes use the term "have to" they may not mean it literally. Common with athletes is the perception that they "have to succeed" is a socially desirable notion and a testament to

how important they consider their sport to be, rather than really believing that they "must" win. Only if the athlete uses must in an absolute manner is it appropriate to class it as irrational as defined in REBT.

Difficulties may arise in identifying the primary irrational belief. A concept we have come to embrace is that if the athlete is experiencing unhealthy emotions such as anxiety and their SGABS scores suggest the prevalence of irrational beliefs, then a rigid demand could well be the underlying cause. To be clear, it is not that other factors are not contributing to the anxiety, for example previous performances and the importance of the competition for the team. However, REBT does not aim to alter perceptions of the adversity and therefore we rarely question the importance of a competition for an athlete. In fact, it is important to be confident in the theoretical underpinnings of REBT and to embrace the model fully and sometimes vociferously after deciding to use it.

The inference chain also gives a useful insight into the secondary irrational beliefs potentially causing anxiety. Of note are comments in the inference chain referring to the adversity as terrible, awful, or horrible. It is appropriate to restate the words that could be regarded as examples of awfulizing to the athlete, to ascertain the athlete's definition of those words. If the athlete qualifies that by "terrible" they do not merely mean very bad but truly awful, the secondary irrational belief has been identified. Another method that works well with athletes is to simply repeat the primary irrational belief followed by the words "and if I don't/do", as if anticipating a suffix to the primary irrational belief statement. For example, "I must win the approval of the coach and if I don't..." or "I must not play poorly today, and if I do..." The athlete may respond with the potential secondary irrational belief, for example "…it would be terrible." With the primary and secondary beliefs now located, it is possible to construct the full irrational belief with the athlete which for example might be "I must, at all times, perform well and win the approval of the coach and if I don't it would be terrible."

The above statement seems extreme, but through our continued engagement in applied sport psychology work we have found that these beliefs are reported by many academy and professional athletes. With most athletes, the recognition and formalisation of irrational beliefs is an eye opening experience in which they realise how anxiety provoking the nature and sentiment of their words are. There seems to be a moment of self-discovery where the athlete realises that in the face of adversity, it is *they* who have been perpetuating their unhealthy emotions by harbouring irrational beliefs. An intriguing and challenging aspect of identifying irrational beliefs with athletes is that the philosophy "I must succeed" can often be considered motivational. So labelling this belief as "irrational" can mystify some athletes because success is important to them and there appears to be no other option but to succeed. The idea that irrational beliefs are motivational is interesting and more research is needed, but with the athletes we have used REBT with, not one has suffered reduced motivation after adopting rational beliefs, chiefly because rational beliefs reflect strong preferences, not weak desires. Indeed, individuals responding with functional emotions stemming from rational beliefs tend to act in ways that are self-enhancing, adopting adaptive behaviours (approach) and balanced thoughts, facilitating goal achievement in the long run. In contrast, individuals responding with dysfunctional emotions stemming from irrational beliefs tend to act in ways that are self-defeating, adopting distorted thinking, preventing goal attainment in the long run (Dryden, 2009).

At the end of the education phase, a summary is provided for the athlete, as much will have been covered, including the recognition of the irrational beliefs that are potentially causing anxiety. It is important to encourage the athlete to dwell on the education phase and focus on the connection between beliefs (B) and emotional and behavioural responses (C) in the following week's training sessions and or competitions. To this end, a worksheet that the athlete is encouraged to complete alone throughout the week guides them through the ABC

process promoting further self-discovery and reinforcement of key elements. It is also helpful for the athlete to come prepared for the next session with an understanding at least of the ABC process and the implications of their irrational beliefs for emotional and behavioural consequences, as we challenge and dispute their irrational beliefs next.

Disputation Phase

The first phase was educational and explorative, so in the second phase the athlete learns how to dispute their irrational beliefs and strengthen their rational beliefs. This second phase could take place across three sessions when afforded the time to work with the athlete for 45 minutes or longer, but typically takes place across five sessions of 20-30 minute durations. It is important to help the athlete to dispute thoroughly, while bearing in mind that repeated disputation sessions can cause the athlete to feel that progress is slow. Many athletes do not share our philosophy of enhancing psychological well-being, and really want an effective strategy to help them perform better. It is important to be open and honest with the athlete regarding time and effort requirements at the outset.

Irrational vs. rational beliefs. The first step we take in helping the athlete to change their irrational beliefs is to suggest that there is a different way to think about adversities, which recognises the importance of performing well, while avoiding rigid demands. It is important to reinforce the link between rigid demands (I must) and dysfunctional emotions (e.g., anxiety), and flexible preferences (I want) and functional emotions (e.g., concern). Then it is appropriate to suggest replacing the rigid irrational beliefs with flexible and rational beliefs, with the athlete's consent. Verbal consent is important at this stage because irrational beliefs are challenged and disputed, which some athletes may be uncomfortable with at first. We have found that REBT works best when the relationship between athlete and practitioner starts off as athlete led, then slowly switches to practitioner led when disputing takes place. It

is self-discovery that yields the athlete's ABC, but disputation should be heavily led by the practitioner.

It is a good idea to provide an example of how different beliefs (irrational vs. rational) can lead to different emotions and behaviours prior to disputing. We frequently use the The Money Example advocated by some of the most prominent REBT specialists (Ellis et al., 1997). In brief, The Money Example has the athlete imagine they have £10 in their pockets, with the belief that they would prefer to have a minimum of £11, and it would be bad if they didn't, but it wouldn't be terrible. Then the athlete is asked how they would feel, usually replying that they would be a bit nervous, but would cope fine. Then the athlete is asked to imagine the same situation but this time with the belief that they absolutely must at all times have a minimum of £11 in their pockets, and it would be horrible if they had less. Athletes usually report feeling a lot more anxious, worried about the money, and panicky. Then we explain that faced with the same adversity (having only £10), the flexible preference led to nervousness (or concern) that they could cope with, but the rigid demand led to anxiety that they couldn't cope with. This exercise illustrates how rigid demands can cause dysfunctional emotions, and that by changing the rigid demand to a flexible preference, functional emotions can be promoted. Athletes enjoy this exercise, but perhaps a more sport specific alternative could be used. We have found that the most important part of the The Money Example with athletes is to emphasise the rigid demand and have the athlete repeat the belief to themselves. In fact, Ellis et al. (1997) report repeating the word "must" several times to clients.

