



Exploring applications of motivational interviewing in sport psychology

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Exploring applications of motivational interviewing in sport psychology

by

Rory James Mack

A thesis submitted in partial fulfilment of the requirements of
Sheffield Hallam University
for the degree of Doctor of Philosophy

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Abstract

The clear reporting of relational and technical principles, skills and processes which underpin intervention delivery in applied sport psychology is often missing, in favour of intervention content. Repeated calls have been made for what has been described as an interface between counselling psychology and sport psychology, to fill this gap (e.g., Andersen & Speed, 2010; Petitpas, Giges, & Danish, 1999; Poczwadowski, Sherman, & Henschen, 1998). More specifically, practitioners might consider immersing themselves in a counselling approach for greater understanding of the therapeutic alliance and its components, arguably the most important predictor of behaviour change in consultation with athletes (Andersen, 2006).

While limited guidance exists for applying counselling methods to sport psychology (e.g., Katz & Hemmings, 2009; Murphy & Murphy, 2010), a specific counselling approach with a clear training pathway has yet to be suggested. Motivational interviewing (MI; Miller & Rollnick, 2013) is one counselling approach which contains the relational and technical active ingredients for fostering strong therapeutic alliances with athletes, and immersion in this approach could support practitioners in learning the therapeutic methods required to develop these interpersonal relationships and work from an athlete-centred perspective (Andersen, 2006; Holt & Streat, 2001). Additionally, applied sport psychologists are increasingly reaching beyond the psychological skills training and psychoeducation which have been dominant in the discipline, instead beginning to learn and apply specific psychotherapies, such as rational emotive behaviour therapy (REBT; Wood, Barker, & Turner, 2017) and acceptance and commitment therapy (ACT; Shortway, Wolanin, Block-Lerner, & Marks, 2018). An integration of MI with cognitive behavioural therapy (CBT) is becoming better understood in clinical and counselling psychologies (e.g., Geller & Dunn, 2011; Westra, Arkowitz, & Dozois, 2009), and such an integration may prove fruitful for sport psychology interventions.

The purpose of this thesis was therefore to formally propose and explore MI as a valuable, efficacious counselling approach to underpin applied sport psychology practice. Three studies were undertaken in this endeavour. Study one explores the current use and understanding of MI among chartered sport and exercise psychologists in the UK. Findings indicated that certain aspects of the MI approach are being used in sport psychology consultancy, but there are gaps in the knowledge and application of the approach. Study two explores how MI is being applied in sport contexts by a global sample of practitioners who are proficient MI practitioners and trainers. Findings indicate core and auxiliary components of MI are valuable for enhancing intervention work with athletes. Study three outlines the design, implementation and evaluation of an MI for sport psychology workshop series attended by early career sport psychologists. Findings indicate increased MI adherent practice post-training, and perceived value of MI for enhancing applied practice. This thesis concludes that MI presents one counselling approach suitable for integration into sport psychology practice, with the potential to enhance relationships and interventions with athletes.

Candidate's Declaration

I hereby declare that:

1. I have not been enrolled for another award of the University, or other academic or professional organisation, whilst undertaking my research degree.
2. None of the material contained in the thesis has been used in any other submission for an academic award.
3. I am aware of and understand the University's policy on plagiarism and certify that this thesis is my own work. The use of all published or other sources of material consulted have been properly and fully acknowledged.
4. The work undertaken towards the thesis has been conducted in accordance with the SHU Principles of Integrity in Research and the SHU Research Ethics Policy.
5. The word count of the thesis is 78, 990.

Signed: Rory James Mack

Name	Rory James Mack
Date of Submission	December 2019
Award	Doctor of Philosophy
Research Institute	Health and Wellbeing
Director(s) of Studies	Professor Jeff Breckon

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Abbreviations

AASP - Association of Applied Sport Psychology

BASES - British Association of Sport and Exercise Sciences

BPS - British Psychological Society

CBT - Cognitive Behavioural Therapy

CEMI - Client Evaluation of Motivational Interviewing

CT - Change talk

DARN-CT - Desire, ability, reason, need, commitment, taking steps

DSEP - Division of Sport and Exercise Psychology

HCPC - The Health and Care Professions Council

MET - Motivational enhancement training

MI - Motivational Interviewing

MINT - Motivational Interviewing Network of Trainers

MISC - Motivational Interviewing Skills Code

MITI - Motivational Interviewing Treatment Integrity

NHS - National Health Service

PA - Physical activity

PST - Psychological skills training

QHP - Qualification in Health Psychology

QSEP - Qualification in Sport and Exercise Psychology

REBT - Rational Emotive Behaviour Therapy

SDT - Self-Determination Theory

ST - Sustain talk

TNT - Training New Trainers

TTM - Transtheoretical Model

Published material from the thesis

Publications from this thesis:

Mack, R. J., Breckon, J. D., Butt, J., & Maynard, I. (2021). Practitioners' use of motivational interviewing in sport: A qualitative enquiry. *The Sport Psychologist*, (35), 72-82. <https://doi.org/10.1123/tsp.2019-0155>

Mack, R. J., Breckon, J. D., Butt, J., & Maynard, I. (2017). Exploring the understanding and application of motivational interviewing in applied sport psychology. *The Sport Psychologist*, (31), 396–409.
<http://doi.org/10.1123/tsp.2016-0125>

Publications associated with this thesis:

Wood, A. G., **Mack, R. J.**, & Turner, M. J. (2020). Developing self-determined motivation and performance with an elite athlete: Integrating motivational interviewing with rational emotive behaviour therapy. *Journal of Rational-Emotive & Cognitive-Behaviour Therapy*. <http://doi.org/10.1007/s10942-020-00351-6>

Turner, M. J., Aspin, G., Didymus, F. F., **Mack, R. J.**, Olusoga, P., Wood, A. G., and Bennett, R. (2020). One case, four approaches: The application of psychotherapeutic approaches in sport psychology. *The Sport Psychologist*, 34(1), 71-83. <https://doi.org/10.1123/tsp.2019-0079>

¹**Mack, R. J.**, Breckon, J. D., O'Halloran, P. D., & Butt, J. (2019). Enhancing athlete engagement in sport psychology interventions using motivational interviewing: A case study. *The Sport Psychologist*, 33(2), 159–168.
<http://doi.org/10.1123/tsp.2018-0053>

Conference oral presentations from this thesis:

Turner, M. J., Aspin, G., Didymus, F. F., **Mack, R. J.**, Olusoga, P., Wood, A. G., & Bennett, R. (2019). *One case, four approaches: The application of psychotherapeutic approaches in sport psychology*. Symposia at the British Psychological Society Division of Sport and Exercise Psychology Conference, Birmingham, UK.

Wood, A., **Mack, R. J.**, & Turner, M. (2017). *Integrating motivational interviewing to facilitate the application of rational emotive behaviour therapy with an elite archer*. Oral presentation at the British Psychological Society Division of Sport and Exercise Psychology Conference, Glasgow, UK.

Mack, R. J., Breckon, J. D., Butt, J., & Maynard, I. (2017). *Exploring applications of motivational interviewing in sport settings*. Oral presentation at the British Psychological Society Division of Sport and Exercise Psychology Conference, Glasgow, UK.

Mack, R. J., & Orr, M. (2017). *Motivational interviewing in sport: key strategies in a new frontier*. Oral presentation at the 20th Motivational Interviewing Network of Trainers Annual Forum, Malahide, Ireland.

¹ This article was a top five contributor to the journal impact factor for 2018-2020, as measured by article citations.

Mack, R. J. (2017). *Challenges for motivational interviewing in sport*. Oral presentation at The Power of Words and Relationships in Sport Conference, Cardiff, UK.

Breckon, J. D., & **Mack, R. J.** (2015). *Going the extra mile: Applying motivational interviewing as an integrative therapy in sport psychology*. Oral presentation at the 18th Motivational Interviewing Network of Trainers Annual Forum, Berlin, Germany.

Conference poster presentations from this thesis:

Mack, R. J., Breckon, J. D., Butt, J., & Maynard, I. (2015). *Applications of motivational interviewing in sport psychology*. Poster session presented at the British Psychological Society Division of Sport and Exercise Psychology Conference, Leeds, UK.

Chapter I

1.0 Introduction

In reading the applied sport psychology² literature cited in this project, particularly the pioneering articles of the discipline (e.g., Orlick & Partington, 1987; Petitpas et al., 1999; Poczwardowski et al., 1998), it quickly became clear that many of the core traits, skills and attributes which are expressed as being essential for effective sport psychology practice can be found within the motivational interviewing (MI) approach. These tend to be the relational and technical aspects of MI. Relational aspects include the practitioner's ability to form collaborative partnerships which are working towards a common goal, through the demonstration of warmth, empathy, positive regard and competence. Technical aspects include the use of specific verbal communication skills generally found in counselling psychology.

These principles, skills and attributes can often be seen in the case studies and samples of practitioner-athlete interactions provided in sport psychology textbook chapters and journal articles, if you observe them, or code them, through an MI lens. For example, Andersen (2000, p. 4) talks of getting athletes to share their story by being engaging, interested, non-judgemental, and gently probing, while using tools such as listening, evoking, responding and interpreting (p. 7). Andersen is speaking broadly, but general principles of the

² While the Stage One (MSc in sport and exercise psychology) and Stage Two (Qualification in Sport and Exercise Psychology; QSEP) phases of chartered status with the British Psychological Society (BPS) require examination, experience and supervision in both sport and exercise settings, the reality is that practitioners seldom (if ever) work in both once chartered, instead specialising in one context or the other (Owen, 2010). As a result, there have been calls to consider separating these domains and their training pathways (e.g., Collins, 2009), a point raised regularly at the annual BPS Division of Sport and Exercise Psychology (DSEP) conference. Therefore, given the context for this project of research was specifically applied sport psychology, and in keeping with previous research (e.g., Martindale & Collins, 2005; Winter & Collins, 2016) for the purposes of this thesis, the 'exercise' portion of the title shall usually be dropped when referring to the discipline or to practitioners.

MI approach are already evident. Andersen then provides a case sample of an intake interview with an athlete who has been ordered to attend by her coach, and an approach by the practitioner which would be the antithesis of the MI approach, characterised by a poorly considered line of aggressive quizzing and closed questioning. The result is reduced communication from the athlete, increased "resistance" (p. 6) in the athlete, and irreparable damage at the beginning of their consultation. An alternative approach is offered, one which is much more MI-adherent. This approach is instead characterised by open questioning, respectful curiosity, a desire to work collaboratively, and giving the athlete space and time without interrupting to ask questions from the practitioner's agenda (akin to the MI question-answer trap, where practitioners ask a series of consecutive questions without reflecting upon and exploring answers being given; Miller & Rollnick, 2013). Other observable strategies include storing salient points to revisit at a later time, normalising the athlete's experiences, building discrepancy between where the athlete is now and where they would like to be, and starting to action plan. And on close inspection, specific technical communication skills found in MI can be extrapolated (and must be extrapolated, as the practitioner verbal volleys are not labelled as specific skills), including open questions, complex reflections (e.g., reframing), affirmations, elaborations and summarising (p. 9-12). The purpose of all of this is to "follow" (p. 9) the athlete as she tells her story, in the hope of establishing a "working alliance" (p. 6). Indeed, the working alliance is the "core relationship" which forms the focus of Andersen's foundational textbook (p. 7).

Interestingly but unsurprisingly, MI is not mentioned once throughout this chapter in Andersen (2000), despite considerable crossover between what the practitioner is doing in the case example, and the core principles of the MI

approach. If asked, this practitioner would not state that MI was the approach he was employing in this case, and clearly MI is not the only place where these principles can be found. But this raises questions about the way in which sport psychologists execute their applied practice, and how they learn to do what they do, and whether or not MI might be of assistance in this, particularly for students and neophyte practitioners as they begin their professional journeys. These preliminary readings began to lend support for this line of inquiry, regarding the efficacy of MI for working in sport contexts. MI has been shown to be an effective therapeutic approach in a vast range of settings (e.g., Barrera, Smith, & Norton, 2016; Britton, Patrick, Wenzel, & Williams, 2011; Geller & Dunn, 2011; Moyers & Houck, 2011; Stapinski et al., 2015; Westra, Constantino, & Antony, 2016), with a vast range of populations, so why not elite sport? In fact, founders of MI Miller and Rollnick propose this question themselves (2013).

There have been repeated calls over the last 20 years for applied sport psychology to learn from and apply principles from counselling psychology to underpin and enhance the delivery of action-orientated intervention work (i.e., learning new skills, making cognitive or behavioural change) with athletes (e.g., Murphy & Murphy, 2010; Petitpas et al., 1999), which will be shown in section 2.4. Close reading of this literature reveals not so much a lack of recognition of the need for principles and components from counselling psychology, but rather: a) a lack of detailed description and explanations of how to apply these principles and components with athletes; b) a lack of guidance on the conscious integration of complementary approaches or methods; and c) a focus on intervention content at the expense of delineating the relational principles and technical processes and skills of developing therapeutic alliances and delivering action-orientated interventions. Petitpas et al. called for a paradigm shift in

understanding the therapeutic alliance and an athlete-centred approach underpinned by counselling psychology, but progress has been slow, and was characterised by Andersen and Speed (2010) as more of a "paradigm nudge" (p. 149). The current programme of research will argue that MI is one counselling approach in which applied sport psychologists can immerse themselves, to speed up this paradigm shift, and enhance their professional practice.

1.1 Training pathway for practitioners in applied sport psychology in the UK

Students wishing to pursue a career in applied sport psychology typically complete a university degree (Bachelor of Science; BSc) in Psychology which is accredited by the British Psychological Society (BPS) and has Graduate Basis for Chartered Membership (GBC) of the society. This means the course contains enough of a psychological component for the student to continue studying and working in psychology. Students who have completed another degree (e.g., sport science) and wish to specialise in sport psychology, or have completed a non-accredited psychology degree, can complete an accredited conversion course (typically a Postgraduate Diploma; PGDip) in psychology to satisfy this criteria and add a foundation of knowledge in broad psychology to their existing knowledge. Upon completion of an undergraduate degree course with GBC, or accumulating sufficient additional psychology credits, a student may then apply for a Master of Science (MSc) degree in Sport and Exercise Psychology, again accredited by the BPS. Such a degree is referred to as Stage 1 of the sport and exercise psychology pathway. The content of MSc degrees varies between institutions, but will contain modules on both sport psychology and exercise psychology, such as health behaviour change theories, models and interventions, counselling theory and skills, theory and models of

skill acquisition, theory and applied techniques of psychological skills, practitioner reflexivity and research methods. A primary purpose of such an MSc is to build on the foundational theories and knowledge gained at undergraduate level in psychology main, with more specific knowledge of the theory and application of psychology in sport and exercise settings. Armed with such knowledge, students are then in a position to undertake supervision from a current BPS Chartered Sport and Exercise Psychologist and registered BPS supervisor, and begin to apply this knowledge and relevant techniques with genuine clients. One critique which might be made of the Stage 1 process is that students are prevented from having access to genuine clients prior to completion of Stage 1, unlike other helping professions (e.g., nursing; physiotherapy; strength and conditioning) where students will complete several work placements, under supervision, during the course of their undergraduate and postgraduate studies, working directly with genuine patients or clients. Stage 1 sport and exercise psychology students would benefit from a more scaffolded approach, with opportunities to observe and shadow qualified practitioners in the workplace, or to complete work experience placements under the supervision of qualified practitioners. Such experience would ensure that newly graduated students have some knowledge of working with clients before beginning consultancy with their first official client. Further details of university course content can be found on individual institution websites, while guidance on GBC criteria and course options can be found on the BPS website (<https://careers.bps.org.uk/area/newcareer/am-i-eligible-graduate-basis-chartered-membership-gbc>).

Upon graduation from Stage 1 of the sport and exercise psychology pathway, a student may then enrol for Stage 2 - supervised training. On the

BPS Division of Sport and Exercise Psychology (DSEP) route, this entails a period of approximately three years (full time) of working with clients in both sport and exercise settings, though likely with an emphasis on one or other specialty (e.g., Collins, 2009). Candidates will employ a supervisor to oversee their training, and will submit a portfolio of work demonstrating competence in four key roles: ethical practice; evidence-based applied practice; conducting research which enhances current knowledge; communicating psychology theories, principles and methods (BPS, 2020). More specifically, a candidate's portfolio will consist of evidence of applied practice, development of personal and professional philosophies and understanding of BPS ethical guidelines, training undertaken in psychological methods, supervision and reflective practice logs, and a piece of original research to be published in a peer-reviewed journal. These written pieces are examined as they are submitted, leading to an oral examination of the candidate and their portfolio on completion of the fourth assessment. If the candidate passes this oral examination, they are eligible to apply for Chartered Psychologist status with the BPS, and to register with the Health and Care Professions Council (HCPC). An equivalent sport psychology training pathway exists within the British Association of Sport and Exercise Sciences (BASES), and was recently accredited to be equivalent to the BPS route (Sport and Exercise Psychology Accreditation Route; SEPAR), allowing for BASES graduates to apply for Chartership and HCPC registration. A third route to chartership and HCPC registration was recently established in the form of a Professional Doctorate (DProf), equivalent to a PhD but with an emphasis on a specific professional context and combining research and applied practice. Further details of these training pathways may be found in the BPS DSEP Stage 2 Candidate Handbook

(<https://www.bps.org.uk/sites/www.bps.org.uk/files/Qualifications/Sport%20and%20Exercise/QSEP%20Candidate%20Handbook%202020.pdf>), the BASES SEPAR Qualification Handbook (https://www.bases.org.uk/imgs/separ_qualification_handbook172.pdf) or individual institution websites.