Disputation (D). Disputation is the most important part of REBT and is where the intervention really takes place. Up to this point, the athlete has discovered a lot about the connection between their beliefs and their emotional and behavioural consequences, but the disputation phase helps the athlete to change their irrational beliefs to promote healthier

emotional alternatives. Typically, with the athlete now aware of how maladaptive their irrational beliefs potentially are, they are motivated to change.

Importantly, the adversity is not disputed, but assumed to be true. In other words, taking the example used previously, the athlete's coach may well be evaluating and scrutinising him in important matches, but what is so anxiety provoking about that? It is not the irrationality of inferences about the adversity that are under scrutiny, but the irrational beliefs prompted by the adversity that are to be challenged and disputed. The below describes the processes we go through with athletes to dispute primary irrational beliefs such as "I must, at all times, perform well and win the approval of the coach." We provide this particular example because in our work with professional athletes, this irrational belief is very common. The irrational belief is disputed using three main strategies which we try our utmost to complete in sequence to help standardise the process and to provide the athlete with a structure. Disputation is completed systematically and comprehensively in order to leave no doubt about the irrationality of the athlete's primary irrational belief.

Evidence. The athlete is asked to detail where it is written that they "must" always perform well, and to offer some proof that they "must" always perform well. While appearing quite confrontational, it is helpful to couch this line of questioning in the fact that the athlete has achieved a lot in their career thus far despite not always performing well in the past. The athlete is encouraged to think about times they have performed poorly, which may seem counterproductive at first. After the athlete has detailed some instances of poor performance, it is possible to pose the question; how can "I must at all times perform well" be true if there are times where you have not done this? The athlete's irrational belief will usually flounder under empirical questioning.

Logic. The athlete is asked whether just because they *want to* perform well at all times, indeed they may want this more than anything else in the world, then *must* this

happen? Many athletes make a strong argument that they "must" always perform well because that is what it takes to become a professional athlete. If the athlete is resistant to logical disputation, a strategy that has worked well in the past is to have the athlete talk about their favourite athlete. Then, the athlete is asked to describe the times their favourite athlete has underperformed. This comes easily to athletes who follow their idols and understand their performance history. It is then appropriate to list numerous high-level professional athletes who have experienced sub-optimal performances (as evidenced in the quote from Rory McIlroy at the start of this paper) to make the explicit point that the reason "I must always perform well" can be considered illogical is because nobody has, or ever will, achieve it. Another approach that works well is to have the athlete list the circumstances that they feel the word "must" actually applies to. Oxygen, water, sleep, and food are the most common logical answers to emerge, with some athletes also suggesting that family is also a "must." Then the athlete is encouraged to consider whether playing well in an important competition would fit in with the list of crucial necessities. Irrational beliefs will not be logically supported.

Pragmatics. The reason we usually conduct this step last in the disputing phase is because it offers such a definitive "nail in the coffin" for the primary irrational belief. Often, the pragmatic strategy is the most difficult part for athletes in the process as they realise, to their disappointment, that their strongly held and frequently used irrational belief may not be helping and may actually be contributing to their performance issues. In pragmatics the athlete is asked "where is this irrational belief getting you?" to which athletes usually reply "nowhere" or "not where I want to be." In short, this stage is asking "what is the point in having this irrational belief if you are getting so anxious that it stops you from achieving your goals?" This is an important strategy as it more strongly than any of the previous steps helps the athlete to realise that it is not the coach or the important competition causing anxiety, but

themselves. We also relate pragmatics to physical skills with athletes. For example, if they were engaging in a skill execution that was harming performance, then continuing to use that technique would be nonsensical. The same principle is applied to irrational beliefs.

Evidence, logic, and pragmatics are also used in a similar manner to dispute the secondary irrational belief, which for example might be "If I fail in important situations, it is terrible," with the addition of one very useful exercise. Awfulizing is common in the athletes we have worked with, and stems from the notion that failure in sport is the worst thing that could possibly happen, or in other words, the adversity is 101% bad. Put simply, the adversity can never be awful because awful doesn't exist outside the human mind (Dryden & Branch, 2008). So to help dispute awfulizing, we use a badness scale advocated for brief therapy (Ellis et al., 1997). A scale from 0% to 100% is drawn on a white board or large piece of paper and presented to the athlete are 10 possible adversities they may face in their life, both in sport and out of sport. Importantly the adversities usually include failure in important situations, along with such events as stubbing a toe, being permanently injured, contracting an incurable disease, being assaulted, losing a loved one, shrinking their kit, being slowly tortured, their house being burned down, and ruining their favourite piece of kit (e.g., cricket bat, soccer boots, hockey stick). The athlete then places the adversities on the badness scale by considering how bad they are in relation to 0-100%. Athletes learn two important things from this exercise which help to dispute the secondary irrational belief. The first is that none of the situations are placed right at the very top, thus indicating that none of the adversities were considered "awful" or "101% bad." The second is that athletes normally place "failure in important situations" at around the 40-50% mark on the scale, so how can failure in important situations be horrible and terrible, if it isn't placed anywhere near 100%? Athletes meet the conclusions of this exercise with philosophical adjustment, as they can see clearly on the badness scale the relative unimportance of failure compared to more noxious life

events. Of all the REBT strategies we have used with athletes, the badness scale is the most enjoyed by athletes, and also delivers the most explicit message that being rational is partly about putting life events, including sports competitions, into logical perspective.

Effective rational belief (E) phase

Promoting a new effective rational belief can take place across one to two sessions depending on the time frame the practitioner is working in. It is important to recap on the disputation process in relation to the athlete's specific irrational beliefs so this phase can pick up from where the disputation phase left off. In the effective rational belief (E) phase it is important to promote new effective rational beliefs to replace ineffective irrational beliefs explicitly and collaboratively. The effective rational belief phase (E) represents the final part of the REBT process after successfully locating the adversities (A), the beliefs (B), and the emotional and behavioural consequences (C), and having successfully disputed (D) the irrational beliefs. We typically ask the athlete how they could change the irrational beliefs to something that would stand up to our disputes. Often, athletes suggest beliefs such as "success is the only option," and this can be disputed as it is really that same as saying "must" again. If the athlete fails to suggest using preferences as alternatives, it is appropriate to suggest it to them in order to move this phase along. Again, REBT can be delivered in a direct manner due to its structured process. It can be suggested to the athlete that we dispute "I want to perform well and win the approval of the coach as often as I possibly can, and failure to do so would be bad, but not terrible." Athletes may not like this statement very much initially, as it can appear too soft and not reflective of the way they feel before important competitions. This makes sense, and we usually add an important prefix to the statement so it becomes something like "*More than anything*, I *really* want to perform well…" Athletes tend to prefer strong statements like this, and as long as the statement cannot be successfully disputed, it can be promoted. Next, the rational belief statement is