The training pathway for applied sport psychologists has recently been critiqued (e.g., Martin, 2020; Portenga, Aoyagi, & Cohen, 2016) as part of an examination of whether or not sport psychology constitutes a profession and a career, and regarding inconsistencies in the training of supervisees and a lack of clarity on the goals of training and how to achieve these (e.g., Cruickshank, Martindale, & Collins, 2018). It has been suggested that the discipline of sport psychology in its current state does not, in fact, constitute a profession (Martin, 2020) and that there is arguably a degree of deception inherent to the training pathway, as students enter training with the belief that they will progress to full time work with athletes, yet the majority are unable to make a living doing so (Portenga et al., 2016). Accordingly, Sly, Mellalieu and Wagstaff (2020) acknowledge the diverse range of areas into which applied sport psychologists are increasingly shifting their practice, including the military, healthcare, business, education, and performance arts. Recommendations are made for the profession to address these issues, including communicating to students the need for entrepreneurial skills and the reality regarding employment prospects post-graduation; conducting research to determine why athletes are less likely to engage with sport psychology support than they are other sport sciences; access to work experience placements and supervision in a range of areas in which applied sport psychologists consult; and undertaking additional professional development in areas including human resources, occupational,

organizational or clinical psychology or mental health counselling (Cruickshank et al., 2018; Martin, 2020; Sly et al., 2020).

With regard to the development of therapeutic counselling skills for applied sport psychology trainees, guidance appears to be broad and non-specific. To use the BPS Qualification in Sport and Exercise Psychology (QSEP) Stage 2 pathway as an example, candidates are required to identify and attend (and likely self-fund) relevant workshops, courses or conferences to enhance therapeutic knowledge and skills, and are required to explore at least two therapeutic modalities (BPS, 2020). BPS guidelines state that relevant reading of counselling literature may also enhance knowledge and practice but is not considered a substitute for hands-on experience, and yet it has been found that completion of such relevant reading has been sufficient for passing BPS QSEP assessments (Longstaff & Gervis, 2016). This is contrasted with the equivalent pathway in the USA, where trainees are required to complete educational training and coursework in fundamental counselling skills (Longstaff & Gervis, 2016; Petitpas, Giges & Danish, 1999). Perhaps for these reasons, it has been suggested that the criteria for developing competence in counselling skills during training are not fit for purpose (Murphy & Murphy, 2010). BPS QSEP Stage 2 candidates are required to submit certificates of attendance/completion of relevant workshops, rather than evidence of independently-assessed competence in, and fidelity to, the approaches which they are learning and applying. The requirement to attend and evidence relevant workshops in multiple therapeutic approaches, and to submit multiple case studies which outline different (discrete, not eclectic; BPS, 2020) therapeutic methods may give rise to trainees 'collecting' therapeutic approaches and gaining only an introductory 'flavour' of a number of them,

without a theoretical or technical grounding in any one. This may actually lead to cherry-picking of preferred tools and techniques from different approaches, and a risk of blending of therapies, models or perspectives without fidelity to underpinning theory.

Two examples of cherry-picking models and tools will be briefly discussed here. The first comes from a 2016 issue of the BPS Sport and Exercise Psychology Review publication, where Cunliffe (2016) and Cecil and Barker (2016) outline the final submission and viva voce examination of a QSEP candidate. The examiners (Cecil and Barker) explain how they initially failed the candidate's (Cunliffe) final submission, as he had insufficiently demonstrated case formulation related to his chosen therapeutic approaches, instead relying on a collection of cognitive behaviour-informed tools or exercises which were incongruent with a sound intervention plan, and that such a "scattergun" (p. 63) approach was deeply problematic. Additionally, the candidate failed to delineate the processes of integrating a cognitive behavioural intervention and a humanistic perspective (in this case, motivational interviewing) to the therapeutic alliance. The candidate elected to submit an entirely new case study which was more grounded in a cognitive behavioural approach, and a reflection from his viva voce is noteworthy here - when asked what would improve the QSEP process, Cunliffe responded that were he to repeat his training, he would spend his first year fully immersing himself in his preferred therapeutic approach (in this case, CBT), and his second year fully immersed in a second model (in this case, humanistic counselling) to give him a deep understanding of behaviour change from two perspectives and a therapeutic model within which to work, ultimately making him a better consultant (Cunliffe, 2016).

A second example of a cherry-picked or blended approach can be heard in season 1, episode 5 of the Eighty Percent Mental applied sport psychology podcast (Olusoga & Gilmore, 2020), where two guests (both Chartered Sport and Exercise Psychologists) cite a range of tools chosen from no fewer than eight psychological therapies or models which underpin their work with athletes. It is not clear what is the theoretical grounding of such an approach, which appears to be a collection of ad hoc 'if, then' reactions, and is perhaps representative of this issue in the training of trainees specialising in sport psychology - of a lack of immersion in a psychological therapeutic model and extensive training in complimentary counselling methods to integrate with and underpin intervention work.

While the BPS has overtly banned an eclectic approach to practice for QSEP candidates, qualified practitioners in applied sport psychology have described conducting their applied work in an eclectic or blended manner (e.g., Mack, Breckon, Butt, & Maynard, 2017; Poczwadowski & Sherman, 2011). This suggests a disconnection between the requirements of the training pathway and the realities of applied work once qualified. It might therefore be concluded that QSEP trainees should be encouraged to immerse themselves more deeply in a smaller number of complimentary therapeutic modalities, or that greater attention should be paid to faithful integration of complimentary approaches during the QSEP training stage in preparation for such practice post-qualification.

The issue of focusing on *what* to apply with clients, at the expense of *how* to apply it, was recently raised by Hilton and Johnston (2017) in the context of health psychology (Qualification in Health Psychology; QHP), and is perhaps

also relevant for both trainee and chartered sport and exercise psychologists. The authors argue that insufficient attention has been paid to the implementation (i.e. practitioner skills and the therapeutic relationship) of behaviour change interventions, compared to the theoretical understanding of numerous behaviour change theories, models and taxonomies. Such lists of behaviour change tools, techniques or components may have arisen in an attempt to standardise practice within health psychology, and may have become popular because health psychology is a relatively young, and fast-developing, sub-domain of psychology (Hilton & Johnston, 2017). The same could be said of applied sport psychology, which like health psychology, has borrowed many pre-existing theories and methods from mainstream psychology and adapted them for work with a specific population, as well as attempting to generate findings unique to that population. Hilton and Johnston make a case for bridging the gap between the 'what' and 'how' of applied practice, including producing demonstrations of clinical and interpersonal skills; exploration of practitioner traits (e.g., warmth, empathy) which have been identified elsewhere as essential contributors to the therapeutic alliance; and placing greater emphasis on the processes of building and maintaining the therapeutic alliance, rather than simply stating (e.g., in BPS candidate handbooks) that the therapeutic alliance *is* important. Furthermore, Hilton and Johnston (2017) are also critical of methods of assessment on the QHP training pathway, and similar questions can be raised regarding the assessment process on the QSEP pathway. Broad terminology is used throughout the BPS QSEP candidate handbook (2020) regarding requirements to demonstrate competence in the key roles, including "to provide evidence of the application of a number of psychological techniques and interventions targeted at specific behaviours " (p.

12), "relevant applied experience" (p. 13), "engage in interactive training experiences" (p. 14), and an expectation to "be familiar with" at least two approaches to consulting (p. 14). Given examples of these include cognitive behaviour therapy, rational emotive behaviour therapy, humanistic counselling, motivational interviewing, and solution focused therapy (p. 14). Where the handbook describes how competence in applied consultancy is to be demonstrated, again broad descriptors are used, such as: "Establish systems or processes to deliver the planned interventions"; "Implement the planned intervention"; "Review the consultancy"; "Implement quality assurance and control mechanisms"; and "Assess the outcomes of the evaluation". So, not only are vague descriptors used to describe the processes of delivering applied consultancy, but also for demonstrating and assessing the competence of the trainee and the impact of these interventions. No mention is made, for example, of treatment competence and fidelity assessments, of which there are specific tools related to the specific psychological approaches outlined previously in the candidate handbook, such as the Cognitive Therapy Rating Scale (CTS-R) for CBT, the Rational Emotive Behaviour Therapy Competency Scale for REBT, or the Motivational Interviewing Treatment Integrity (MITI) for MI. Additionally, candidates are required only to submit a written portfolio of their work and their reflections on their work, and defend this portfolio orally. There is no requirement to submit audio and/or video evidence of their consultancy work for assessment. Such evidence would give examiners the clearest, most accurate perspective of exactly how the candidate conducted their consultancy. Video and/or audio evidence would be essential for the competency assessment tools mentioned previously. As is recommended for QHP by Hilton and Johnston (2017), QSEP should consider explicitly stating the clinical and interpersonal

skills which candidates are required to obtain and hone, recommended training opportunities for doing so, and the ways in which these skills and processes can be measured for competence and fidelity to the identified psychological approach.

1.2 Purpose of the thesis

The purpose of this thesis was therefore to formally explore MI as one potentially valuable, efficacious counselling approach to underpin applied sport psychology practice. Specifically, with regard to considerations such as developing therapeutic relationships, communicating more effectively with athletes, and having a greater understanding of various issues which may prevent action-orientated interventions being successful, such as lack of readiness for intervention. To do so, three studies were designed to attempt to understand the theory and practise of applying MI in sport psychology, with the intention to train early-career practitioners to use this approach in their applied work, thus capturing a progression from practice of experts, to unifying theory, to practice of neophytes. The aims of this thesis and its various publications are threefold; to influence the training pathway of sport psychology students and neophyte practitioners on both stages of BPS chartership; to produce knowledge that will enhance the practice of applied sport psychologists working with various stakeholders in the sport context; and to stimulate further research which leads to a better theoretical understanding of the role of MI in applied sport psychology. This might be referred to as a 'triad of reciprocity', given the symbiotic relationship that exists between these three entities of academic research, applied practice, and underpinning theory. Such a continuous cycle has been cited as essential for evidence-based practice (Moore & Bonagura, 2017).

1.3 Structure of the thesis

This thesis comprises six chapters, and is structured as follows:

Chapter two provides a critical overview of relevant literature from areas of research related to this project. These areas include the therapeutic alliance and therapeutic common factors, MI, applied sport psychology, and specifically, MI in applied sport psychology. Chapter two concludes with the rationale which underpins study one.

Chapter three (study one) explores the current use and understanding of MI among chartered sport and exercise psychologists in the UK. The purpose of this study was to determine the extent to which proficient practitioners were already aware of and using MI in their work, to explore how MI might fit within their professional philosophies and their applied practice, and to determine whether or not a role exists for MI in applied sport psychology. The findings of study one provided the rationale for study two.

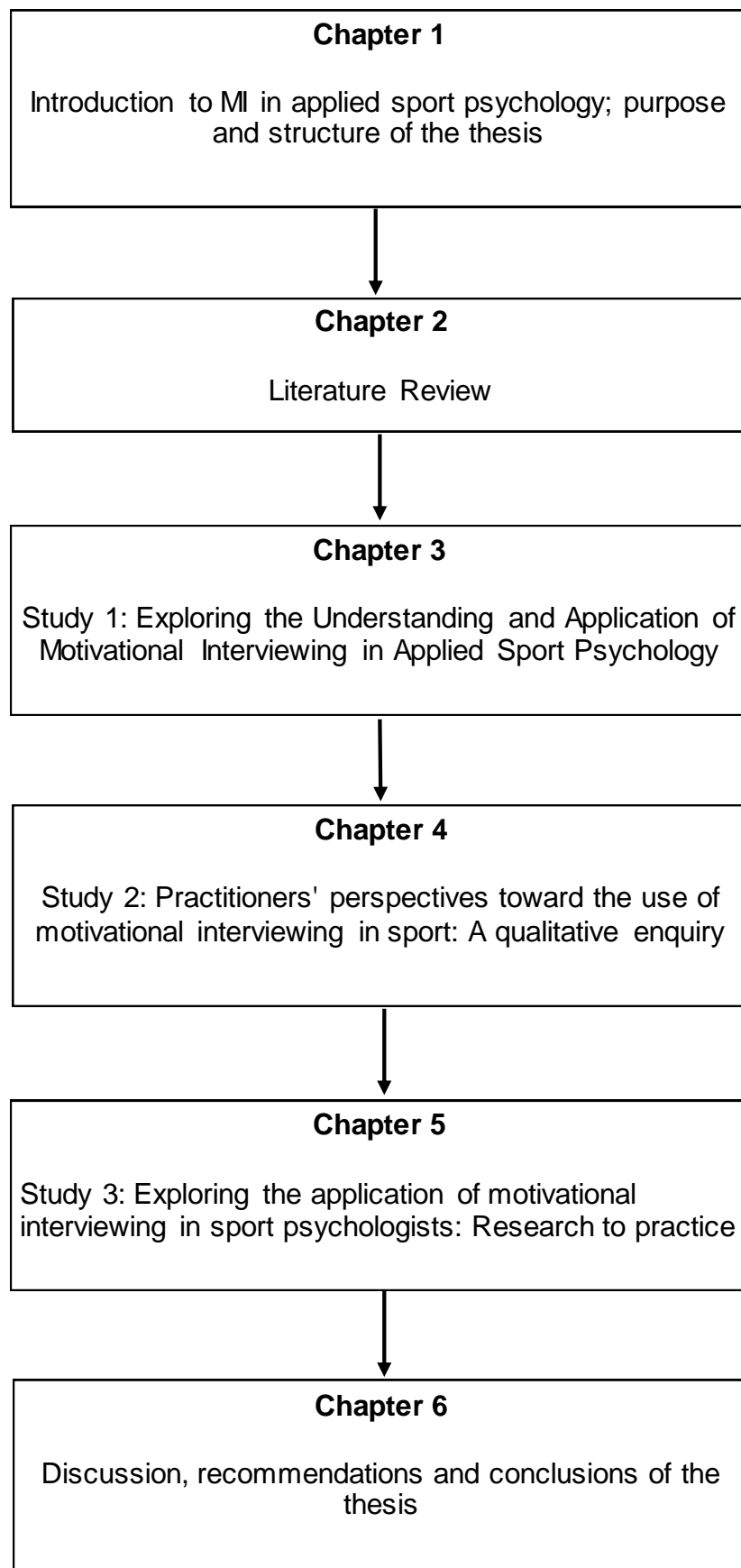
Chapter four (study two) explores how MI is being applied in sport contexts by a global sample of practitioners who are proficient MI practitioners and trainers. The purpose of this study was to begin to understand what 'best practice' of MI in sport psychology might look like, potential adaptations to the MI approach for use in sport settings, and to understand what are the essential ingredients for a workshop training series for MI in sport psychology. The findings of study two provided the rationale for study three.

Chapter five (study three) outlines literature relevant specifically to the training of practitioners in MI, and continues to describe the process of designing and hosting a bespoke workshop series on using MI in applied sport

psychology for a group of early-career sport and exercise psychologists. Pre- and post-training measures of MI fidelity are captured, and feedback from participants on their experiences of the workshop series and of applying MI post-training is provided.

Chapter six summarises the overall findings of this research project and discusses the implications of these three studies for applied practice of new and established practitioners, future training in MI in sport psychology and the training pathway of student and neophyte sport and exercise psychologists. This chapter also identifies the strengths and limitations of this thesis and makes recommendations for future research.

1.4 Schematic of the thesis



Chapter II

2.0 Review of literature

This chapter first outlines the literature search strategy and literature review strategy. It then presents literature relevant to the current programme of research, which comes from the domains of the therapeutic alliance and therapeutic common factors, MI, and applied sport psychology. At the time of the initial literature search for this project, only four results which contained both "motivational interviewing" and "sport psychology" were returned. Upon widening the search with broader terms and interpreting the resultant body of literature, it became clear that both MI and applied sport psychology have been informed by early research around therapeutic relationships, principles and methods. And so, this early research is briefly presented and described here first. This is followed by a description of the MI approach including core components and an examination of research related to different aspects of the approach. Following this, research from applied sport psychology is presented and critiqued, related to the counselling-sport psychology interface, the therapeutic relationship in sport psychology, and aspects of working with athletes which seem to indicate a role for MI. Finally, articles which make specific reference to MI in applied sport psychology are presented and critiqued. The literature reviewed in this chapter provides the rationale for study one (chapter three).

2.1 Literature search strategy

In order to define and focus the scope of the literature review, frameworks including *Who, What, How* (Ibrahim, 2008) and *Population, Intervention, Comparison, Outcomes, Context* (PICOC; Petticrew & Roberts,

2006) were considered. This centred the literature search on sport psychologists using motivational interviewing with athletes and other stakeholders in sport settings, as an intervention in its own right or in conjunction with another intervention. A search this specific yielded only four results, and so the search terms were further refined. Searches were conducted on five databases identified as being relevant to the field of study (Scopus; PsycINFO/PsycARTICLES; SPORT Discus/Medline). The database Google Scholar has also been used throughout the project. These searches included alternative search words and terms related to motivational interviewing, sport psychology, therapeutic alliance and therapeutic common factors. As these searches produced tens of thousands of results, they were then combined using Boolean operators (e.g., "motivational interviewing" AND "sport") and multiple endings of key words (e.g., psychology; psychologist; psychologists) to begin refining the results for relevance to the project. The terms conceived were discussed and approved within the supervisory team, and were considered to be exhaustive, in the hope of capturing every possible relevant result. This was done knowing that many irrelevant results would be found, which would then have to be filtered out.

2.1.1 Inclusion and exclusion criteria

This literature search was broad but systematic (in order to offer replicability), in an attempt to capture as many relevant results as possible, and assuming that very specific search terms would miss some relevant results. For this reason, 'All Text' searches were conducted, rather than 'Title and Abstract' searches. It was anticipated that certain search terms (e.g., rupture; active ingredients) would yield irrelevant results, but were included in the search so as not to miss relevant research on, for example, ruptures in a therapeutic alliance,

or active ingredients of practitioner-athlete consultancy. And this suspicion was realised, for example with results relating to ruptured anterior cruciate ligaments, or active ingredients of nutritional supplements. Having collected and exported the total results for all searches across all five databases to reference management software (RefWorks), inclusion and exclusion criteria were designed, and again these were agreed upon within the supervisory team. All references were screened by title and/or abstract according to these criteria:

Inclusion criteria

1. Year - no restriction was set according to the date of publishing.
2. Studies published in journals; case studies; book chapters; editorials; commentaries.
3. Participants of any age and gender.
4. Psychological support in injury rehabilitation.
5. Professional practise/self-reflection for trainee and qualified psychologists.
6. Studies related to relationships between some combination of athletes, coaches, parents and psychologists.
7. Substance abuse in college athletes, where MI is used as an intervention.