disputed in the same manner as the irrational beliefs. Based on a technique used by Neenan and Dryden (1999), we often draw a table with two columns, in which we add the irrational belief and the new statement at the top of each column. Then the athlete is asked to tick the column with the appropriate response to a series of questions: Which one of these statements is true? Which is logical? Which one is helpful? Which one do you want to work with and strengthen? The new rational belief statement should have all of the ticks and the irrational belief should have none. It is helpful to discuss with the athlete why they have put the ticks where they have, to ensure that their reasoning is true, logical, and pragmatic. Athletes often feel that the new statement captures their preferences without softening the importance or salience of the adversity. This is important because having a new statement such as "don't worry about the coach, playing well isn't that important" is unrealistic and potentially useless. Statements such as "playing well is not that important" would also be an example of altering the inference about the adversity rather than changing irrational beliefs; this is not the primary goal of REBT. At the end of the effective rational belief phase a rational belief statement should have been formulated and agreed by athlete and practitioner.

Setting Homework Assignments

Homework is set between each session to accompany and extend session content. In REBT, homework is vital for the reinforcement of the ABCDE process and development of new rational beliefs (Ellis & Dryden, 1997). Homework is best developed with the athlete's sport in mind, so that it is interesting, engaging, and relevant. Also, rather than using the term "homework" with athletes, which has educational connotations, we use the term "mental-training tasks." Athletes are usually given two types of assignment; cognitive and behavioural. Adherence to the assignments can be enhanced by adopting a collaborative stance on setting homework, and also by emailing the athlete the exact details of the assignment tasks so they can refer to the details when required. Another important note about

setting assignments is that it is collaborative only to an extent, because presumably the athlete does not know as much as the practitioner regarding the ways in which to best strengthen rational beliefs. Thus, while assignments are negotiated, the athlete should not decide alone what they will do between sessions. In addition, instructing the athlete to confirm when they have completed an assignment by sending a text message or email allows adherence to be monitored and also provides the athlete with an extra incentive to complete the work. If a week has passed and no word has been received from the athlete, it is necessary to contact the athlete to remind and prompt with regards to the assignments. Adherence is also formally reviewed in the next one to one session with the athlete.

Cognitive

Cognitive assignments involve the athlete taking themselves through the ABCDE process on a self-help worksheet similar to that illustrated in Ellis and Dryden (1997, p. 52-54). We also provide a reading assignment comprising two sides of A4 paper based on Albert Ellis' "how to maintain and enhance your Rational-Emotive Behaviour Therapy gains" (Ellis et al., 1997, p180). This assignment is set with the rationale that if the athlete understands how to use the REBT process, then they can begin to identify and change their own irrational beliefs when they occur. The structured nature of REBT makes it possible for anyone, given time to learn the process, to understand the method of changing irrational beliefs. The fact that an athlete can do this alone is empowering and necessary, especially for athletes who travel a lot to compete where the practitioner cannot always be present.

Behavioural

Behavioural assignments involve the athlete undertaking behaviours congruent with the new rational belief. Frequently, we suggest to the athlete that they act as-if they already strongly believe their new effective rational belief. Through acting in this manner, it is intended that that in the face of adversities, the athlete can respond with concern instead of

anxiety, thus strengthening their conviction in the new rational belief. In addition, we also encourage another behavioural assignment which involves exposure (Frogatt, 2005). Exposure directly challenges the avoidance action tendency associated with anxiety by encouraging the athlete for example, to be the first one on the field at training, the first to volunteer for demonstrations for the coach, and also to actively seek the coach's evaluation when performing. This works well if the athlete has a good relationship with the coach and feels that they can approach the coach with this idea. During these self-perpetuated scenarios, the athlete is required to reinforce their effective rational beliefs, and if anxiety starts to become intense, the athlete is encouraged to consciously recall the ABCDE process to change their reactions and reaffirm that it is *them* who controls their reactions through their beliefs, not the adversity alone.

Homework review

It is important to make sure homework completion is reviewed at the start of each session for three main reasons; to show that homework is a priority and not just an afterthought, to show that you as the practitioner are genuinely interested in the athlete's progress through extracurricular activity, and to gain important information regarding the athlete's ability to use REBT independently (Dryden & Branch, 2008). Normally, athletes undertake all elements of the homework as negotiated and are keen to talk about their experiences. After completing the exposure assignment, many athletes find that even if they fail in those highly evaluative situations, the coach usually offers advice rather than criticism. In addition, having faced their fears of evaluation head-on, many athletes report having gained greater perspective on their problems, and that the assignment was not as difficult as they expected. It certainly was not "terrible."

The cognitive assignment should be reviewed and discussed also, particularly the self-help worksheet, to see how much the athlete understands the ABCDE process. At this point,

it is worth going back through the process to make the steps explicit and explain every decision made collaboratively. It is vital that the homework progress is capitalised on and the athlete's ability to assuage dysfunctional emotions by adopting rational beliefs is reinforced. One athlete with whom we worked with was due to travel abroad on tour with his county team, giving us a great opportunity to negotiate some assignments. We encouraged the athlete to keep a diary of his thoughts and feelings prior to the first match on tour, and then to use that information and the ABCDE process to arrive at rational beliefs before he performed. In addition, we also negotiated that he would put himself in situations where he would be evaluated as often as possible and use the ABCDE process and effective rational belief to cope. After homework has been reviewed, REBT can continue in line with the appropriate phase. Some homework will depend on what phase the athlete is at in the process and this should be considered when setting and reviewing homework completion.

Reinforcement

The reinforcement phase can be completed in one 30-45 minute session and is considered the final session. Here the athlete is encouraged to talk about recent experiences using rational beliefs and also instances where irrational beliefs emerged. A reinforcement of the ABCDE process is crucial, but conducted in a way that is led by the athlete. For example, the athlete is nudged towards disputation and they very much drive the evidence, logic, and pragmatics strategies. It is also possible to gauge whether the athletes' new rational beliefs are having an influence on well-being and performance. An interesting phenomenon we have noticed is that this reinforcement session sometimes does not take place at all. To explain, one of the problems with making oneself redundant by teaching the athlete how use REBT is that if performance improves (it is still not clear what direct effect REBT may have on athletic performance), many athletes may not see the need for a final meeting. Ultimately, it is the athlete's decision, but from a practitioner's perspective it would be useful to gain

feedback on the effectiveness of the intervention. Also, from an ethical standpoint, it is good practice to ensure that the work is completed fully and that the athlete's perceptions of the intervention are recorded (Barker et al., 2011).

At the end of this final session, it is important to summarise what has been covered across all meetings, and to reinforce the athlete's ability to change their own irrational beliefs as they emerge. Then, it is appropriate to administer some post-REBT questionnaires (e.g., SGABS) to assess and quantify change. The administration of post-REBT questionnaires offers some finality with regards to the work with the athlete. However, we often meet with the athlete after a month or two for a follow-up session where we can ascertain the extent to which REBT has been engrained in their psychological approach to their sport. Equally, athletes may want to revisit REBT with additional issues, and in this case it is appropriate to facilitate their use of REBT in one to one sessions, rather than showing them how to use REBT with that particular issue all over again.

Assessing Effectiveness

Sport psychologists are accountable to themselves, and thus as professionals should continually strive to examine the effectiveness of their work (Anderson, Miles, Mahoney, & Robinson, 2002). As well as critically assessing our ability and success in employing REBT with athletes, we also aim to generate applied sport psychology knowledge (Chelimsky, 1997) by including transparent examples of our actions and decisions while using REBT with athletes. While it is difficult in a professional practice article to prove empirically that REBT causes changes in athletes' emotions or behaviours (including performance), the approach we have taken can help to discern whether REBT is a viable strategy in helping athletes to adopt healthier and more adaptive psychological approaches to their sport (Anderson et al., 2002; Strean, 1998). In our applied work with athletes, we strive to evidence change and intervention effectiveness, using a number of methods, which we describe next.

Quantitative

Ideally, data are collected in the baseline phase (pre-REBT) and again after the intervention has been implemented (post-REBT), and even better throughout the REBT program after each session (See Turner & Barker, 2013). If there is an improvement in the data when the intervention has been administered, confidence that the intervention is responsible for the change is enhanced (Anderson et al., 2002). To illustrate the method we have typically adopted to monitor changes in athletes' irrational beliefs, we include pre- and post-REBT data for three athletes we have worked with in our applied practice (see Figure 2). As can be seen in Figure 2, the cricketer reported reductions in total irrational beliefs from pre-REBT (M = 3.14) to post-REBT (M = 2.23), but most notable is the decrease in the subscale variables representative of need for achievement (pre-M = 4, post-M = 2.50) and need for approval (pre-M = 3.33, post-M = 2.33). The marked decrease in these variables shows how the specific content of the REBT sessions can influence the self-report data. To explain, the athlete's demand for success (need for achievement) and for coach approval (need for approval), was disputed and rational preferences were strengthened. Similarly, with two academy soccer athletes (see Figure 2), when REBT was introduced irrational beliefs decreased from baseline levels. In particular, sessions with soccer athlete A focused on the need for comfort and demand for fairness, issues presented by the athlete as causing unhealthy anger especially when the coach deselected him, or one of his teammates blamed him for an in-match mistake. Soccer athlete B suffered similar issues in the face of rejection from the coach and blame from teammates, with REBT having a pronounced effect on other-downing, reflecting an improvement in his acceptance of others' unfavourable treatment of him. With both athletes, sessions focused on irrational beliefs related to low frustration tolerance (LFT) which was indicated by athletes reporting not being able to stand or tolerate certain behaviours of other people ("I can't stand it when the coach rejects me"). For

example, sessions encouraged the athletes to accept that others sometimes act unfavourably, but this does not mean that they are bad people (other-acceptance), and that it is in fact possible to tolerate or stand being treated unfairly by others (HFT).

One of the benefits of using the SGABS is that it helps to circumvent some of the limitations of reporting and evidencing case-study work (for more information see The Sport Psychologist Special Issue for Case Studies; Giges & Van Raalte, 2012). To explain, a weakness of case studies is the weak internal validity, with changes in the data potentially caused by factors such as maturation, the personal qualities of the practitioner, or coincidental external factors (Yin, 1989). However, what type of external factor may change an athlete's specific irrational beliefs so dramatically after an REBT intervention is beyond accurate speculation. That said, our enthusiasm and expertise in using REBT is likely to influence the changes in irrational beliefs found in the athlete we have worked with, and it is difficult to isolate the effects of REBT alone from the effects of the individual delivering it. It should be noted that the data we present in this paper are for illustrative purposes and do not evidence the effectiveness of REBT with athletes. More detailed and substantive research (e.g., Turner & Barker, 2013) is required to examine the effects of REBT with athletes more fully.

Qualitative

At the end of the final session with an athlete, we administer a post-REBT social validation questionnaire with regard to the athlete's perceptions of the intervention delivery and efficacy (e.g., Barker et al., 2011; Page & Thelwell, 2013). The questionnaire consists of Likert scale and open-ended type questions about perceived changes in the dependent variables (irrational beliefs, emotions), intervention processes, and performance. Social validation gives us valuable information about using REBT with athletes, and athlete insights have helped to shape the way in which we deliver REBT. For example, one athlete felt that REBT had helped him to "put the importance [of performance] into reality" making use of

the "it is not as devastating as death" philosophy advocated in the badness scale. The repeated indication that athletes are able to report rational perspectives regarding anti-awfulizing has led to us using the badness scale more frequently with athletes due to its apparent impact. Another academy athlete stated that the REBT intervention helped him to feel less anxious, and more able to control emotions in relation to training and competition. He also felt that REBT had changed the way he thought about cricket performance, stating his thoughts have changed by "making me think about my approach and putting less pressure on myself." We feel that this last statement is a crucial point for athletes to understand and embodies the beliefs-consequences connection, as the athlete recognises that the pressure was coming from him, not just the situation. In sum, social validation helps to strengthen our approach and also gives us important indicators of athlete change.