Exclusion criteria

1. Studies linked to search terms (e.g., "rupture"; "active ingredients") but in irrelevant areas (e.g., rupture of ligaments/muscles; active ingredients in foods, supplements etc.).
2. Results/nominations of awards.
3. Results which were unavailable through the university library network.
4. Articles not in English language.

A PRISMA flowchart (Figure 2.1) was employed to chart the filtration process of the total results found. A total of 3,547 results were found, reduced to 3,176 after using RefWorks to remove duplicate results. These references were first screened for relevance by their title, which yielded 362 results. A further screen for relevance by abstract was conducted, which reduced this further to 201 results. Following a full text read of these 201 results, 20 were identified as relevant and eligible for inclusion in the literature review. Relevant

sources already known to the primary researcher, those discovered through full-text reads which did not appear in the literature search, and those which were published after the literature search and synthesis process was completed were added to these 20 results. The final step of the literature search strategy was to arrange email search alerts from the databases for new, relevant research as it was released over the duration of the project. These alerts were in accordance with the search terms used during the literature search phase and were finalised on 6/2/2015.

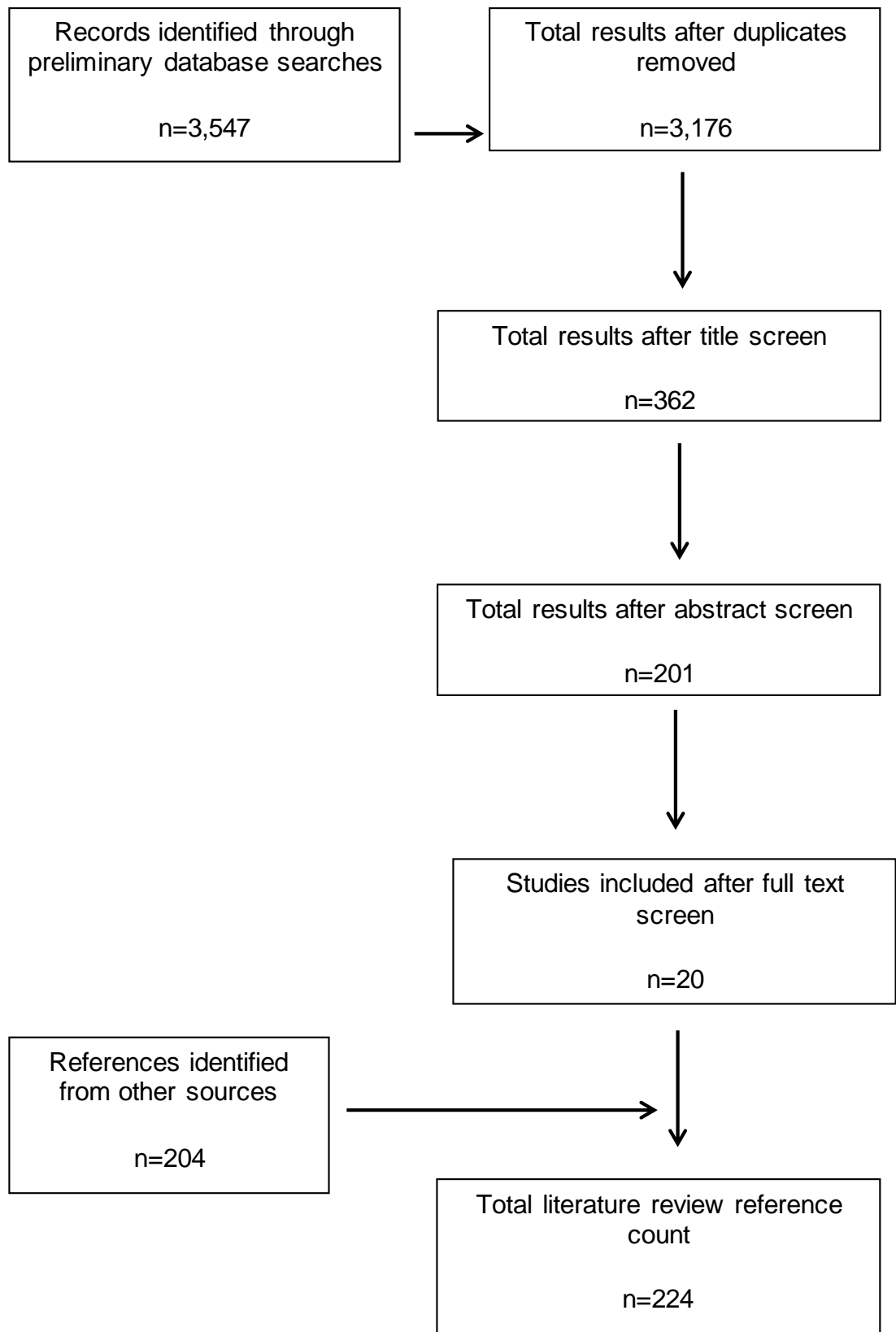


Figure 2. 1. PRISMA flowchart cataloguing identification of studies eligible for inclusion in the literature review

2.1.2 Literature review strategy

Grant and Booth (2009) provide a synthesis and analysis of 14 types of literature review, in an attempt to clarify this area of scientific research. The type of review deemed most appropriate for the literature in this project was a systematic search and review. This type of review "combines the strengths of a critical review with a comprehensive search process" (Grant & Booth, 2009, p. 102). It has a more detailed and systematic search strategy than a critical review, but a reduced assessment of quality of the literature compared to a systematic review, more akin to a critical review. The purpose of a critical review is to "demonstrate that the writer has extensively researched the literature and critically evaluated its quality" (Grant & Booth, 2009, p. 93). A critical review contains analysis and critique of the literature where appropriate, and can identify concepts which can support and contribute to existing theory, or generate hypotheses which can be tested to derive new theory (Grant & Booth, 2009, p. 94). An example of a systematic search and review can be seen in Carroll, Cassidy, Peloso, Garritty, and Giles-Smith (2004), while examples of a systematic search process combined with a critical review can be found in Hutchison and Breckon (2011) and Hutchison, Breckon, and Johnston (2009). One proposed weakness of the systematic search and review is that without specific inclusion and exclusion criteria for condensing search results, literature may be chosen subjectively to support a particular viewpoint. Hence, inclusion and exclusion criteria were determined for this literature search and review.

2.2 Therapeutic common factors and the therapeutic relationship

Upon widening the initial literature search beyond specific references to MI in sport psychology, it became clear that both the MI approach, and applied sport psychology practice have been influenced by early theories and research

regarding the development of strong, meaningful therapeutic relationships in pursuit of effective consultancy. Therefore, this early, relevant research is briefly presented here, as these key theories, principles and methods of consultancy, and necessary practitioner characteristics, can be seen in the sport psychology research which comes later in this chapter.

2.2.1 Therapeutic common factors

In a critique of the perceived competition between different psychotherapeutic ideologies, Rosenzweig (1936) proposed that positive outcomes in psychotherapy were a result of certain ingredients which different approaches had in common with each other, as opposed to what was unique about them. Rosenzweig outlined a number of factors common to effective therapy, including providing the patient with an opportunity for catharsis, the personality of the therapist, and the therapist's mastery of a relevant system of treatment. The therapist must also be able to consistently apply that therapeutic modality, and be able to make psychological interpretations of the patient's world, which have resonance for the patient (i.e., making the patient feel understood and better understand themselves). Since this point, researchers have been exploring and identifying the conditions of therapy and therapist traits which contribute to making therapy successful. A landmark review of this notion of common factors found that psychotherapies were generally equivalent in their outcomes (Luborsky, Singer, & Luborsky, 1975), giving credence to Rosenzweig's conjecture, henceforth known as the Dodo bird effect. This label was derived from Rosenzweig's quotation of the Dodo bird from Lewis Carroll's *Alice in Wonderland*: "At last the Dodo said, 'Everybody has won, and all must have prizes'" (1962, p. 412). The finding of the 1975 review was later replicated via meta-analysis of outcome studies in psychotherapy, with the conclusion that

'bona fide treatments' are approximately equal in their efficacy and the Dodo bird conjecture held water (Wampold et al., 1997). This finding has been repeated ever since, whether that be in comparisons of different therapeutic approaches (e.g., Stiles, Barkham, Mellor-Clark, & Connell, 2008), or different forms of one approach such as cognitive behavioural therapy (CBT; e.g., Stefan, Cristea, Szentagotai Tatar, & David, 2019).

2.2.2 Person-centred therapy

Rogers (1957) expanded upon Rosenzweig's conditions with his conception of client-centred therapy³, proposing further conditions necessary for change as a result of therapy. These conditions include therapist genuineness, unconditional positive regard for the client, and accurate empathy. Genuineness requires the therapist to be aware of themselves, congruent with themselves, fully present and attentive for the duration of the interaction, acknowledge aspects of themselves or their experiences which may restrict their ability to work effectively with a given person, and not be false or deceptive within the relationship (Rogers, 1957). Unconditional positive regard refers to a therapist's ability to accept all aspects of a person's nature, experiences and perspectives as being their own, and the need to positively regard and attend to a person free of conditions or clauses that might cause a therapist to make negative judgements or withhold care (Rogers, 1957). Accurate empathy was later hypothesised by some (e.g., Gendlin, 1962; Rogers, 1975) as possibly the most essential for therapeutic change and learning to occur. In striving to be accurately empathic, the therapist aims to understand the patient's subjective world as *if* it were their own world, which enables them to interpret the content,

³ Client-centred therapy later became person-centred therapy (Meador & Rogers, 1984), and is henceforth referred to as such in this thesis.

meaning and feelings of which the patient is aware, as well as articulating those of which the patient is unaware, in times of confusion, frustration or overload (Rogers, 1957). Accurate empathy highlights the *felt meaning* (Gendlin, 1962) of the "psycho-physiological flow" (Rogers, 1975, p. 2) which the patient is experiencing at any moment, giving the patient the experience of feeling connected to and understood by another person, as well as valued, accepted and cared for. It has since been proposed that a lack of practitioner empathy may actually be toxic, and that empathic listening skills should be prominent during counsellor training (Moyers & Miller, 2013). These authors go as far as suggesting that it would not only be possible but also ethical to screen counselling job applicants for empathic skills during the hiring process, given how important these skills are for therapeutic outcome. While empathy can be difficult to separate from other elements of the therapeutic process (Elliott, Bohart, Watson, & Greenberg, 2011), a positive correlation between empathy and treatment outcome has been consistently observed since the 1960s. A recent meta-analysis concluded that empathy is a robust, moderately strong predictor of therapeutic outcome, and therefore something which therapists should be trying to do competently and consistently (Elliott, Bohart, Watson, & Murphy, 2018).

The construct of empathy has not historically been universally accepted. Fay (1996) argued that empathy is neither a necessary nor a sufficient condition for understanding another person's perspective. This is because it is insufficient for an individual to fully understand an experience merely because they experienced it, and because individuals' capacity for understanding themselves is limited. Therefore, Fay argues, empathic inquiry by a therapist attempting to understand the perspectives of a client is a futile endeavour. This echoes the

arguments of Hempel (1965) and Popper (1972), who state that it is insufficient and borderline unscientific to attempt to understand someone by identifying yourself in them, and putting yourself in their position to make their problems your own. Thwaites and Bennett-Levy (2007) agree that empathy alone is insufficient, because being able to accurately identify with another could lead to nefarious, self-serving actions or support the agenda of a selfish actor. The inference is that empathy must be accompanied by compassion or similar, which supports and enhances the wellbeing and progress of the client.

Smaling and Alma (2006) counter the points of Hempel, Popper and Fay by arguing they constitute a narrow and biased view of what is the construct of empathy, and disagree that empathy is not a necessary condition of understanding another. They do agree that empathy alone is insufficient for understanding all aspects of another. The authors describe empathy as a procedure for testing, learning and improving our understanding of another, and therefore empathy has both explanatory and validation value. This is in keeping with the concept of hypothesis testing through accurate empathy and active listening inherent to the MI approach (Miller & Rollnick, 2013; see section 2.3.3). This hypothesis testing could be argued as in keeping with the scientific method of inductive inquiry (gathering observations and data to formulate theory) and is similar to the function of empathy described by Hempel - a device that enables better understanding of an individual, in order to apply known psychological principles and theories, to present to the client as an explanation for their presenting issues.

Smaling and Alma expand on a facet which they see as crucial to being able to accurately put oneself in the place of another and truly empathise with

them - *imagination*. It is imagination which allows a therapist to construct in their own mind the world being described by a client, and to attempt to conceive the rich details of that world and comprehend an alternative reality to their own. In fact, without imagination, empathy is argued to be impossible (Greene, 1995). For this reason, Smaling and Alma advocate engaging in roleplay work to enhance powers of imagination. Cameron and colleagues (2019) describe another feature of empathy which can lead to it being unsuccessful or disengaged from completely by therapists - it is hard work; a taxing endeavour cognitively, emotionally and temporally, particularly when interacting with strangers. It was found, however, that by increasing empathy efficacy under experimental conditions, avoidance of attempts at being empathic disappeared. This suggests that improving one's skill at being empathic may make it less taxing, increase attempts to be empathic, and increase the success of those attempts. For such guidance, practitioners might seek the theoretical framework proposed by Thwaites and Bennett-Levy (2007), for developing empathy in clinical practice. This framework is designed to help practitioners identify empathy-related deficits, including lack of knowledge about empathy, difficulty in communicating empathy, or difficulty adopting an empathic attitude (e.g., curiosity).

The importance of empathy in sport has received limited attention. David and Larson (2018) explored athletes' perceptions of empathy in athletic trainers (akin to physiotherapists in the UK), based on the importance of being able to demonstrate accurate empathy in other domains of healthcare for patient satisfaction, compliance and successful outcomes. Aspects of empathy including the ability to listen and respond reflectively to athlete speech and to create a personal connection with the athlete were identified. It was concluded

that demonstrating empathy was critical for patient-centred care and developing practitioner-athlete relationships in athletic settings.

2.2.3 The therapeutic alliance

Following Rogers' work on the necessary conditions for successful therapeutic outcomes, Bordin (1979) built on psychoanalytic theory and extended the notion of the therapeutic relationship with what has become an oft-cited description of the therapeutic working alliance and its components. Bordin talks of the *strength* of the alliance as being the key contributing factor to change in psychotherapy, and highlights three features which comprise the alliance - an agreement on goals, an assignment of tasks, and the development of bonds. Firstly, agreeing upon goals for therapy which relate to anything from specific aspects of the patient's life to optimal functioning as a result of integrated thoughts, feelings and behaviours. Secondly, identifying the specific tasks with which the patient will have to engage, likely inherent to the mode of therapy the therapist is employing, and those that the therapist will have to perform, such as clarifying the relevance of such tasks to the agreed upon goals, empathic understanding, communication and psychological interpretation. Finally, the collaboration required to identify and agree upon goals and tasks for therapy cannot take place unless a relationship exists between the therapist and the patient, and the nature of the subject matter of therapeutic work necessitates particularly deep bonds of trust, more so than some other types of relationship (Bordin, 1979).

In an extended article, Gelso and Carter (1985) outline three components of the therapeutic relationship which are common to all interventions. These are a working alliance (also referred to as the "helping" or "therapeutic" alliance),

the real relationship (intimate and nonintimate parts) and the unreal relationship (the psychoanalytic notions of transference and countertransference). The client-counsellor relationship is described as being either the entity from which client change emanates, or perhaps more likely, the entity which permits the counsellor to deploy interventions and techniques which themselves initiate client change. The working alliance is said to be an "emotional alignment" between counsellor and client, specifically the client's reasonable, rational side and the client's "therapizing" side (p. 163). The authors concur with Bordin's suggestion that the strength of the working alliance is a primary contributor to positive outcomes in therapeutic relationships, and is actualised through the person-centred conditions previously outlined, such as empathy, genuineness, trustworthiness and compassion. It is through the alliance they foster that these conditions are thought to be influential and impactful. Stemming from humanistic counselling, the real relationship is described as consisting of nonintimate (impersonal) and intimate (personal) parts. The nonintimate part contains chatty conversations or interactions, while the intimate part contains likes or dislikes about the other, for example liking their sense of humour or being angered by things they say (p. 186-187).

In a major review of literature on the therapeutic relationship from 1985 to 1992, Sexton and Whiston (1994) described the therapeutic relationship as the aspects of both the client and the counsellor which interact to contribute to the therapeutic environment, which in turn may initiate client change. This review was structured according to Gelso and Carter's real relationship, unreal relationship and working alliance, and concluded that the working alliance is "a significant component of the counselling relationship, regardless of the therapeutic approach of the counsellor" (p. 44). The authors go as far as to say

that of all the techniques, characteristics and processes studied to determine what makes therapy effective, the working alliance is the only factor which is consistently found to positively contribute to success in therapy.

In another landmark review, Ackerman and Hilsenroth (2003) examined therapist attributes and in-session behaviours which positively contribute to the therapeutic alliance (according to Bordin's (1979) definition). Desirable therapist attributes include being warm, trustworthy, respectful and honest, while therapist techniques which facilitate the development of the alliance include exploring, reflecting, affirming, and accurately interpreting (Ackerman & Hilsenroth, 2003, Table 3, p. 28). The authors note that of the 25 studies included in their review, very little variation was found between the different theoretical orientations of the practitioners and their interventions, and positive impact on the alliance. One explanation offered for this finding is that there must be common elements to all treatment approaches, centred on the alliance between the practitioner and client which provides relief from suffering. The authors suggest their review shows evidence for the alliance as a "pan-theoretical construct" (p. 28-29) which benefits the therapeutic process on many levels, and should be given due consideration regardless of therapeutic endeavour. This recommendation possibly extends to therapeutic alliances in applied sport psychology, given the similarities with the professional relationship between psychologists and athletes, and so has implications for the attributes and behaviours of practitioners consulting with athletes. This notion is explored further in section 2.4.