Practitioner reflections

Our approach to using REBT with athletes on a one to one basis echoes the words of Roger Freisen (Freisen & Orlick, 2010) in that we obviously draw heavily on REBT, but with a humanistic approach as our foundation. A humanistic person-centred approach (Rogers & Sanford, 1984) is most appropriate in the initial meeting with the athlete. This allows the gathering of important contextual information and also builds a therapeutic alliance between athlete and practitioner. We avoid self-disclosure and have little agenda for the session. Indeed, it is only after the first meeting that we decide which strategy may help the athlete effectively. To be clear, the REBT model does not inform the first session. During the first meeting it is possible to determine whether irrational beliefs are an issue for the athlete by questioning how they think and feel before performance. By approaching our consultancy in this way we are confident that we only use REBT when it emerges as the right strategy for the athlete. At the second session we then plan to use REBT and structure the session accordingly, but if the athlete does not agree with the REBT approach, it is not used. The

effectiveness of REBT with athletes could be partially explained by the nature of the athletes' psychological issues and willingness to engage in REBT at the outset. In other words, if the athlete's irrational beliefs are not so prevalent in the first session and if the SGABS reveals a lack of irrational beliefs, REBT may not be appropriate.

Apart from the mechanics of REBT and its efficacy in reducing irrational beliefs, there are also more implicit aspects that may promote positive change. For example, our enthusiasm for REBT when working with athletes is likely to engender a placebo effect, and the fact that we are often openly optimistic that REBT may help the athletes we work with may comfort the athlete. For example, it is very likely that athletes arrive at the second session with enhanced feelings of control, as they have a strategy through which they can start to deal with their psychological issues. Of course, the qualitative and quantitative evaluation of relevant variables serves to marginalise the assumption that a placebo effect drove the changes, but we recognise that our conviction in REBT may transfer onto athletes. In the past we have suggested REBT to athletes in a more tentative "we could try this" manner which hardly expresses our confidence in its effectiveness and therefore is unlikely to get immediate buy-in from an athlete in contexts where time is precious. That said, REBT is not delivered in an authoritative manner, but instead uses collaboration to help the athlete to find their own answers (e.g., Bond, 2002). In sum, our conviction in REBT and style of delivery may contribute to the therapeutic effects we observe and report.

Limitations

This professional practice paper presents REBT as a potentially valuable technique for helping athletes deal with dysfunctional emotions. However, it is prudent to also recognise the limitations in adopting an REBT approach with athletes. Indeed, there are some circumstances we have found REBT to be unsuitable, offering potential future research avenues. First, for long-term change REBT is advocated in the way we have described in this

paper, using one to one sessions of varying length for varying durations across a season depending on the rate of progression through the process. We have found that using REBT in a group context for educational purposes has a very short-term influence on irrational beliefs, with irrational beliefs returning to pre-REBT levels shortly after the education period (typically three 30 minute sessions). Coaches may opt for educational workshops due to cost-efficiency, but it should be recognised that we have found REBT to be most effective at a one to one level. Second, the age of the athlete is important for time-effectiveness. When working with younger athletes (13 years old and below) we have found that the education phase requires more than three 45 minute sessions to ensure the athlete fully understands the ABC process and how to self-assess their thoughts and feelings. With older (13 years old and above), three 20 minute sessions are usually sufficient for the education phase. As consultant sport psychologists a prolonged education phase attenuates our overall effectiveness especially when we have been employed to work with an athlete for a limited period of time (e.g., 10 weeks). In particular, less time can be dedicated to disputation and helping the athlete to develop new effective rational beliefs. In these circumstances, REBT is perhaps not the right strategy with younger athletes.

Finally, although *brief therapy* is advocated in REBT (Ellis et al., 1997), it does not offer a quick fix and as such, may not always serve the athlete's immediate needs. For example, an athlete seeking help for performance anxiety a week before an important tournament is more likely to benefit from more palliative strategies such as relaxation techniques that in the short-term alleviate unpleasant symptoms rather than addressing the underlying cognitive determinants such as irrational beliefs. Further, it is unclear what effect REBT has on the somatic symptoms of anxiety, which are often conditioned responses prior to competing (Marten, Vealey, & Burton, 1990). Further, REBT is concerned chiefly with promoting healthy *negative* emotional responses, not *positive* emotional responses. It may be

that once an athlete has learned to assuage dysfunctional emotions through REBT, positive emotional responses can subsequently be facilitated. Therefore, future research could explore the use of rational statements (Ellis, 1994) as part of a pre-performance routine prior to competing to examine the effects of REBT on somatic anxiety and promoting facilitative emotional responses.

There are also some limitations in our approach to preparing this paper, that if addressed would further strengthen the validity of using REBT with athletes. The effects of REBT reported in this paper are largely anecdotal reflections from a small sample of athletes, with some data to support our assertions. Our main aim was to provide details about how REBT can be used with athletes, offering professional guidance to practitioners. More detailed research should be conducted to understand the effects of REBT with athletes, for example by using more single-case designs (e.g., Turner & Barker, 2013) and employing qualitative examinations of the nature and type of irrational beliefs in athletes. Further, in the present paper we report and reflect on using REBT with soccer and cricket athletes, and although we have used REBT effectively across a range of sports (e.g., archery, cycling, rugby, show jumping), experimental studies (e.g., experimental vs. control conditions; Anderson et al., 2002) would more robustly support the use of REBT with athletes. Finally, in all of our applied work and research endeavours concerning REBT, we have used the SGABS to monitor changes in irrational beliefs. The applied and research area of REBT in sport would benefit greatly from either the formal validation of the SGABS with athletes, or the development of an irrational beliefs measure in sport.

Concluding Remarks

Practitioners wishing to use REBT in their applied work with athletes should recognise that it may take between 5 and 12 sessions for an athlete to fully understand how to use REBT and more importantly put it into practice. We typically conduct 7 sessions of 30-45

minute durations with an athlete on a one to one basis which very much reflects brief REBT (Ellis et al., 1997). Other athletes we have worked with have not suited brief REBT and therefore we have conducted longer sessions over a longer period of time (12 x 30-45 minute sessions max). If the athlete does suit brief therapy (e.g., understands the model, is willing to undertake homework), REBT in our experience is cost-effective, time-efficient, and very satisfying for athlete and practitioner.

This professional practice paper adds to the scant literature concerning the use of REBT with athletes by offering a model of practice that could be adopted with athletes. We have illustrated how using qualitative and quantitative data can evidence REBT's effects on irrational beliefs, enhance psychological approaches to performance, and enhance self-reported performance in athletes. Importantly, this paper details how REBT can be applied and documents some of the challenges a practitioner may face when using REBT with athletes. This paper, along with recent research (Turner & Barker, 2013), supports the use of REBT with athletes in relation to performance disruption brought about dysfunctional emotions stemming from irrational beliefs. Future research may wish to investigate the many possible psychological and emotional mechanisms through which REBT may facilitate performance by collecting objective measures of performance (e.g., actual performance data). Further, researchers and practitioners should conduct more case studies in order to share their practice with other sport psychologists, and to document the effectiveness of REBT in sport settings.