Subsequent research has continued to expand the understanding and support for the common factors of therapy and the therapeutic alliance. Meta-

analyses of the relationship between therapeutic alliance and therapeutic outcome (e.g., Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000) have shown the effect size for alliance-outcome relationship to be 0.22 to 0.26. This finding is defined as moderate but robust and consistent (e.g., Castonguay, Constantino, & Grosse Holtforth, 2006; Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012). Recent empirical studies (e.g., Wilmots, Midgley, Thackeray, Reynolds, & Loades, 2019) continue to show support for the positive link between therapeutic alliance and therapeutic outcome. It is repeatedly concluded that while the alliance alone is not sufficient for therapeutic change, it is certainly an integral piece of the therapy process, and must be understood in relation to other factors which are constantly interacting with one another. The therapeutic relationship is clearly a complex, multifaceted entity, with ongoing debate as to its definitions, constructs and utility. Nevertheless, it does appear that the alliance should be very carefully considered and cultivated by practitioners who wish to engage in helpful, empathic, goal-orientated work with clients. And therefore, while the context of the research presented in this section is purely therapeutic in nature, the relevance of these findings for psychologists working in sport can be inferred given the helping nature and often goal-orientated work of sport psychologists. It will be shown that applied sport psychologists need to have an understanding of the therapeutic alliance, the necessary conditions for person-centred collaboration, and specific attributes and techniques to embed this pan-theoretical construct in their work, regardless of their preferred approach to therapy. Much of this content can be found within the MI approach.

2.3 Motivational interviewing

2.3.1 Origin and development of MI

MI was conceived in the early 1980s by William Miller, in response to difficulties in working with problem drinkers who were struggling to engage with and commit to their treatment programmes (Miller, 1983). Miller observed that the dominant treatment approaches that were being taught and practised at the time had a tendency to advise, educate, confront, convince, blame, label or argue with patients regarding their maladaptive behaviours. While this had a degree of success and probably felt to practitioners like they were being helpful, Miller noted that it could also have the opposite of the desired effect, where the patient actually ends up arguing for maintaining their current behaviours and lifestyle (what would later become known as sustain talk; ST), against the practitioner who has become the primary advocate of change. Based on these clinical observations, intuitions and experiences, Miller began to explore alternative ways of working with patients to progress them towards making lasting behavioural changes. In this way, MI was conceived not from testing empirically-driven hypotheses, but as a "bottom up" model developed phenomenologically from intuitive clinical practice (Miller & Rose, 2009). The influence of Carl Rogers' person-centred therapy (see section 2.2.2) can be seen throughout the guiding philosophy of MI, and the depth of consideration given to both the cultivation of a therapeutic alliance with clients (i.e., the relational component of MI), and the processes of communicating with clients (see sections 2.3.3.1 and 2.3.3.2). This pairing of these approaches is thought to be mutually beneficial, where MI is informed by the majority of Rogers' principles and techniques, and MI provides an empirical evidence base for the efficacy of Rogers' therapy (Csillik, 2013). Due to this humanistic influence, MI

was in many ways antithetical to the dominant approaches to addictions counselling at the time of its conception, in that it adopted an empathic, collaborative and guiding style of communicating, sought to elicit and strengthen the patient's own reasons for making behavioural change (later known as change talk; CT; Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003), and sought to increase the patient's belief and hope that this was achievable. This was made possible through the creation of an accepting, non-judgemental space where patients could freely explore their ambivalence (mixed feelings) about behaviour change.

In conjunction with the writing of the first textbook (Miller & Rollnick, 1991), MI was also being subjected to the clinical trial process, where a brief contact form known as FRAMES (Feedback, Responsibility, Advice, Menu, Empathic, Self-efficacy; Bien, Miller & Tonigan, 1993; Miller & Sanchez, 1993) was being combined with assessment feedback called the DCU (drinker's check-up; Miller & Sovereign, 1989). This combination was later named motivational enhancement therapy (MET; Miller, Zweben, DiClemente, & Rychtarik, 1992). In the first randomised trial, this combination of MI and assessment feedback produced significant reductions in problematic drinking behaviours (Miller, Sovereign, & Krege, 1988), a finding which was replicated in a second randomised trial (Miller, Benefield, & Tonigan, 1993). Clinical trials which followed these looked specifically at MI as a precursor to another active treatment for substance abuse. Findings showed significant rates of abstinence up to six months post-treatment and significantly increased rates of retention compared with control groups who received the same treatment without the initial session of MI (Bien, Miller, & Boroughs, 1993; Brown & Miller, 1993). Miller & Rose (2009) point to a "synergistic effect" (p. 529) when MI is combined

with other active treatment modalities, a conclusion which may have significance for sport psychology, given the range of psychological therapies now being applied with athletes (see section 2.4.4).

Since these early clinical trials of the 1990s, the body of research associated with MI has grown exponentially. In fact, Carroll (2016) has stated that MI is the most widely disseminated empirically validated therapy of all, including cognitive behavioural therapies. MI has now been the subject of over 160 systematic reviews and meta-analyses (e.g., Hettema & Hendricks, 2010; Knight, McGowan, Dickens, & Bundy, 2006; Lundahl et al., 2013) and over 900⁴ clinical trials which include a control or alternative treatment group, to try and determine the extent to which MI is an effective therapeutic approach. Approximately two-thirds of these show a positive effect of the approach on the target behaviour, particularly when combined with treatment as usual (Miller & Moyers, 2017). For example, Marker and Norton (2018) examined 12 trials using an MI + CBT approach to treat anxiety disorders, and determined that MI as an adjunct to CBT was more effective in reducing symptoms of anxiety than was CBT alone. Similarly, Soderlund (2017) reviewed nine studies to determine the effectiveness of using MI to self-manage physical activity levels in patients with diabetes mellitus type 2. While it was concluded that using MI did show promise for this when applied by proficient counsellors, this review highlighted a key difficulty in reviewing the effectiveness of MI: it is often difficult to make comparisons between studies reporting the use of MI, because the competency of those administering the treatment is often not measured, and the quantity and standard of training they have received in the approach is often not

⁴ The numbers of clinical systematic reviews, meta-analyses and clinical trials were confirmed in personal communication with William Miller and Steve Rollnick, August 2019. A complete list of these is available on request.

reported. This makes it difficult to say with certainty that the MI approach is being applied competently and with *treatment fidelity*, which has been described as the extent to which a named treatment has actually been implemented and follows the underpinning treatment model (Bond, Evans, Salyers, Williams, & Kim, 2000; Calsyn, 2000). That is to say, that a treatment variable was received by an experimental group *as intended*. This problem of treatment fidelity reporting was captured on a broader scale in a systematic review of the content and competency of physical activity interventions by Breckon, Johnston and Hutchison (2008). The authors found that of the 26 studies which were eligible for inclusion in their review, only 15 (58%) of them identified that the providers of the intervention had received training in that approach, and only seven of these included any information concerning the frequency, duration, and content of training. Of those seven studies, training ranged from one session of 45 minutes to 11 hours of training spread over four sessions. This suggests there are significant issues with the reporting of the standard of training delivered, the amount of training received, and fidelity to the approach being applied in physical activity interventions, including MI. These issues also appear to apply to the reporting of interventions in sport psychology; for example, studies designing or implementing interventions in mindfulness (Bernier, Thienot, Pelosse, & Fournier, 2014), solution focused therapy (Hoigaard & Johansen, 2004) and acceptance and commitment therapy (Shortway et al., 2018) provide no detail of the type or duration of training which permits the authors to design and run such interventions with athletes, nor any measures put in place to determine if practitioners are being faithful to the intervention model. It is therefore extremely difficult to say with certainty that these interventions are being implemented and received as intended.

In addition to MI research published in peer-reviewed journals, there are now also approximately 20 textbooks relating to MI in a range of contexts (<https://www.guilford.com/search-products/motivational+interviewing/alpha/2>). Regarding MI in sport specifically, to date there are only two books: one written in Swedish for sport coaches yet to be translated into English (Gustafsson, Edler, Sjostrom, & Claeson, 2015), and one recently published by one of the founders of MI (Rollnick, Fader, Breckon & Moyers, 2019).

In fact, the volume of research, and in particular clinical trials to determine the effectiveness of MI, has led to a shift in the literature, from asking whether or not MI is effective, to asking *why* it is effective (e.g., Apodaca & Longabaugh, 2009; Apodaca et al., 2016; Hardcastle, Fortier, Blake, & Hagger, 2016). This shift may be evidence of MI having temporarily fallen into its own premature focus trap (e.g., Hilton, Lane, & Johnston, 2016), and may have come about in order to enhance professional practice and intervention efficacy, and deepen knowledge of behaviour change processes generally by returning to inductive inquiries. This exploration of the *mechanisms of change* (defined as the "processes or events that lead to and cause therapeutic change"; Kazdin & Nock, 2003, p. 1117) present in MI brings us to the psychological theories which have influenced the development of MI, and the core components and principles of the MI approach, such as its underlying philosophy, its technical communication skills and its sensitivity to the psycholinguistics of change.

A note on terminology is warranted here; *mechanism of change*, *mediator of change* and *active treatment ingredient* appear to be used largely synonymously, to mean elements of treatment which can bring about change. These elements can be practitioner characteristics (e.g., warmth, genuineness),

practitioner behaviours (e.g., empathic listening), client behaviours (e.g., client language or change planning) or client 'internal processes' (e.g., self-efficacy, perceived personal control) (see Copeland, McNamara, Kelson, & Simpson (2015) for a full list and definitions of these). It has been suggested however, that it is conceptually useful to distinguish these terms from each other; specifically, 'mechanism of change' should refer to client internal processes which can be influenced through treatment, while 'active ingredient of treatment' should refer to elements inherent to any treatment or specific therapist behaviours occurring within treatment that can initiate change (Longabaugh & Magill, 2011). This distinction is supported here for the clarity it provides, and will be maintained through this thesis where relevant.

2.3.2 Influences on MI

It has been stated that the value of any clinical method is defined by its efficacy rather than its lineage (Moyers, 2004), but it is argued here that it is both interesting and valuable to note the intellectual and experimental origins of MI to confirm its pedigree. In addition to Rogerian person-centred counselling and several theories from social psychology, including cognitive dissonance (Festinger, 1957), self-perception theory (Bem, 1967) and psychological reactance (Brehm & Brehm, 1981), MI has been heavily influenced by two major theories of human motivation and behaviour change - the transtheoretical model (TTM; Prochaska & DiClemente, 1983), and self-determination theory (SDT; Deci & Ryan, 1985). Both of these theories have been repeatedly shown to be relevant to applied sport psychology (e.g., Ntoumanis & Mallet, 2014; Murphy & Murphy, 2010).

The TTM contains several core constructs, including the stages of change, processes of change, decisional balance, and self-efficacy. The stages of change, presents sequential phases of the process of considering, preparing for, making, and maintaining behaviour change. This was a natural complement to MI, and Miller (1983) proposed that the TTM provided a way to understand MI within a model of behaviour change. The (very) broad aim of MI (i.e., explore and resolve ambivalence about change, increase commitment for change, initiate and maintain change) is mirrored in these stages (Amrhein et al., 2003). What MI and the TTM had in common from the beginning was an understanding of various states of *readiness* and fluctuations in motivation for behaviour change, and therefore a need for practitioners to be able to work with people who were not yet ready for action - there is a theoretical and practical "mismatch" between an action-orientated therapy, and a client who is not ready to act (Miller & Rollnick, 2004, p. 304). It was felt that ample attention was paid to action and maintenance by treatments which were dominant at the time, and not enough attention was paid to what came before action (Miller, 1983). The TTM also contains the construct of decisional balance, a way for clients to weigh-up the pros and cons of a potential behaviour change, and places emphasis on the importance of the client's self-belief in their ability to make change now, and maintain it in the future in the face of potential risks or setbacks. Decisional balance has become a key technique within MI for exploring client ambivalence about change, and building client self-efficacy for change is a primary strategy of MI. It is for reasons such as these that MI and the TTM are often spoken of in the same breath, and perhaps even mistakenly considered either to be synonymous, or that MI is based upon the TTM. Such confusion is compounded by publications like Tomlin & Richardson (2005), who

might be accused of misrepresenting the links between MI and the TTM, and failed to include the other three components which comprise the TTM along with the stages of change. Hilton and Johnston (2017) highlight that the TTM is often reduced simply to the stages of change at the expense of the other components, or that the stages of change from the TTM are considered to be a discrete theory. Instead, MI and the TTM have been described as "kissing cousins", where the TTM provides an underpinning theoretical framework for considering discrete stages of behaviour change, while MI provides relational and technical guidance on how to progress a client through those stages to initiate and maintain change (Miller & Rollnick, 2009, p. 130).

MI has also been linked with SDT, described as a familial likeness (Miller & Rollnick, 2012). It was proposed (e.g., Markland, Ryan, Tobin, & Rollnick, 2005; Vansteenkiste & Sheldon, 2006) that MI was lacking a coherent underpinning framework for understanding what made it effective, and that as a congruent approach to behaviour change, SDT could potentially provide that framework. Both MI and SDT maintain that people have a natural tendency towards personal growth, development and optimal functioning. There is compatibility between the satisfaction of basic needs and internalisation of motivation in SDT, and the philosophy and active ingredients of MI. Indeed, satisfaction of these basic needs may be one mechanism of change in MI (Vansteenkiste & Sheldon, 2006). One example of this is the MI core principle of autonomy support, which is the belief that clients are free to make their own choices, and that ultimate responsibility for making change (or not) is theirs (Miller & Rollnick, 2013). In other words, practitioners value the client's right to be self-directed, and seek to enhance their intrinsic motivation for change (Deci & Ryan, 1985), rather than coercing, convincing, or invoking extrinsic motivators.

Supporting client autonomy regarding health behaviour change is important for developing responsibility for making pro-health behaviour changes and MI is one strategy for doing so (Deci & Ryan, 2012).

The proposed link between MI and SDT led to a nine-part special series of the International Journal of Behavioural Nutrition and Physical Activity in 2012, linking MI and SDT (e.g., Patrick & Williams, 2012). The broad conclusion of these publications is that adopting an SDT stance while working in an MI style seems mutually beneficial, similar to linking MI and the TTM, whereby MI is bolstered with a well-established theory of behaviour change, and SDT, which is largely theoretical and lacking in active ingredients and procedures for practitioners, is brought to life through MI (Miller & Rollnick, 2012). A word of caution is noted, that at the time of this published special series, the direction of MI research was leaning towards client change talk (see section 2.3.3) and behaviour change, and away from the notion of autonomous self-regulation which is central to SDT and person-centred approaches (Deci & Ryan, 2012). The authors caution against MI practitioners being controlled by the need to elicit change talk from clients.

2.3.3 Key elements of MI

MI has been described as a counselling style, a directive method, a communication style, a clinical method, and a guiding style (Miller & Rollnick 2002, 2013) and as a psychotherapeutic style and a psychotherapeutic method (e.g., Miller & Moyers, 2006; Miller & Rollnick, 2004). It has most recently been defined as follows:

"a collaborative, goal-orientated style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and

exploring the person's own reasons for change within an atmosphere of acceptance and compassion" (Miller & Rollnick, 2013, p. 29).

The approach has morphed over the iterations of the core textbooks, but four themes can be seen as having remained constant through the development of MI, summarised by Miller and Rollnick (2004, p. 299-300): MI is person-centred; MI addresses ambivalence; MI is directive; MI focuses on client speech. These themes feature significantly in what have been regarded as the key elements, or primary active ingredients, of MI. In the most recent textbook, Miller and Rollnick (2013) name the core components of MI as the spirit, the technical skills, the four processes, and the psycholinguistics of change (see Figure 2.2).

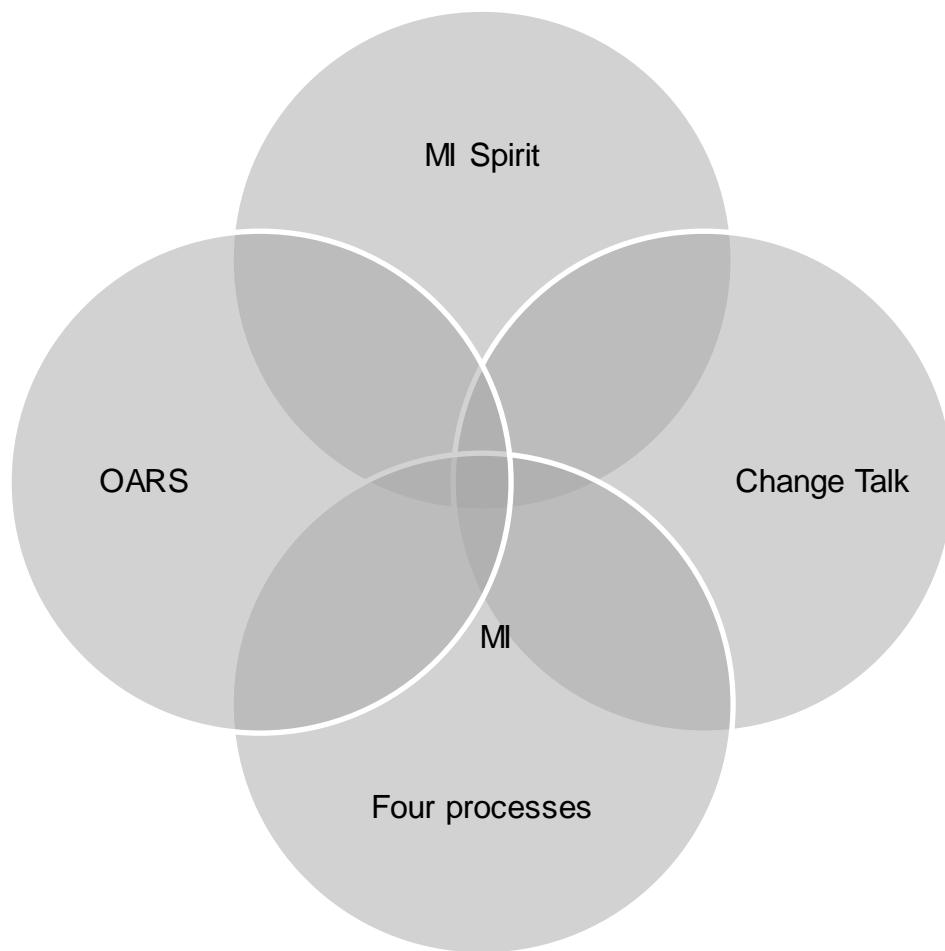


Figure 2.2. Key Elements of MI (adapted from Miller & Rollnick, 2009)

2.3.3.1 The spirit of MI

The spirit of MI is perhaps best thought of as a guiding philosophy which underpins the way in which MI practitioners work (Rosengren, 2017). It has been described as a "way of being" which influences how practitioners think and act with clients (Westra, 2012, p. 14). This way of being raises the practice above simply administering a series of techniques which may be employed during a clinical encounter (Moyers, 2004; Rollnick & Miller, 1995). Upon embracing this philosophy, practitioners begin to think about Rogers' key principles for forming successful therapeutic relationships and the conditions necessary for successful therapeutic outcomes, including therapist genuineness, unconditional positive regard, and empathy (see section 2.2.2; Rogers, 1957, 1975). In this way, the spirit of MI is referred to as the 'relational' component of the approach - the component which fosters the conditions for building an effective therapeutic alliance. In MI, the spirit is comprised of the fundamental principles of partnership, acceptance, compassion, and evocation (Miller & Rollnick, 2013).