References

Abelson, R., & Rosenberg, M. (1958). Symbolic psycho-logic: A model of attitudinal cognition. *Behavioral Science*, *3*, 1-13. doi: 10.1002/bs.3830030102

Anderson, A.G., Miles, A., Mahoney, C., & Robinson, P. (2002). Evaluating the effectiveness of applied sport psychology practice: Making the case for a case study approach. *The Sport Psychologist*, *16*, 433-454.

Andersen, M. B. (2009). The "canon" of psychological skills training for enhancing performance. In K. F. Hays (Ed.), *Performance psychology in action: A casebook for working with athletes, performing artists, business leaders, and professionals in high-risk occupations* (pp. 11-34). Washington, DC: American Psychological Association.

Aurelius, M., Lucian., Martyr, J., Pater, W., & Edman, I. (1945). *Marcus Aurelius and his times*. New York: Pub for The Classics Club.

Balague, G. (1999). Understanding identity, value, and meaning when working with elite athletes. *The Sport Psychologist*, *13*, 89-98.

Barker, J. B., McCarthy, P. J., Jones, M. V., & Moran, A. (2011). *Single-case research methods in sport and exercise psychology*. London: Routledge.

Bernard, M. E. (1985). A rational-emotive mental training program for professional athletes. In A. Ellis & M. E. Bernard (Eds.), *Clinical applications of rational-emotive therapy* (pp. 227-309). New York: Plenum.

Bond, J. (2002). Applied sport psychology: Philosophy, reflections, and experience. *International Journal of Sport Psychology*, *33*, 19-37.

Botterill, C. (2005). Competitive drive: Embracing positive rivalries. In S. Murphy (Ed.), *The sport psych handbook* (pp. 37-48). Champaign, IL: Human Kinetics.

Burton, D., & Raedeke, T. D. (2008). *Sport psychology for coaches*. Champaign, IL: Human Kinetics.

Chelimsky, E. (1997). Thoughts for a new evaluation society. *Evaluation*, *3*, 97-119. doi: 10.1177/135638909700300107

Cockerill, I. (2002). In pursuit of the perfect performance. In I. Cockerill (Eds.), *Solutions in sport psychology* (pp. 74-88). London: Thomson.

David, D. (2003). Rational emotive behavior therapy (REBT): The view of a cognitive psychologist. In W. Dryden (Ed.), *Rational emotive behaviour therapy: Theoretical developments* (pp. 130-159). New York: Brunner-Routledge.

David, D., Lynn, S., & Ellis, A. (2010). *Rational and irrational beliefs in human functioning and disturbances: Implications for research, theory, and practice*. New York: Oxford University Press.

Dryden, W. (2009). *How to think and intervene like an REBT therapist*. London: Routledge.

Dryden, W., & Branch, R. (2008). *The fundamentals of rational-emotive behavior therapy*. West Sussex: Wiley.

Dryden, W., DiGiuseppe, R., & Neenan, M. (2003). *A primer on rational emotive behavior therapy* (2nd ed.). Champaign, IL: Research Press.

Elko, K. P., & Ostrow, A. C. (1991). Effects of a rational-emotive education program on heightened anxiety levels of female collegiate gymnasts. *The Sport Psychologist*, *5*, 235-255.

Ellis, A. (1957). Rational psychotherapy and individual psychology. *Journal of Individual Psychology*, *13*, 38-44.

Ellis, A. (1994). The sport of avoiding sports and exercise: A rational emotive behaviour therapy perspective. *The Sport Psychologist*, *8*, 248-261.

Ellis, A., & Dryden, W. (1997). *The practice of rational-emotive behavior therapy*. New York: Springer Publishing Company.

Ellis, A., Gordon, J., Neenan, M., & Palmer, S. (1997). *Stress counselling: A rational emotive behavior approach*. London: Cassell.

Enfield, R. E. (2010). Rational emotive behavior therapy. In Weiner, I. B & Craighead, W. E (Eds.). *The Corsini encyclopaedia of psychology* (pp. 1425-1427). New York: John Wiley & sons. doi: 10.1002/9780470479216.corpsy0775

Friesen, A., & Orlick, T. (2010). A qualitative analysis of holistic sport psychology consultants' professional philosophies. *The Sport Psychologist*, *24*, 227-244.

Froggatt, W (2005). *A brief introduction to rational emotive behavior therapy*. From http://www.rational.org.nz/prof-docs/Intro-REBT.pdf

Giges, B., & Van Raalte, J. (Eds.). (2012). Special Issue for Case Studies [Special issue]. *The Sport Psychologist*, 26.

Goldfried, M. R., & Sobocinski, D. (1975). Effects of irrational beliefs on emotional arousal. *Journal of Consulting and Clinical Psychology*, *43*, 504-510.

Gonzalez, J. E., Nelson, J. R., Gutkin, T. B., Saunders, A., Galloway, A., & Shwery, C. S. (2004). Rational-emotive therapy with children and adolescence: A meta-analysis. *Journal of Emotional and Behavioral Disorders*, *12*, 222-235. doi: 10.1177/10634266040120040301

Harris, S., Davies, M. F., & Dryden, W. (2006). An experimental test of a core REBT hypothesis: evidence that irrational beliefs lead to physiological a well as psychological arousal. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *24*, 1-9. doi: 10.1007/s10942-005-0019-5

Himle, D. P., Thyer, B. A., & Papsdorf, J. D. (1982). Relationships between rational beliefs and anxiety. *Cognitive Therapy and Research*, *6*, 219-223. doi: 10.1007/BF01183895

Hyland, P., & Boduszek, D. (2012). A unitary or binary model of emotions: A discussion on a fundamental difference between cognitive therapy and rational emotive behaviour therapy. *Journal of Humanistics and Social Sciences*, *1*, (1), 49-61.

Jones, G. (1995). More than just a game: Research developments and issues in competitive anxiety in sport. *British Journal of Psychology*, *86*, 449-478.

Jones, M. V. (2003). Controlling emotions in sport. *The Sport Psychologist, 14, 471-486*.

Katz, J., & Hemmings, B. (2009). *Counselling skills handbook for the sport psychologist*. Leicester: The British Psychological Society.

Kirkby, R. J. (1994). Changes in premenstrual symptoms and irrational thinking following cognitive-behavioral coping skills training. *Journal of Consulting and Clinical Psychology*, *62*, 1026-1032.

Larner, C., Morris, T., & Marchant, D. (2007, September). The management of directional trait anxiety in competitive sports with rational-emotive behavior therapy. *Paper Presented at the European Congress of Sport Psychology*. Retrieved from http://www.fepsac.com/index.php/congresses/congress_2007/m

Lazarus, R. S. (1991). Progress on a cognitive-motivational-relational theory of emotion. *American Psychologist*, *46*, 819-834. doi: 10.1037//0003-066X.46.8.819

Lazarus, R.S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Guilford.

Lindner H., Kirkby R., Wertheim E., & Birch P. (1999). A brief assessment of irrational thinking: The shortened general attitude and belief scale. *Cognitive Therapy and Research*, *23*, 651-663. doi: 10.1023/A:1018741009293

MacInnes, D. (2003). Evaluating an assessment scale of irrational beliefs for people with mental health problems. *Nurse Researcher*, *10*, 53-67.

MacInnes, D. (2004). The theories underpinning rational emotive behaviour therapy: Where's the supportive evidence? *International Journal of Nursing Studies*, *41*, 685-695. doi:10.1016/j.ijnurstu.2004.02.004

Marlow, C. (2009). Creating positive performance beliefs: The case of a tenpin bowler. In B. Hemmings & T. Holder (Eds.), *Applied sport psychology: A case based approach* (pp. 65-87). London: John Wiley & Sons Ltd.

Martens, R., Vealey, R.S., & Burton, D. (1990). *Competitive anxiety in sport*. Champaign, IL: Human Kinetics.

Maxwell, J. W., & Wilkerson, J. (1982). Anxiety reduction through group instruction in rational therapy. *The Journal of Psychology*, *112*, 135-140.

Neenan, M., & Dryden, W. (1999). *Rational emotive behavior therapy: Advances in theory and practice*. London: Whurr.

Page, J., & Thelwell, R. (2013). The value of social validation in single-case methods in sport and exercise psychology. *Journal of Applied Sport Psychology*, *25*, 61-71. doi: 10.1080/10413200.2012.663859

Pain, M. A., & Harwood, C. G. (2004). Knowledge and perceptions of sport psychology within English soccer. *Journal of Sport Sciences*, *22*, 813-826.

Philips, R. (2011, April 14). McIlroy made the right moves: After blowing a 4-stroke lead at the Masters, young golfer needs time to reflect. *The Gazette (Montreal)*, p. B14.

Rogers, C. R., & Sanford, R. (1984). *Client-centered psychotherapy*. In H. Kaplan and B. Sadock (Eds.), Comprehensive textbook of Psychiatry. (pp. 1374-1388). Baltimore: Williams & Wilkins.

Ruth, W.J. (1992). Irrational thinking in humans: An evolutionary proposal for Ellis' genetic postulate. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *10*, 3-20. doi: 10.1007/BF01245738

Shambrook, C. (2009). Delivering sport psychology to Olympic rowers: Beyond psychological skills training. In B. Hemmings & T. Holder (Eds.), *Applied sport psychology: A case based approach* (pp. 65-87). London: John Wiley & Sons Ltd.

Sporrle, M., & Forsterling, F. (2007). Which thoughts can kill a boxer? Naïve theories about cognitive and emotional antecedents of suicides. *Psychology and Psychotherapy: Theory, Research and Practice*, *80*, 497-512. doi: 10.1348/147608307X206736

Strean, W. (1998). Possibilities for qualitative research in sport psychology. *The Sport Psychologist*, *12*, 333-345.

Turner, M. J., & Barker, J. B. (2013). Examining the efficacy of rational-emotive behavior therapy (REBT) on irrational beliefs and anxiety in elite youth cricketers. *Journal of Applied Sport Psychology*, *25*, 131-147. doi:10.1080/10413200.2011.574311

Yin R.K. (1989). *Case study research: Design and methods*. Newbury Park Ca: Sage Publications.

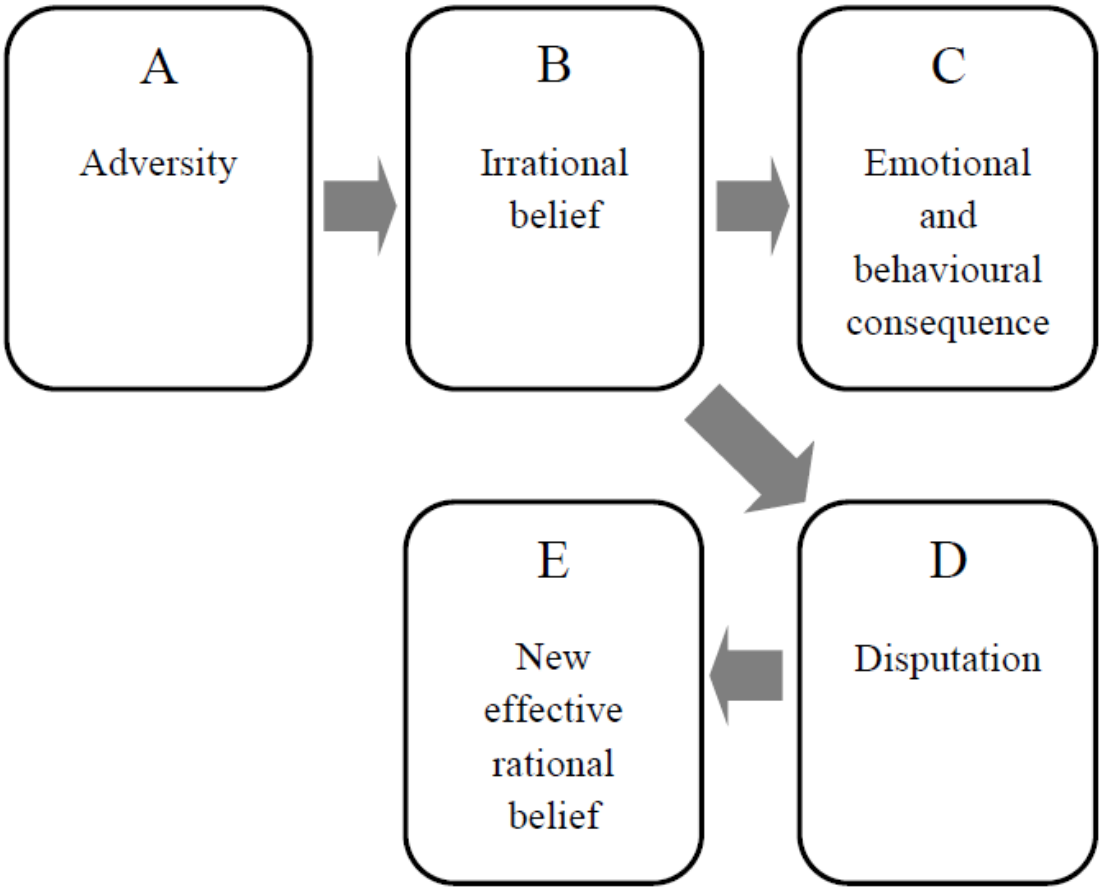

Figure 1. Illustration of the REBT therapeutic process.