Partnership, or collaboration, is based on the premise that the person who knows the client the best is the client themselves. Rather than an attitude of "I have what you need", partnership is an attitude of, "You have what you need, and together we'll find it" (Miller & Rollnick, 2009, p. 134). Practitioners must view clients as knowledgeable and resourceful, and ensure they are active participants in their own changes, rather than passive recipients of something which is being 'done to' them (Miller & Rollnick, 2013, p. 15). While practitioners bring knowledge and expertise to the encounter, they need to be mindful of adopting this partnership-like approach and avoiding what is known as the 'expert trap' (Miller & Rollnick, 2013, p. 16). The expert trap constitutes

communicating unsolicited professional advice or expertise in an attempt to solve the client's problem or fill a gap in their knowledge. Avoiding the expert trap requires consciously arresting the 'righting reflex', which is the practitioner's desire to 'fix' things for the client, either as a result of professional training, or an innate urge to be helpful. MI practitioners must instead work so that both practitioner and client come to mutually understand the client's thoughts, feelings, experiences, goals and potential strategies. In this way, the practitioner acts as a 'curious guide' in this collaborative relationship.

Acceptance is closely related to Rogers' necessary conditions for successful therapeutic alliances, and is said to contain four components: absolute worth, accurate empathy, autonomy support (subsumed from the spirit in Miller and Rollnick, 2002), and affirmation. To be clear, acceptance in this context does not mean agreeing or disagreeing with a client's thoughts, feelings or behaviours (Breckon, 2015). It simply means attempting to maintain outward neutrality to the client's truth, and internalizing the belief that ultimate responsibility for change lies with the client.

Absolute worth captures Rogers' unconditional positive regard, and requires the practitioner to observe the innate value and potential of each person as an individual (Miller & Rollnick, 2013, p. 17). This requires the practitioner to view the client in a non-judgemental way (i.e., the worth of the client is not predicated on the practitioner's parameters). Rogers (1959), and now Miller and Rollnick, argue that once a person is accepted for who they truly are, they are free to change.

Accurate empathy, as previously stated, is the practitioner's attempt to sensitively and accurately understand the client's perspective, as if it were the practitioner's own perspective. Metaphorically, this is walking in their shoes and looking through their eyes. It has therefore been postulated that the thing which makes accurate empathy possible, above all other things, is the practitioner's imagination (Alma & Smaling, 2006; Greene, 1995). To this, it is tentatively proposed here that having an extensive vocabulary is also essential, as this also facilitates the practitioner in capturing the client's perspective as accurately as possible.

Autonomy support is closely aligned with the belief that clients are free to make their own choices, and that ultimate responsibility for making change (or not) is theirs. In other words, practitioners value the client's right to be self-directed, and seek to enhance their intrinsic motivation for change (Deci & Ryan, 1985), rather than coercing, convincing, or invoking extrinsic motivators.

Affirmation describes a conscious state in the practitioner, where they make intentional attempts to recognise and verbally acknowledge the client's strengths, values and efforts, in order to build self-esteem, self-efficacy, and instil hope for the future in the client.

The meaning of acceptance, with regard to these four components, is succinctly captured as follows:

"One honours each person's *absolute worth* and potential as a human being, recognizes and supports the person's irrevocable *autonomy* to choose his or her own way, seeks through *accurate empathy* to

understand the other's perspective, and *affirms* the person's strengths and efforts" (Miller & Rollnick, 2013, p. 19).

Compassion is the fundamental principle most recently added to the MI spirit, and captures a way of working for the benefit of the client, actively putting their needs and general wellbeing before all else. This principle was perhaps added to the spirit in response to the view that earlier iterations of MI could be accused of being self-serving for practitioners, and aspects of it could be identified in commercial, and potentially exploitative, arenas such as sales and marketing (Breckon, 2015; Miller & Rollnick, 2013). It has been stated repeatedly that MI is not manipulative, nor is it a way of tricking people into doing something they don't want to do (or something the practitioner does want them to do) (Miller & Rollnick, 2009; Miller & Rollnick, 2013; Rollnick & Miller, 1995). This is captured in the notion of *equipoise*, where practitioners make a conscious decision not to deliberately influence their clients to make certain choices they deem to be preferable (Miller & Rollnick, 2013, p. 233).

Compassion is defined as "a deliberate commitment to pursue the welfare and best interest of the other" (Miller & Rollnick, 2013, p. 20), but this concept is explored in much greater detail outside MI, particularly in compassion-focussed therapy (e.g., Gilbert, 2009), where it is described as "harnessing the motivation to be caring for the purpose of alleviating distress and facilitating the flourishing and development of the target of the caring" (p. 202). This combination of a desire to work to reduce client distress or suffering, and to actively promote the client's welfare and needs, epitomizes what it means to work compassionately from an MI perspective.

Evocation is closely linked with aspects of the collaborative, partnership-like element of the spirit, particularly the expert trap, within which the righting reflex is found. MI takes the stance that the clinical encounter is not about identifying some piece of 'software' the client is missing, and 'installing' it using professional expertise. Instead, MI comes from a strengths-focused perspective, believing that much of what the client needs already exists somewhere within them, and the practitioner must work in partnership with the client to tease it, or evoke it, from them. This includes past experiences, motivations, values, beliefs, resources, strengths, aspirations and potential strategies. In some ways this is antithetical to what might be described as a deficit worldview, prevalent in therapies derived from cognitive and/or behavioural psychology, where 'faulty' thinking or behaviour patterns are identified and replaced.

2.3.3.2 The technical skills of MI: OARS

MI contains several technical components of verbal communication; in simple terms, these are the skills which inform the words that practitioners actually say to their clients. Ivey's definition (1994, p. 12) of counselling microskills is applicable here: "Microskills are communication skill units of the interview that will help you develop the ability to interact more intentionally with a client." Breckon (2015) highlights the use of these technical skills of MI alone, without embodying the spirit of MI, does not represent MI-adherent practice. Rather, these skills can be thought of as the vehicle which mobilises the MI spirit, if one is of a mind to be MI-adherent. These skills are known by the acronym OARS, which abbreviates Open questions, Affirmations, Reflections, and Summaries. These will be briefly presented here, and will be presented in

the order of ORAS, as this is the order in which these skills are pragmatically taught to trainee MI practitioners⁵, the reason for which shall become clear.

Asking open questions (as opposed to closed questions) helps elicit information from the client, and starts the process of developing a deeper understanding of the client. Open questions encourage the client to do more talking than the practitioner during the encounter, which can increase client engagement with the process, and can help the practitioner avoid asking a prescriptive 'checklist' of information-gathering closed questions. The implication of such a checklist is that upon reaching the end of their questions, the practitioner will provide the answer for the client (i.e., the expert trap). There are different kinds of open question, which can be used strategically to cause clients to reflect on their situation, or elicit change talk from them, and therefore begin to create momentum towards change. Examples of these might be questions regarding the disadvantages of the client's status quo; potential advantages to making some behavioural change; generating optimism for a potential change; or increasing intention to change (Miller & Rollnick, 2002, p. 24).

Reflecting, or *reflective listening*, is a fundamental skill within person-centred counselling in general, and is crucial for the application of MI. First called *accurate empathy* (Rogers, 1965), and later *active listening* (Gordon, 1970), this is the practitioner skill of listening very attentively to the client, and responding accordingly, in a way that a) demonstrates to the client that they are being carefully listened to; b) demonstrates to the client that the practitioner is actively trying to understand them; c) advances the conversation, either by

⁵ This is also in keeping with Rosengren (2017) and Miller and Rollnick (2013), who present reflective listening prior to affirmations.

accurately capturing the client's 'felt meaning', or if this meaning is missed, causes the client to further expand on their original statements, thereby increasing the level of understanding between them and the practitioner. The structural form that reflecting takes is that of statements, as opposed to questions, offered by the practitioner in relation to client speech, which the client can then either confirm or disconfirm. The underlying purpose of this skill is for the practitioner to check their understanding of the client's speech against the client's original meaning (Gordon, 1970). In this way, reflective listening can be thought of as 'curious guessing' or 'hypothesis testing' (Miller & Rollnick, 2013, p. 52). Broadly speaking, there are considered to be two types of reflection in MI - *simple* and *complex* (Breckon, 2015; Rosengren, 2017). Simple reflections are essentially a verbatim repeat of the original client statement, which add little meaning to the client's original meaning or intent, but encourage interaction and demonstrate the practitioner's attention and interest (Rosengren, 2017). Complex reflections are a deeper level reflective statement, either a paraphrasing of the client statement, or a rephrase using the practitioner's own words. Complex reflections often add content, feeling or meaning to the client's original statement. They may capture something unspoken by the client but sensed by the practitioner, or may offer the practitioner's 'best guess' at the client's next sentence (Miller & Rollnick, 2013, p. 57-58). The purpose of this skill is to move the conversation forward by creating momentum and direction, providing fresh interpretations the client may not have considered, and complex reflections are more effective at this than either questions or simple reflections (Rosengren, 2017). The difference between these different levels of reflection is eloquently captured by Spinelli (2003, p. 190), who refers to 'mirroring' or behaving like a 'reflective screen' (which may be interpreted as a simpler form

of reflective listening) and to what may be interpreted as a more complex form of reflecting as follows:

"[practitioners] explicitly acknowledge their own input to the relationship via descriptively focused interpretations that seek to clarify and challenge both the overt and the tacit meanings and assumptions suggested within clients' statements so that their significance to and implications for the client's lived reality can be disclosed and considered."

There are several types of complex reflection, each with its own purpose, to be used strategically during the clinical encounter, including *double-sided* and *reframe* reflections (Breckon, 2015, p. 81). The use of reflections, as opposed to questions, helps avoid what is known as the 'question-answer trap' (Miller & Rollnick, 2013, p. 61), where the practitioner asks question after question, and with each answer, the client becomes increasingly passive, and possibly even defensive. It is said that MI practitioners who are skilled in reflective listening will offer two or three reflections for every question they ask (Miller & Rollnick, 2013; Moyers, Manuel, & Ernst, 2015; Rosengren, 2017).

Affirmations are a form of complex reflective statement (hence presenting here and teaching these skills in the sequence ORAS), and are linked to the affirmation element of the MI spirit. The aim of these "statements of appreciation" is to "prize" (Miller & Rollnick, 2013, p. 64; Moyers, Manuel, & Ernst, 2015, p. 25; Rosengren, 2009, p. 62) something positive about the client, be it a trait, a strength, an effort, an achievement or an aspiration. The purpose of these statements is to re-establish the client's hope for the future, and self-belief that they are competent, resourceful, and can achieve change, which may

be lacking as a result of past experiences or perceived failures (Rosengren, 2009). An important distinction of affirmations is that they are different from statements of compliment or praise, both of which contain an inherent judgement from the practitioner, and subtly place the practitioner in an authoritarian, expert position (Breckon, 2015, p. 78). This is particularly the case when these statements of compliment or praise begin with the word "I" (Miller & Rollnick, 2013, p. 65; Rosengren, 2009, p. 62). Affirmations therefore generally begin with the word "you".

Summaries, the final of the fundamental technical skills of MI, can be thought of as a 'collection of reflections' which capture the essence of the recent period of dialogue between practitioner and client, allowing the client to 'hear their own story' (Miller & Rollnick, 2013, p. 66-67). Summaries are offered by the practitioner at appropriate points in the conversation to afford the client a chance to add or clarify details which may have been missed or misinterpreted. It is another opportunity for the practitioner and the client to gain accurate, mutual understanding. Summaries can be followed by an open question which takes the conversation in a new direction, or starts the client thinking about what they wish to do next, particularly if the summary has acknowledged feelings of ambivalence expressed by the client (Miller & Rollnick, 2013, p. 68).

One of the primary purposes of these skills, and of reflective listening in particular, is to listen attentively and respond accordingly to clients, thus demonstrating that the practitioner is making their best effort to understand the client's perspective. The structural form that reflecting takes is that of statements, as opposed to questions, offered by the practitioner in relation to client speech, which the client can then either confirm or disconfirm. In this way,

reflective listening brings to life the counselling principle of being empathic, and these skills are derived from what Rogers (1965) referred to as *accurate empathy*. The underlying purpose of this skill is for the practitioner to check their understanding of the client's speech against the client's original meaning (Gordon, 1970). In this way, reflective listening can be thought of as 'curious guessing' or 'hypothesis testing' (Miller & Rollnick, 2013, p. 52). An example of this hypothesis testing might be that a practitioner is working with a client who is ambivalent about changing jobs. The practitioner may offer a theory that it is more comfortable for the client to remain in a role they find unfulfilling, than it is to take the risk of applying for a new role and finding out they don't meet the requirements. The client's thoughts about this reflection may then be explored.

Quite simply, it is not possible to effectively execute these skills if the practitioner is not listening to, and engaging with, the client. These skills are what bring the concept of accurate empathy to life. It is, however, possible to ask a series of questions, without paying much attention to the answers, and then provide one's 'expert opinion'. As Ivey (1994) describes it, microskills have been regarded as the "technical skills of a constructivist-developmental theory" (p. 15), and enable a practitioner to understand how their client forms and understands their experiences, by entering their world and viewing it through the client's perspective. It is for this reason that these skills, whether they are known as accurate empathy, active listening or reflective listening, are considered essential to person-centred counselling. And therefore, MI is not the only place where these skills might be found; they feature in counselling skills handbooks for practitioners (e.g., McLeod & McLeod, 2011; Nelson-Jones, 2016), Egan's skilled helper model (e.g., Egan, 2014), Ivey's microskills approach to counselling (e.g., Ivey, 1994), and the 'listening wheel' employed by

the suicide helpline Samaritans (Moran, Lewis, & Tollerton, 2010) to name a few. It is possible to become immersed in these microskills of counselling and take them further than what is offered within the MI approach, particularly with Ivey's model - for example, reflection of feeling, reflection of meaning, logical consequences, self-disclosure - and this is perhaps a recommendation for practitioners. But, MI has more to offer than just the technical skills of OARS.

2.3.3.3 The psycholinguistics of change: change and sustain talk

Miller and Rollnick developed the concept of CT in MI in collaboration with the psycholinguist Paul Amrhein, who had been studying links between publicly-made verbal commitment statements and subsequent action. Through analysis of recordings of practitioner-client clinical encounters, five categories of client CT were identified: Desire (wanting or wishing to change), Ability (one could or is able to change), Reasons (one's own incentives to change), Need (urgency or desperation to change) and Commitment (ready, willing or intending to change) (Amrhein et al., 2003). Of these however, only Commitment language was an accurate predictor of post-session behaviour change. The mechanism at work here was thought to be dissonance, which would arise from not performing actions which had been publicly committed to, in keeping with cognitive dissonance theory (Amrhein et al., 2003).

Instead of predicting post-session behaviour change, Desire, Ability, Reason and Need statements (now known by the acronym DARN) were found to increase the likelihood of Commitment language. And so, a primary goal of MI became to attempt to elicit these DARN statements (collectively known as *preparatory* CT) in order to strengthen Commitment language (now known as *mobilising* CT) (Miller & Rollnick, 2013). Commitment language was later

clarified to consist of Commitment statements (creation of a verbal contract; action is highly likely) and Taking Steps (action(s) has been performed to initiate the aforementioned behaviour change) (Breckon, 2015).

Miller, Moyers, Amrhein and Rollnick (2006) clarify client speech which is the inverse of CT; any language spoken in favour of the status quo, as would be expected from a client in a state of ambivalence, is labelled *sustain talk*. This language can also fit within those categories outlined for CT, for example desires or reasons for maintaining current behaviours (Miller & Rollnick, 2013). If the clinical encounter was to arrive at a point where the practitioner was arguing in favour of change, and the client was arguing in favour of the status quo (i.e., the exact opposite of that which was intended), it is ST that the client would be exhibiting. In MI, practitioners seek to actively and strategically respond to and strengthen CT, while acknowledging but not strengthening ST (Rosengren, 2017).