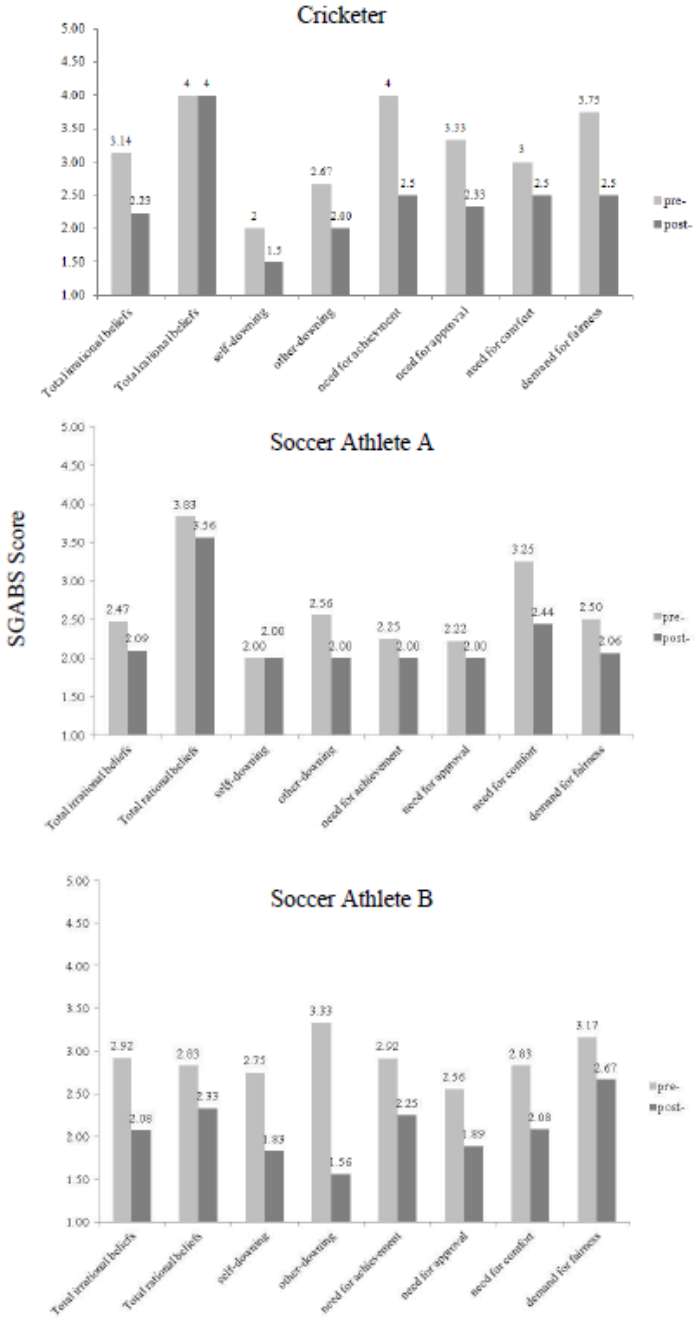

Figure 2. Pre- and post-REBT self-report data for cricketer, and soccer athletes A and B.

Table 1. Emotional and Behavioural Consequences of Irrational and Rational Beliefs, Adapted from Dryden and Branch (2008)

Emotion	Healthy or unhealthy	Type of belief	Adversity[1]	Action tendency (Behaviour)
Anxiety	Unhealthy	Irrational	Threat or danger	Withdraw mentally and physically, and or seek reassurance
Concern	Healthy	Rational	Threat or danger	Face up to threat and or take constructive action to minimise danger
Unhealthy anger	Unhealthy	Irrational	Goal obstruction and or threat to self-esteem	Attack other physically and or verbally and or passive aggressively
Healthy anger	Healthy	Rational	Goal obstruction and or threat to self-esteem	Assert self with other and or request behavioural change from other
Depression[2]	Unhealthy	Irrational	Loss and or failure	Withdraw into oneself and or attempt to terminate feelings in self-destructive ways
Sadness	Healthy	Rational	Loss and or failure	Express and talk about feelings to significant others

Note. [1] Based on inference about an event, therefore could be accurate or inaccurate [2] Non-clinical

Table 2. Description and Examples of Primary and Secondary Beliefs Adapted from Dryden (2009)

Beliefs	Rationality	Type	Description	Example
Primary	Irrational	Rigid and extreme demand	Assertion of preference transmitted into a demand	"I want to be successful and therefore I must"
	Rational	Flexible and non-extreme preference	Assertion of preference and negation of demand	"I want to be successful but that does not mean I have to be"
Secondary	Irrational	Awfulizing	Athlete believes that if x happens: nothing could be worse, x is worse than 100% bad, and no good could possibly come from this bad event	"I must succeed and if I don't it will be awful"
		Low frustration tolerance	Athlete believes that, in face of a struggle to put up with adversity: I will die if the discomfort continues, and I will lose the capacity to experience happiness if the discomfort continues	"I must succeed and it is unbearable to fail"
		Self-/other-downing	Self and others are rated on the basis of one aspect	"When I fail, it means that I am an idiot" "When they treat me poorly, it proves they are bad people"
	Rational	Anti-awfulizing	Athlete believes that if x happens: worse things could happen, x is not more than 100% bad, and some good could possibly come from this bad event	"I want to succeed but if I don't it will not be awful"
		High frustration tolerance	Athlete believes that, in face of a struggle to put up with adversity: I will not die if the discomfort continues, and I will not lose the capacity to experience happiness if the discomfort continues	"I want to succeed but failure is not unbearable"
		Self-/other-acceptance	Self and others are not rated on the basis of one aspect. It is unconditionally accepted that self and others are fallible, unique, and un-rateable	"When I fail, it is bad, but does not mean that I am an idiot" "When they treat me poorly it is bad, but does not prove they are bad people"