It is noteworthy that MI is not the only therapeutic approach with techniques intended to elicit client commitment language, for example commitment and resolve in counselling (Mahrer, Gagnon, Fairweather, Boulet, & Herring, 1994), and stages of both intentional interviewing (Ivey, 1994) and the skilled helper model (Egan, 1998). MI is also not the only therapeutic approach where there exists a relationship between client commitment language and treatment outcomes, suggesting that therapist elicitation of CT is a mechanism of change across treatment modalities (Moyers et al., 2007). Nevertheless, the emphasis that MI places upon this mechanism of change as a primary objective for practitioners is perhaps one thing which distinguishes it from other treatments. To that end, researchers have sought to better understand the

causal chain (Moyers, Martin, Houck, Christopher, & Tonigan, 2009) in MI between in-session therapist behaviours, client CT, and subsequent reduction of harmful behaviours, and it is worth examining this literature here. The findings have led to CT being described as the only mechanism of action within MI with any consistent empirical support behind it (Houck, Moyers, & Tesche, 2013). That being said, it is proposed here that presently, findings regarding the relationship between client in-session CT and treatment outcomes appear to be mixed, while the relationship between practitioner in-session behaviours and client CT is clearer.

Following Amrhein et al. (2003), several studies have concluded that increased client CT and/or decreased client ST during treatment are associated with a reduction in harmful behaviours targeted by treatment, at least up to 3-months following the conclusion of treatment (e.g., Apodaca et al., 2014; Barnett et al., 2014; Campbell, Adamson, & Carter, 2010; D'Amico et al., 2015; Gaume et al., 2016; Moyers et al., 2007; Moyers et al., 2009; Vader, Walters, Prabhu, Houck, & Field, 2010). Review and meta-analysis papers have mixed findings; small to medium effects of CT on treatment outcome, 'preliminary' support for this mechanism of change, and unequal predictive power of CT subcategories (Apodaca & Longabaugh, 2009; Gaume, McCambridge, Bertholet, & Daeppen, 2014; Magill, Apodaca, et al., 2018; Magill, Bernstein, et al., 2018). The general conclusion of these studies is that CT has a role to play in client behaviour change, and is an area worthy of further study. Finally, there are examples of studies where no significant relationship between in-treatment CT and post-treatment behaviour change has been found (e.g., Gaume, Bertholet, Faouzi, Gmel, & Daeppen, 2013; Magill et al., 2014; Magill, Apodaca, Barnett, & Monti, 2010). Calculating the impact of client speech on treatment

outcomes is generally achieved in two ways; firstly, measurements of various problematic behaviours and relevant health markers are taken prior to entering treatment, and again at post treatment and follow-up intervals (usually 3-, 6- and 12-months) for comparison. And secondly, practitioner-client sessions are recorded (audio or video) and coded (assessed) for practitioner behaviours and client responses, using a behaviour coding system, usually the Motivational Interviewing Skill Code (MISC v. 2.1, Miller, Moyers, Ernst, & Amrhein, 2008). A primary critique of the CT-treatment outcome literature might be found here; this coding system was designed to indicate practitioner adherence to the MI approach, and includes a broad range of criteria, such as therapist characteristics (e.g., acceptance, empathy and genuineness), client characteristics (e.g., engagement, disclosure, cooperation), therapist and client utterances (e.g., questioning, types of reflection, affirming, resisting change, or change language), and relative talk time for practitioner and client. As can be seen here, CT is but a small part of a complex and labour-intensive assessment process, not specifically designed for assessing the link between in-session CT and post-treatment outcomes. Additionally, the construct validity and equal representation of all key aspects of the MI approach in this coding system have been called into question (de Jonge, Schippers, & Schaap, 2005; Madson & Campbell, 2006). Nonetheless, the MISC has been the preferred tool for assessing CT as a mediator in treatment outcome.

Regarding the role of the practitioner in evoking client CT, it has been repeatedly shown that practitioner language has an impact on client language, both for and against change, and that practitioners can influence client speech to be in favour of behaviour change when they deliberately set out to do so. Practitioner MI adherent language, whether this is broad "empathic speech"

(e.g., Fischer & Moyers, 2014) or specific technical microskills from MI, such as open questions, simple or complex reflections, affirmations and emphasising personal control, is significantly positively associated with increased levels of client CT (Apodaca et al., 2016; Brown, Masterson, Latchford, & Tober, 2018; Glynn & Moyers, 2010; Moyers & Martin, 2006; Vader et al., 2010). Additionally, practitioner MI non-adherent language is significantly positively associated with increased levels of client ST. Interestingly, it is apparent that practitioners can also strengthen ST with MI adherent skills, primarily through practitioner reflections of client ST (Apodaca et al., 2016; D'Amico et al., 2015; Fischer & Moyers, 2014). This supports the suggestion that practitioners need to be able to identify both CT and ST as they are hearing it, and selectively respond to CT to help increase readiness for change (Rosengren, 2017). Conversely, Apodaca et al. (2014) found that higher levels of guided client self-exploration and examination of ambivalence and ST towards problematic drinking behaviours were actually better predictors of improved drinking outcomes following treatment than was increased CT, practitioner MI consistent language or global relational measurements. The conclusion drawn from this is that practitioners should be trained to recognise ambivalence and ST, and should not ignore or shy away from exploring these with clients.

The tentative conclusion to be drawn from this particular body of research within MI is that there is evidence, if not conclusive, for a causal chain between practitioner behaviours in-session, client language in response to those behaviours, and subsequent client behaviour change post-session. It seems clear that practitioners can deliberately influence client exhibition of CT. What is less clear is whether or not CT is, in turn, a mechanism of post-session behaviour change. This was a primary conclusion of a review conducted by

Burke, Arkowitz and Dunn (2002), who argued that there is minimal evidence that adaptations of MI work by enhancing motivation or readiness for change, but likely through other ingredients such as counsellor traits, providing assessment feedback, or increasing engagement, retention and adherence for future treatment (p. 245). The evidence presented here suggests that elicitation and reinforcement of CT may be an active treatment ingredient of MI (i.e., treatment elements or therapist behaviours which positively affect processes occurring internally within the patient or catalyse overall change in behaviours; Longabaugh & Magill, 2011) that may be related to post-treatment outcomes, and the strategy to actively elicit it is unlikely to harm the treatment process or the therapeutic alliance. Client behaviour change is almost certainly linked to, but not exclusively, a result of practitioners eliciting client CT; rather, client behaviour change linked with MI adherent practice is likely due to a combination of variables from the MI approach, potentially in conjunction with treatment as usual or a more action-orientated approach. Arguably, there are too many variables at play to say categorically that post-treatment behaviour change is a result of client in-session CT, and proving this may have been a futile endeavour from the beginning, if there is truth in the conjecture that it is not possible to know the reasons *why* an intervention is successful, only *if* it is successful (Kazdin & Nock, 2003). One final critique of CT is that the theory may be more deductive than inductive, a result of an amalgamation of earlier theories, and evidence has been sought to support the concept, rather than the concept emerging naturally from an investigation of the active ingredients which make MI work.

2.3.3.4 The four processes of MI

The first and second editions of the MI core textbook featured two phases of practitioner-client interactions, where client motivation for change was evoked (Phase 1) and then commitment for this change was strengthened (Phase 2; Miller & Rollnick, 2004). In the third edition, an overarching meta-framework known as the four processes was outlined, providing a guide for structuring single session or long term work with a client. These processes help practitioners judge the progress and strength of the working relationship, orientate themselves in the intervention journey, and make ad hoc decisions about their use of techniques and appropriate adaptations for each client. These four processes are engaging, focusing, evoking, and planning. Since their inclusion in Miller & Rollnick (2013), the absence of maintenance has been noted (e.g., Breckon, 2015), and was subsequently proposed by Mack et al. (2019) as an addition to the planning process for sustaining behavioural change (hence four + processes; see Figure 2.3). Maintenance may include identifying potential barriers or hurdles as part of lapse or relapse prevention, troubleshooting, contingency planning, self-monitoring, reward systems, or active follow-up.

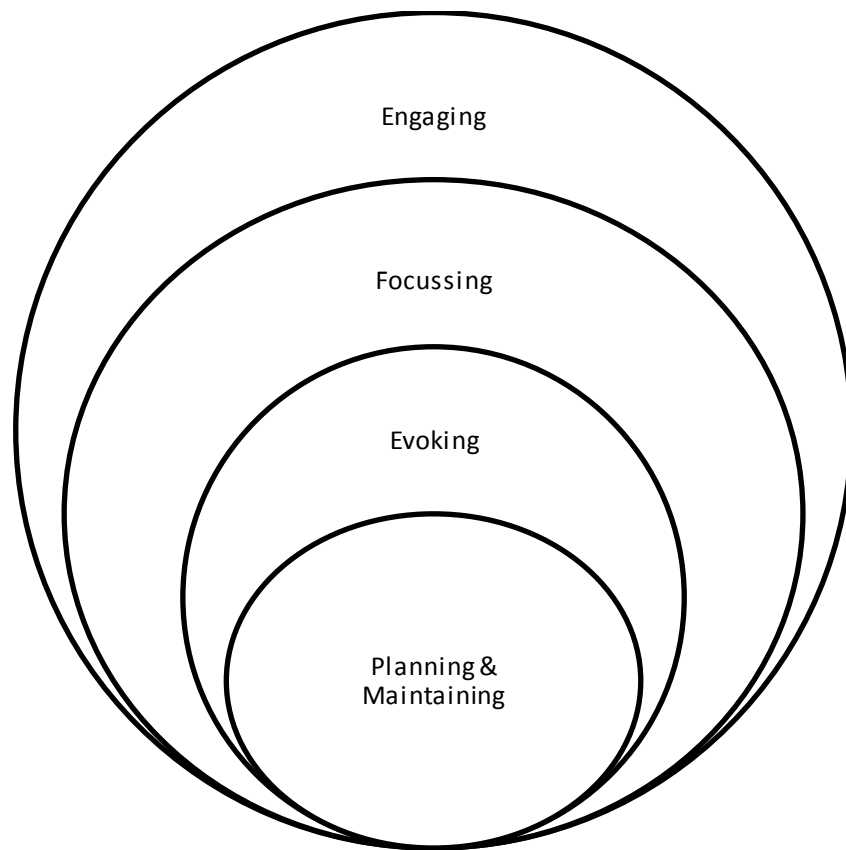


Figure 2.3. The four + processes of MI (Mack et al., 2019)

A note on the progression of these processes; as is apparent from Figure 2.3, these processes are not linear in nature, meaning a practitioner does not progress uniformly from one to the next, leaving the previous process behind. Instead, it is natural to revert to a previous process to revisit issues or concerns as they arise (Miller & Arkowitz, 2015). For example, if commitment has begun to wane in the planning phase and ST has begun to emerge from the client, it would be prudent to return to evoking. In fact, it would be unnatural, and potentially damaging to the alliance, to continue planning while the client was exhibiting resistance. Such resistance could represent completely natural aspects of the change process - the client's concerns about making change, or their preferences about the current status quo (i.e., ST). But, it could instead be what has become known as *discord* in the professional relationship - interpersonal difficulties in the working alliance (Miller & Rollnick, 2013). There can be a tendency to blame clients for this resistance, or to label them as 'difficult', without considering that the practitioner may be the source of this, and this tendency has been acknowledged in the sport psychology literature (Gardner, 2017). Additionally, while one progresses from process to process, the fundamentals of previous processes are not left behind (Miller & Arkowitz, 2015). For example, the technical skills used in the engagement phase are integral to maintaining the therapeutic relationship throughout, and are useful for reflecting, exploring and summarising CT in the evoking phase. And, in the evoking and planning phases, it is important to maintain attention on those goals highlighted in the focusing phase as being the most important to the client.

A brief overview of the four core components of the MI approach has been provided here, to begin to enhance the reader's understanding of the approach, and to outline concepts which can be traced back to the therapeutic

alliance and common factors research presented in section 2.2. Many of these concepts will also appear in section 2.4, which explores aspects of counselling psychology and the therapeutic alliance relevant to the practice of sport psychology. Further description of these core components of MI can be found in Miller and Rollnick (2013) and Breckon (2015).

2.3.4 Integrating MI with other treatments

The integration of MI with other therapeutic treatments has been promoted since Miller's first publication on MI and is of great relevance for practitioners in sport psychology, given the range of therapies now being practiced with athletes (see section 2.4.4). It has been said that integrating MI with other (usually behavioural) interventions is now more common than using "pure" MI (Moyers & Houck, 2011, p. 39). Several primary approaches toward structuring this integration have since been outlined (e.g., Miller & Rollnick, 2002; Miller & Rollnick, 2004). The first, referred to as a "prelude" to other services (Miller & Rollnick, 2002, p. 27), represents an initial 'dose' of MI which can have several effects: this may prove to be enough treatment to initiate change in the individual; this may help reduce dropout, and increase likelihood of returning to the service to discuss further treatment; and it may enhance intrinsic motivation and readiness for further treatment. In applied sport psychology, this may have implications for athletes who are not engaged with the work, or have been mandated to attend psychology sessions by coaches, parents or other stakeholders (e.g., Brown, 2011; Mack et al., 2019; Owen, 2010; Sharp & Hodge, 2011). Secondly, MI may be considered a "counselling and communication style" (Miller & Rollnick, 2002, p. 28) which permeates the whole course of treatment, thanks to the active ingredients mentioned previously (e.g., Wood, Mack, & Turner, 2020). Thirdly, MI may wait in reserve

as a "fall-back option" (Miller & Rollnick, 2002, p. 28), ready for use should motivational issues arise over the course of treatment. This captures a fluid shifting between clinical styles (Miller & Moyers, 2006). In reality, all three of these options may be valid throughout a consulting relationship, regardless of the context.

Westra (2012) elaborates on this style of MI which may permeate the treatment process, outlining general principles which elevate MI above simply enhancing motivation for change or further treatment, to underpin the delivery of an action-orientated treatment. Such principles include: being more evocative in general; becoming more autonomy supportive; viewing oneself as more of a guide than an expert; appreciating the subtlety and power of incisive reflective listening; and increased sensitivity to the engagement of the client with the treatment process (p. 13-14). This is potentially valuable for practitioners, given that action-orientated approaches are often content heavy with minimal instruction or guidance on *how* to deliver this content; in this way, MI may provide "a foundational framework into which other treatments can be integrated" (p. 15). In other words, the inherent active ingredients of MI may provide the *how* that underpins the *what* of therapeutic intervention. This combination of MI as a vehicle to underpin the delivery of a content-laden therapeutic intervention may give rise to the "synergistic effects" (Miller & Rollnick, 2004, p. 305; Miller & Rose, 2009, p. 529) which make this proposed integration fruitful. An examination of literature from counselling psychology on levels of integration (e.g., Norcross, Karpiak, & Lister, 2005) suggests this is integration beyond "technical eclecticism", to at least "assimilative integration", and possibly "theoretical integration" (p. 1588-1589). Again, consideration of the process and depth of therapeutic integration is potentially of importance to sport

psychology practitioners, given the rising number of therapeutic approaches being applied with athletes, and an apparent absence of this from relevant applied or professional practice literature. One example of this can be found in Wood et al. (2020).

Such an integration of MI with other treatments is becoming increasingly common and better understood elsewhere in psychology, particularly in combination with CBT (e.g., Driessen & Hollon, 2011; Naar & Safren, 2017; Westra & Arkowitz, 2011) for the treatment of mental health conditions, for example: depression and anxiety (e.g., Arkowitz & Westra, 2004; Barrera, Smith, & Norton, 2016; Flynn, 2011); eating disorders (e.g., Geller & Dunn, 2011); suicidal tendencies (e.g., Britton, Patrick, Wenzel, & Williams, 2011); substance abuse (e.g., Moyers & Houck, 2011); social anxiety (e.g., Stapinski et al., 2015); and generalised anxiety disorder, (GAD; e.g., Westra et al., 2009; Westra, Constantino, & Antony, 2016). The impact of this MI-CBT integration on the client has also been explored (Kertes, Westra, Angus, & Marcus, 2011), with findings supporting previous assumptions about the impact of MI on engagement in subsequent therapy; clients who received MI as a pre-treatment to a CBT intervention for GAD perceived their therapist as an evocative guide and viewed themselves as an active participant in their therapy. Conversely, clients who received CBT alone *from the same therapists* described them as directive, and viewed themselves as passive recipients of the therapy. The compatibility of MI with these other treatment modalities is likely due, at least in part, to the technical communications skills it possesses which are closely linked to those of the microskills of counselling. It has been said that such skills present a "foundational theory" to underpin Rogerian person-centred, psychodynamic and cognitive behavioural theories (Ivey, 1994, p. 15). The

client-therapist relationship has been likened to the soil which enables the techniques of the therapist to take root (Lazarus, 1992). Similarly, a garden trellis analogy has been offered to capture how MI might underpin other therapeutic approaches, where MI is represented by a trellis which supports the growth of different plants, which represent relevant therapies, interventions or techniques (Mack et al., 2019, p. 162; see Figure 2.4).

It is entirely possible that an initial brief exposure to MI may be enough for some clients to initiate change, and not require further treatment (Miller & Rollnick, 2002; Miller & Rollnick, 2004). Nevertheless, given that "MI was never meant to be the only tool in a clinician's repertoire" (Miller & Moyers, 2006, p. 11), competency in MI alone is not enough for a practitioner to be effective in their interventions with clients. MI was not designed as a comprehensive change model or psychotherapy (Arkowitz, Miller, & Rollnick, 2015), but rather to be incorporated into a larger treatment programme. Miller and Rollnick themselves "reject the fantasy that "all you need is MI"" (2004, p. 301). This is at least partly because MI was not conceived as a traditional behaviour therapy - it does not contain typical elements such as behaviour skill training, systematic desensitisation or modifications of debilitating behavioural responses to stimuli (Miller & Moyers, 2006). This lends further credence to the notion of MI as an adjunct to action-orientated treatments with cognitive or behavioural techniques, and the necessity of having competence in a therapeutic approach in addition to MI.

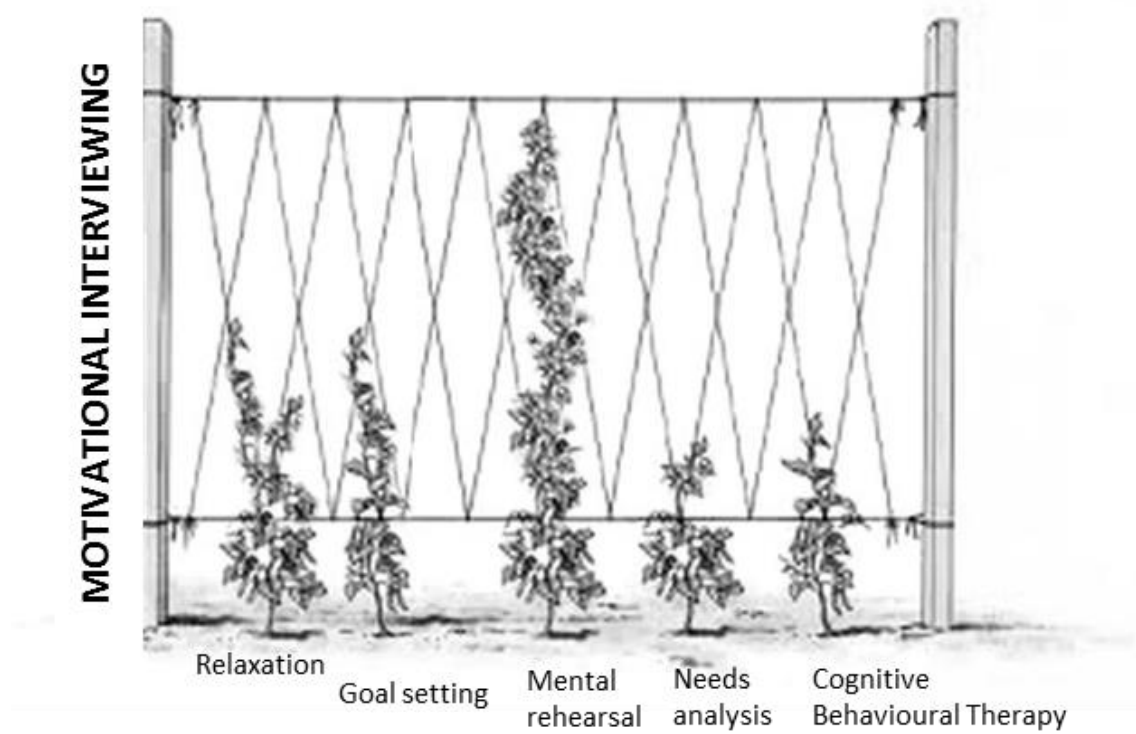


Figure 2.4. The Garden Trellis analogy of MI as a framework to deliver therapeutic tools or interventions (Mack et al., 2019)

One final relevant comment is that MI has never claimed to be a panacea, and there will be cases where it is not the right approach to use with certain clients. For example, the approach may not contain the active ingredients relevant to the client's presenting situation, the client may not respond to the philosophy and skills of MI and something perhaps more directive may be required, or the client may be ready for change and engaging in MI processes to contemplate change may be counterproductive (Miller & Rollnick, 2002, p. 26). For this reason, one of the proposed stages of learning MI is being aware of when to put pure MI aside in favour of another treatment method, though likely still retaining the aforementioned style of MI (Miller & Moyers, 2006). It has been suggested that even if clients are responding unfavourably to practitioner expressions of, for example, empathy, acceptance or warmth, a truly empathic practitioner shall be attuned to these client needs and responses and modify their approach accordingly (Elliot et al., 2011).

2.3.5 Treatment fidelity in MI

The importance and value of measuring treatment fidelity in MI, as part of both intervention delivery and the training of practitioners in the approach, is becoming increasingly recognised for several reasons. Assessing practitioner adherence to, and competence in, psychotherapeutic approaches is required to develop research and training, and supports the movement towards empirically supported treatments (Madson & Campbell, 2006). Measuring treatment fidelity is necessary to determine the active ingredients of treatment which influence mechanisms of change, which in turn influence treatment outcomes. Treatment fidelity provides evidence that the reported intervention was in fact the delivered intervention, and provides opportunities for learning and professional development through supervision and self-reflection. Additionally, treatment

fidelity assists with replication of treatment protocols in future applied practice or intervention-based research. Nevertheless, systematic reviews of intervention studies (e.g., Breckon et al., 2008; DiClemente, Corno, Graydon, Wiprovnick, & Knoblach, 2017) regularly highlight issues regarding the measuring and reporting of treatment fidelity assessments in studies which include MI. This shortcoming is something which future research must strive to rectify if these benefits for practice are to be derived and circulated. Similarly, there is an apparent lack of measurement of treatment fidelity in applied sport psychology, which is perhaps something that the discipline should start to consider incorporating into the training of student and neophyte practitioners, and the delivery of interventions with athletes. This should help ensure that practitioners are implementing efficacious and empirically-based methods, and assist their learning of intervention processes.

Empirically validated measures of MI treatment fidelity include the Motivational Interviewing Treatment Integrity (MITI 4.0; Moyers, Rowell, Manuel, Ernst, & Houck, 2016) the previously mentioned MISC (Miller et al., 2008; see section 2.3.3), the Video Assessment of Simulated Encounters-Revised (VASE-R; Rosengren, Hartzler, Baer, Wells, & Dunn, 2008) and the Behaviour Change Counselling Index (BECCI; Lane et al., 2005; also used to measure adaptations to MI). Fidelity to the MI approach, and experience of clinician use of MI, can also be explored from the client's perspective using the Client Evaluation of MI (CEMI; Madson et al., 2013). Arguably the most widely used of these are the MITI and the MISC, both of which have been subject to multiple iterations as the MI approach itself has evolved. It has been argued that the MISC is under-appreciated and more appropriate for developing practitioner skill in MI (Hilton et al., 2016), and potentially for exploring the impact of MI adherent clinician

behaviours because it also takes into account client responses, yet the MITI is arguably more popular than the MISC, and there may be several reasons for this. The MITI has been updated more times than has the MISC, and these updated versions continue to demonstrate acceptable internal consistency and interrater reliability in evaluating specific MI-adherent clinician skills (e.g., Moyers, Martin, Manuel, Hendrickson, & Miller, 2005; Moyers et al., 2016). The manual for the most recent version of MITI (v.4.2.1) can be found in Moyers, Manuel, and Ernst (2015). Additionally, the reliability of the MISC has been described as reasonable, fair, and unacceptably low for some constructs, and the code itself has been described as expensive to administer, both financially and time-wise, with multiple passes of recorded sessions required to complete the assessment (Hilton et al., 2016; de Jonge et al., 2005; Moyers et al., 2005). It has also been described as complex, expensive and intensive to train coders to use, and particularly complicated to administer, with calls for development of a simpler, more user-friendly assessment and teaching code appearing in the literature (e.g., de Jonge, et al., 2005), hence the development of the "condensed, reliable, and economical" MITI (Moyers et al., 2005, p. 21). The most recent version of the MITI (Moyers et al., 2016) is proposed as being suitable for both assessing MI-adherent practice, as well as offering feedback on MI skill acquisition, and is comparatively easier to administer and less labour intensive than the MISC, perhaps indicating why it appears to be the preferred measure of choice, as can be seen in a recent review of MI training programmes (Madson, Villarosa-Hurlocker, Schumacher, Williams, & Gauthier, 2019).

2.4 Applied sport psychology

While the focus of this literature review to this point has been on MI and the therapeutic alliance, clear links can be made to the practise of sport psychology, given what sport psychology is: the perspectives and principles of psychology applied with a specific population, to support their wellbeing and goal attainment in their chosen endeavours, which in this case are sport-related. Broadly speaking, the aspects of practice which make psychology valuable in settings of physical and mental health will also make it valuable in sport (in combination with adaptations which have emerged over time for applying psychology with this population specifically) (Murphy, 2014). Therefore, it is not surprising that there is significant crossover between sport psychology and these older, more established branches of psychology from which much has been borrowed for working with athletes. This includes counselling philosophy, skills and traits, cognitive behavioural strategies and techniques, and recently, whole interventions underpinned by psychotherapeutic approaches. It was this overlapping of disciplines and borrowing of principles that led to a debate over the professionalisation of sport psychology (Gardner, 1991; Silva, 1989).

And it is argued here that there is still more to be learned from counselling psychology, for an issue which emerges from the sport psychology literature in the main is that there is a focus upon the *content* of interventions⁶, perhaps at the expense of what has been shown in the counselling literature to be the "single most important factor in promoting constructive psychological and behavioural change – the professional relationship" (Katz & Hemmings, 2009, p. 11). Having said that, there is recognition of the importance of the relationship in

⁶ The reader will recall a similar comment from the MI literature about action-orientated approaches in clinical settings (Westra, 2012, p. 15; see section 2.3.5).

sport psychology literature (e.g., Andersen & Speed, 2010; Andersen, 2018; Katz & Hemmings, 2009; Keegan, 2016; Owen, 2010) and sport psychology clearly recognises the *need* for relational and technical skills for delivering interventions with athletes, but the literature often falls short of explaining *how* to implement the dominant content-heavy interventions, beyond often vague terminology or headline skills. This issue can potentially be alleviated by integrating a counselling approach such as MI, which outlines the processes *behind* conducting effective interventions, into applied sport psychology practice.

Since sport psychology emerged as a discipline in its own right around 40 years ago⁷, it has borrowed many theories, approaches and practices from other domains, primarily counselling/clinical/social/behavioural psychology, and sport science/physical education. These include specific techniques such as goal setting, imagery, relaxation, cognitive restructuring and behaviour modification (e.g., the Canon of mental skills training; Andersen, 2009); supervision of trainees, models of service delivery, self-reflection and ongoing training; theoretical frameworks upon which interventions are based and evaluation of applied practice; and ethical and philosophical guidelines. Indeed, there is a requirement for sport psychologists to be equally knowledgeable and qualified in both parent domains of psychology and sport science (Gardner, 1991; Herzog & Hays, 2012; Poczwadowski & Sherman, 2011; Silva, 1989). It is therefore unsurprising that the importance of the relationship between the sport psychologist and the athlete and the essential skills and attributes for

⁷ The *Journal of Sports Psychology* was first published in 1979; the Association for the Advancement of Applied Sport Psychology (AAASP) was formed in 1985, and became the Association for Applied Sport Psychology (AASP) in 2007; the Division of Sport and Exercise Psychology (DSEP) within the British Psychological Society (BPS) was formed in 2004 (Owen, 2010; Schinke et al., 2018).

practitioners to possess have been investigated since early pioneering papers of the discipline, even if the focus has traditionally been on psychological skills training (Owen, 2010). Of particular relevance to the current body of research is the overlap between counselling psychology and sport psychology, with regard to the therapeutic alliance and practitioner skills and traits for establishing and maintaining this.

This section of the literature review explores relevant literature regarding the counselling-sport psychology interface, the therapeutic relationship in sport psychology, athlete readiness to engage, the integration of approaches in sport psychology, and MI within sub-contexts of sport.

2.4.1 The counselling-sport psychology interface

Early articles from Orlick and Partington (1987) and Orlick (1989) explored essential qualities for sport psychology practitioners to possess. These included being able to establish rapport with athletes, genuinely caring about athlete welfare, having a clear agenda at the beginning of each session which satisfies the athlete's self-identified needs, listening intently to athletes, suggesting things which may be of use to the athlete and have helped other athletes in similar situations, and good interpersonal skills. Undesirable practitioner characteristics included poor interpersonal skills and an inflexible or athlete non-specific approach. It was summarised that practitioners need to have the right sort of personal qualities and be able to pass on practical, useful skills to athletes, and the athletes need to "accept and like the practitioner as a human being" in order to attend to this information (Orlick and Partington, 1987, p. 7), potentially akin to the real relationship (Gelso & Carter, 1985). Ironically, there is little to no practical, actionable guidance passed on here, nor is there an

explanation of where these 'correct' personal and professional qualities may come from, save "trial and error" in the field and advocating university courses with more field work and apprenticeships in sporting environments (Orlick and Partington, 1987, p. 10). These essential qualities for practitioners outlined from the very beginning of the sport psychology discipline can clearly be seen to stem from counselling and clinical psychologies. For example, there is significant overlap with the findings of the review of 20 years' worth of research on effective therapist attributes and techniques in psychotherapy from Ackerman and Hilsenroth (2003, Table 3, p. 28). And yet, the commonalities between practitioners in these disciplines are not discussed, and the opportunity to learn from these disciplines is not suggested in these early sport psychology articles.

The link between counselling and sport psychologies was at the crux of a pioneering paper in the discipline, where it was suggested that sport psychology practitioners may benefit from an "interface" between counselling and sport psychologies, given the overlap between these disciplines and the extensive research which already existed (Poczwadowski, Sherman, & Henschen, 1998, p. 202). It was proposed that while the sport psychology literature at the time was teeming with discussions of techniques for working with athletes, such as the Canon of mental skills, there was minimal discussion of intervention procedures⁸. An example of this can be seen in Boutcher and Rotella (1987), who provide an example of a structured interview with an athlete, the first stage of which is "establish rapport, make the athlete comfortable", before going on to

⁸ This might be considered a barrier to reproducibility, in that a practitioner reading these and other articles from this time period could not exactly implement a psychological skills training programme based upon these recommendations; even if the descriptions of the programme content are specific enough, the broad labels of the skills needed to interact with athletes and coaches to implement that content (such as 'interpersonal skills', 'communication style', and 'rapport building') are not.

define problematic behaviours (p. 130). There is no explanation of the processes involved in building rapport or a relationship with the athlete, and no guidance offered for exploring the athlete's behaviours, except a checklist of questions for the practitioner to ask. This is perhaps an example of what Poczwadowski et al. referred to as a "cookbook" (p.192) approach to consultancy, and has recently been critiqued as discrete tools severed from their theoretical roots and devoid of psychotherapeutic procedures (Turner et al., 2020). These articles make clear the need for elements of counselling psychology to be embedded within sport psychology practice, such as the fundamentals of counselling and Rogerian person-centred therapy which facilitate the establishment and maintenance of a working alliance. The importance of this relationship is highlighted in no uncertain terms: "In summary, psychological service delivery cannot be evaluated separately from the counselling and consulting relationship that it produced. The consultant-client relationship is a vehicle for consultants to effect a desired change in client behaviour" (p. 195). Propositions such as this would be key influences on the next pioneering paper in the discipline (Petitpas et al., 1999), the first paper in the discipline dedicated entirely to the psychologist-athlete relationship. As much as Poczwadowski et al. advocated the *need* for this interface between counselling and sport psychologies, they again fell short of explaining the *how to* of such intervention procedures. The authors cite practitioners who "listen to" or "talk with" their athletes, and "aim to understand" athlete concerns and problems during the assessment phase. They also state the importance of the consultant's "style", which consists of "skill teaching", "communication style", "interpersonal social skills", and "ability to establish and maintain effective professional relationships" (p. 198). This is insufficient detail when it comes to

reproducing this as a practitioner during consultancy. What is missing is the naming and describing of specific relational principles and technical skills for establishing relationships and communicating effectively, or the suggestion of an appropriate counselling approach for practitioners to adopt. Still, the value of this article cannot be understated, for presenting the notion and the implications of the counselling-sport psychology interface. Indeed, the link between these two disciplines, and the need for sport psychology to learn from counselling psychology, has been repeated regularly through the 20 years since this article was published (e.g., Petitpas et al., 1999)

2.4.2 The therapeutic relationship in sport psychology

The first blocks in bridging the gap between relational and technical procedures and outcome-orientated interventions were laid in a crucial article for the discipline, dedicated to the practitioner-athlete relationship and characterised by a shift in language used towards that of counselling psychology. It is pertinent to discuss this article in some detail, as it has great relevance for the current studies. Petitpas et al. (1999) begin by furthering the notion of the counselling psychology-sport psychology interface, re-stating that the strength of the relationship is the most robust predictor of positive outcomes in counselling, and that this sets a precedent for psychologist-athlete consultancy, because the dynamics in the two types of relationship are similar. It is their examination of these dynamics where we can clearly see not just links between counselling and sport psychologies, but specifically between sport psychology and MI.

There is a wide range of topics discussed in this article, most of which can be seen to stem from counselling psychology. These include: a need to

explore and understand the mechanisms of consultancy which are responsible for success; how the techniques used by the practitioner influence the strength of the working relationship, and vice versa; how practitioners can influence athlete *adherence* to pro-health behaviours, injury rehabilitation or psychological interventions; athlete *readiness* (the first time this writer witnessed this word in sport psychology literature) for interventions; the role of the psychologist-athlete relationship in the *change* process; and the importance of *collaboration* in this process regarding strategies for achieving change. The authors are critical of previous practitioners' and researchers' assertions of the importance of building rapport with athletes and coaches, without emphasising the need to first acquire the necessary skills and experience to actually build said rapport (this critique is echoed by Sachs (1999), in his comment on Petitpas et al. (1999)). Indeed, they question even whether an introductory course in counselling and a short period of supervision is sufficient, implying instead that greater *immersion* in counselling psychology is required, and calling for a "paradigm shift" in the training of sport psychologists, away from what might be considered an installation of mental skills and towards having a greater understanding of the self as a practitioner and the processes which underpin psychologist-athlete interactions (p. 347).

To that end, Petitpas et al. (1999) provide an in-depth introduction to Rogerian person-centred counselling, and the practitioner characteristics which establish a strong working alliance and facilitate positive change during counselling, notably empathy and unconditional positive regard. Concerning empathy, the authors introduce not only the concept, but also the verbal communication skills practitioners require to demonstrate empathy with athletes: reflective listening (again, the first time this writer has seen this term in

sport psychology literature). The use of reflective responses is advocated for gaining clarity, encouraging athletes to share more information, and to help them explore their thoughts and feelings. Links can clearly be seen here with both the philosophy and relational aspects of MI, but also with the technical verbal skills inherent in MI which mobilise these aspects. Yet, the authors make little recommendation as to how these principles and skills can be acquired, except years of immersion in counselling psychology.

Concerning unconditional positive regard, Petitpas et al. (1999) describe a practitioner's warm, accepting demeanour, which materialises by attending to the client's communications and experiences and identifying their personal strengths. The authors are straying into broader terminology here, but viewed through an MI lens, more specific elements of the spirit (acceptance) and technical skills (reflections, affirmations) can be identified to help explain how this might be achieved. These Rogerian facilitative conditions, among others, are concluded to be as important and relevant for fostering strong working alliances in sport psychology consultancy as they are in counselling psychology, and this should be taken into account for the training of neophyte practitioners, for "students must not only understand *what* they do with athletes but also *how* they do it" (p. 352; emphasis in original). They ask the question of whether the training pathways and curricula at the time were insufficient to support trainees and neophyte sport psychologists in learning interpersonal skills required to build and maintain effective working alliances with their clients. The authors cite the notion from Horvath and Symonds (1991) that the working alliance is likely established within the first three meetings of the client and practitioner, which suggests that an approach from counselling psychology, such as MI, is vital

during those initial meetings. This is in keeping with the notion of using MI as a precursor to another treatment.

Finally regarding this article from Petitpas et al., (1999), there is a discussion of the need for psychologists to collaboratively solve problems with their athletes, by first taking time to understand the athlete's issues, and then checking to see firstly whether the athlete will accept information from the practitioner, and secondly if the athlete understands this information once it is provided (p. 352). Sachs (1999) extends this idea by suggesting an additional step which takes into account the athlete's ideas for what might work for them, or even strategies which they have previously (perhaps unsuccessfully) attempted. This proposed approach can be mapped directly onto a technique from MI for sharing information or advice called *elicit-provide-elicit* (E-P-E; Rollnick, Mason, & Butler, 1999), where the practitioner first explores the athlete's prior knowledge of this subject, identifies gaps, and requests permission to share new, relevant information with the athlete (elicit); the practitioner then shares this information with the athlete in a clear, concise, autonomy-supportive manner (provide); the practitioner finishes by asking the client for their interpretation or response to this information (elicit) (Miller & Rollnick, 2012, p.139).

This influential article is clearly paramount not just for the discipline of sport psychology, but also for this present body of research, given that *everything* identified in this article as essential for sport psychology practitioners can be found within motivational interviewing. That is not to say that MI is the only place where these recommendations can be found, but it certainly seems to represent one viable package for students and neophyte practitioners for

learning the underpinning philosophy and technical skills necessary to deliver their outcome-orientated interventions.

2.4.2.1 The athlete-centred approach

From the same journal issue, Lloyd and Trudel (1999) sought to define an *athlete-centred* approach and answer questions such as *what does it mean to be a 'good listener'?* (e.g., Orlick, 1989). They explored the verbal interactions between a mental training consultant and five athletes, and used an adapted interaction analysis to systematically code specific consultant verbal behaviours. While this study represents a shift away from broad terms like 'good interpersonal skills' and 'effective communication style', and takes a significant step forward in ascertaining the content of verbal interactions between practitioners and athletes, it falls short in a number of ways. The authors are unable to explain what constitutes a good listener, concluding axiomatically that the consultant was a good listener only because the interviewed athletes identified him as such. Similarly, there is no explanation of why the consultant was judged to have good interpersonal skills. What is still missing here is rich description of what exactly the consultant said or did which led to him being perceived as a good listener or having good interpersonal skills, and therefore this still cannot be replicated by a practitioner reading this article.

Lloyd and Trudel (1999) do not appear to provide the definition of an athlete-centred approach that the authors stated the discipline was missing. Additionally, the verbal behaviours that were coded largely do not represent distinct skill units like those which form the MI technical skills or other examples of counselling microskills models (e.g., Ivey, 1994). Interestingly, this study has several method-related factors which can be seen to overlap with methods for

assessing MI-adherent practice (e.g., MITI, CEMI) - sessions were audio recorded, coded for consultant verbal behaviours, percentage talk time between practitioner and athlete was calculated, and athletes were interviewed post-session to gain their perspective on the practitioner's approach.

Taken together, these articles from Petitpas et al. (1999) and Lloyd and Trudel (1999) mark a diversion in the sport psychology literature towards better understanding the therapeutic alliance and an athlete-centred approach to consultancy, clearly underpinned by counselling psychology; more specifically, Rogerian person-centred theory, which has also been shown to underpin MI. Since these articles were published, some researchers have responded, though progress has perhaps been slower than these early practitioners and researchers would have liked.

Holt and Strean (2001) again highlight the importance of the practitioner-athlete relationship for successful outcomes, and the need for an athlete-centred approach to consultancy, rather than the dominant problem-centred approach which arose from adopting a cognitive behavioural model for implementing mental skills training programmes. These authors cite Andersen (2000) and Simons and Andersen (1995) to succinctly argue that the *processes* of practitioner-athlete interactions and *delivery* of relevant techniques must be examined to better understand and advance sport psychology support, and not simply further discussion of techniques themselves. This point was reiterated by Andersen (2006), in stating that insufficient attention was being paid to learning how to develop interpersonal relationships with athletes via therapeutic methods by students, lecturers and supervisors alike. Andersen also comments on the lack of utility of early research articles (alluded to previously in the present

review), remarking that publications on interventions (e.g., imagery, relaxation) with athletes are "missing the point" and not helpful for practitioners working out in the field (p. 688). This is because it is not the interventions that keep the athletes working with psychologists, but the interpersonal relationships they build together, the quality of which directly determines the effectiveness of the intervention work (Baldwin, Wampold, & Imel, 2007). The inference to be made here is that sport psychology continues to have a great deal to be learned from counselling and or psychotherapy. Owen (2010) states the importance of athlete-centred practice underpinned by humanistic skills, and advocates increased focus on the therapeutic relationship and the processes of psychological interventions with reduced emphasis on specific psychological skills techniques. Andersen and Speed (2010) argue that the therapeutic relationship with athletes is the single most important aspect of consultancy for successful collaboration and outcomes. The conditions offered by the consultant (e.g., accurate empathy; unconditional positive regard; genuineness; openness), highlighted previously from humanistic theory (see section 2.2.2) and closely linked with the spirit of MI, are alleged as "the foundation for change" (p. 6).

2.4.2.2 Counselling principles and skills for applied sport psychology

Noteworthy are a small number of publications which have actually detailed specific aspects of Bordin's (1979) working alliance theory and Gelso and Carter's (1985) therapeutic relationship, with specific verbal communication skills, for applied sport psychology. Katz and Hemmings (2009) and Murphy and Murphy (2010) go further than any previous publication in the discipline in giving detailed explanations of the working alliance and facilitative conditions for effective practice, the skills contained within active listening, and guidelines of

integrating humanistic principles with a CBT-based intervention. Murphy and Murphy direct readers to Ivey's counselling microskills model (e.g., Ivey, 1994), and suggest that attendance at a variety of professional training workshops and seminars over a period of several years may be required to become competent in counselling principles and skills. This suggestion is in keeping with the point by Petitpas et al. (1999) of the need for immersion in a counselling approach. These two resources are perhaps the first to answer in depth the call for a paradigm shift in the application of counselling principles and skills within sport psychology consultancy which was made 10 years prior.

Longstaff and Gervis (2016) explored counselling principles and counselling skills used by sport psychology practitioners to form their practitioner-athlete professional relationships. The authors cite previous research from the professional practice domain of applied sport psychology which has found that neophyte practitioners have concerns about how to form effective relationships with their athletes (e.g., Cropley, Miles, Hanton, & Niven, 2007; Woodcock, Richards, & Mugford 2008), and go as far as saying that current training methods in counselling for sport psychologists "may not be fit for purpose" (p. 278). This suggests that students and neophytes are not gaining sufficient immersion in counselling psychology during early professional development, and therefore supports the proposition that this should be more explicit within their curriculum. The authors discuss the need for practitioners to have a working understanding of the real and unreal relationships and the working alliance, and the importance of active listening skills is highlighted. It is stated that "while there is intuitive appeal in the use of facilitative conditions and active listening to develop sport psychologist-athlete relationships, there is limited understanding of how practitioners make use of them or how they

develop these skills" (p. 277). The data collected is analysed within the constructs of the unreal relationship, the real relationship and the working alliance, again signalling the potential relevance of these to applied sport psychology. The real relationship is here composed of the humanistic facilitative conditions (empathy, warmth, genuineness and unconditional positive regard), while the working alliance comprises aspects of Bordin's goals, bonds and tasks. Active listening falls within the category of general counselling skills. On counselling skills specifically, all 10 participants are said to have reported the importance of active listening for building their relationships with athletes; one participant suggests that up to 80% of their work could be listening, while another discusses the importance of both factual listening as well as emotional listening. Nevertheless, what is not clear in this research is whether participants were able to further discuss the constituent parts of active listening, as would be found in, for example, the technical skills of MI, the counselling microskills model (e.g., Ivey, 1994), the skilled helper model (e.g., Egan, 1998), or even a generic counselling textbook. It may be that the authors, who clearly have an awareness of active listening from the sources cited in their literature review, have used the descriptive label 'active listening' in their analysis to capture participant speech without participants using or understanding that term themselves.

Longstaff and Gervis (2016) provide an important commentary regarding their finding of a wide range in the participants' training and development in counselling principles and skills, with the most common experience being a 'short course' in counselling (no indication of how short), while stating this is not mandatory for BPS certification. Indeed, one participant indicated they had been able to satisfy BPS requirements by engaging in "relevant readings" (p. 285).

The authors make a stark comparison between this and the requirements for certification in the USA, where practitioners are required to complete educational training and coursework in counselling skills for accreditation with the Association of Applied Sport Psychology (AASP), so this is one area in which there seems to be room for improvement in the BPS pathway. There is however at least a recognition among these participants of the need for exposure to counselling training; one participant is quoted as saying "I wanted to upskill myself in counselling techniques to help those one-to-ones and I suppose it counts towards my BPS (training) as well... they (the BPS) don't specify what you need to do for CPD but it does count towards it" (p. 281). Additionally, several participants are said to have suggested that there should be additional training for UK applied sport psychology trainees in counselling skills, and that attendance at a short course in counselling should be mandatory. So it appears that this is something which trainees judge to be necessary and valuable, yet optional and something they would have to seek themselves, potentially giving rise, as Longstaff and Gervis point out, to very different experiences of variable duration and quality. What remains concerning about this is that, as of 2016, in spite of approximately 30 years' worth of evidence presented in this review in support of counselling training for applied sport psychologists, it still is not a prerequisite of the governing body for completing their qualification to achieve chartered psychologist status. Further, it is questionable even whether attending a short course in counselling is sufficient, given the stipulations that current training options for sport psychologists may not be fit for purpose, graduate programmes are not equipping neophyte practitioners with competence, and that it takes years of immersion in a counselling approach to achieve competence (e.g., Longstaff & Gervis, 2016;

Murphy & Murphy, 2010; Petitpas et al., 1999; Sachs, 1999). The authors conclude with a recommendation which is vital for the current programme of research, that counselling training for applied sport psychologists in the UK should be formalised, and that there should be appropriate assessments of competency in practitioners' use of counselling principles and skills.

This is an important article for increasing the exposure of applied sport psychology to counselling theories and skills, the use of counselling language with regard to working with athletes, and generally furthering the paradigm shift towards applied sport psychology underpinned by informed and considered counselling practice. Clear inferences can be made about the potential value of immersion in a counselling approach such as MI, and the role this might play in filling a number of the gaps identified in the training pathway, and providing the essential principles and skills which underpin the building of alliances with athletes, particularly through its spirit and technical skills.

2.4.3 Athlete readiness to engage

This literature search and review has revealed that there are a number of factors regarding athletes themselves, specifically their role and input in the therapeutic relationship and the intervention process, which often are not taken into account when applying sport psychology interventions. These considerations are not unique to athletes, but might also be found in literature regarding physical or mental health behaviour change, again suggesting that counselling and clinical psychologies are a valuable learning source for applied sport psychologists. These considerations include readiness for or resistance towards intervention, adherence to treatment protocols and agreed-upon

intersession tasks such as homework tasks, buy-in to sport psychology as a discipline, and mandated attendance.

Orlick (1989) acknowledges that there are many cases of athletes not adhering to psychology work and not implementing new skills as often as they should, which has a direct impact on how successful this work can be. In addition, examples are given of athletes who only begin attending to their mental skills work after "falling flat on their faces" and receiving a shock at an important competition (p. 364). Orlick stresses that this must be addressed by the discipline, though admits that he has no suggestions for how these athletes can be reached sooner. Through the lens of the TTM, the readiness of these athletes might be viewed as 'pre-contemplation'.

Petitpas et al. (1999) describe the practitioner-athlete relationship, and the techniques used by the practitioner, as major factors which increase adherence to sport psychology interventions. They attribute this increased adherence to athletes feeling understood, which suggests the importance of accurate empathy and the skills which underpin it. Other factors which might decrease adherence are given, including interventions which are complex or require considerable effort or change to be made by the athlete, or if the intervention is administered without the athlete having input to it. The authors link this to athlete readiness for intervention, which must be based on what they want or need, rather than on what they should do or have to do (p. 346). This suggests a need to consider collaborating with athletes rather than dictating to them, supporting their autonomy, valuing them as knowledgeable and resourceful, and being aware of their receptiveness to intervention before

proceeding to implementation. These are core principles of the MI spirit, which appear to be essential for effective sport psychology practise.

Petitpas et al. (1999) provide samples of psychologist-athlete verbal exchanges, demonstrating different reflective responses used strategically to respond in different ways to an athlete statement (and therefore different directions a practitioner might steer the conversation), and also, an example of an opposite approach characterised by convincing and instructing which disengages the athlete. They contend that this opposite approach would likely deter the athlete from the proposed intervention (in this case, imagery), because the psychologist did not explore the client's thoughts, feelings and desires, did not take into account the athlete's readiness for change, and prematurely offered an intervention they felt was best for the athlete, eliciting "yes, but" responses from the athlete (which might be considered ambivalence or ST). The result of this: "Although imagery may have been proved to be an effective intervention in this situation, the athlete did not feel understood and therefore was not ready to move forward" (p. 350). In other words, even though the proposed intervention may have been the correct one, and may have proved beneficial under different circumstances, the style and or timing of the proposal were not well received by the athlete, who became resistant and disengaged. This is reminiscent of the theoretical and practical mismatch between an action-orientated intervention and a client who is not ready to act cited earlier (Miller & Rollnick, 2004). One can only speculate how such an interaction might be broken down and reflected upon subsequently, but one possibility is that the athlete would be considered difficult, problematic, uninterested, unmotivated, or another adjective indicating that the blame for this (if some were to be apportioned) lies with the athlete.

This contention formed part of a commentary on the subject of athlete resistance in sport psychology almost 20 years later, where Gardner (2017) outlines his experience of overcoming athlete and other stakeholder resistance over 25 years working in elite sport. Gardner posits that resistance is a topic of utmost importance that has largely been ignored in sport psychology, despite being considered to be very important in psychology in general. Resistance to intervention is said to occur frequently in both the best and worst cases of work with athletes, and the handling of this resistance is a primary contributor to intervention outcomes. He also states that there is a tendency among practitioners to view resistance as a "function of the client and as a convenient construct by which to explain any lack of progress", and this is erroneous, as resistance is "bidirectional" and should instead be viewed as a result of the interaction between the sport psychologist, the athlete and the context (p. 39). And resistance can arise for a number of reasons:

"For instance, resistance may emerge if a sport psychologist tries to intervene too quickly without aligning goals with the client, is too forceful with intervention efforts, and/or misjudges the client's initial discussion about her/his goals and objectives as an indication of immediate readiness to change. Additionally, the context of intervention efforts is critical, as resistance may emerge as one's motivation to change fluctuates according to factors outside of the professional relationship, such as change in the athlete's environmental situation (i.e., coach, injury, agent)" (p. 39).

Resistance to intervention (and arguably by extension readiness, ambivalence and CT/ST) appears to be a construct which needs to be better understood by

applied sport psychologists, given that clients can struggle to engage with psychotherapies (e.g., Moloney & Kelly, 2004) and athletes can struggle to consistently apply cognitive behavioural strategies (Brown, 2011; Mack et al., 2019). This raises a broader critique of applying cognitive behavioural therapies and their inherent techniques in general, which is that if an intervention is deemed to be unsuccessful (assuming the relationship progresses as far as the intervention), two primary assumptions are that the fault lies either with the initial needs analysis, or with a lack of motivation or of psychological insight within the client (Moloney & Kelly, 2004). It is argued here that additional explanations may be offered. One possibility is that the approach or style of the psychologist throughout the alliance-building period of the consultancy, and possibly through the intervention phase, was not conducive to forming strong bonds and engaging the athlete in the work.

Another possibility is that intervention procedures were initiated before the athlete was ready for them. It might also be possible that fluctuations in athlete motivation or readiness were not taken into account. This is perhaps more likely to occur in sport psychology, if a practitioner is utilising cognitive behavioural techniques or methods without an understanding of the underpinning theories and overall framework, and without immersion in a counselling approach to support the delivery of those methods. From an MI perspective, there is a need to recognise that ambivalence is a natural feature of the change process and not something that it, or the associated sustain language, should be shied away from (e.g., Apodaca et al., 2014; Miller & Rollnick, 2004). As an approach which was designed specifically to enhance motivation and resolve ambivalence about change, MI appears to have clear value to add to this aspect of the sport psychology intervention process.

Athlete readiness to engage is relevant to a specific, typical feature of psychotherapeutic treatment: homework tasks. These tasks are indispensable to many CBTs (Fehm & Mrose, 2008), including REBT, cognitive therapy and schema therapy, which are now being applied with athletes (Turner et al., 2020). In fact, so ubiquitous are homework tasks in CBTs, they have been referred to as a nonspecific treatment factor (Ilardi & Craighead, 1994). Research shows that clients frequently struggle to engage with and complete homework tasks (e.g., Helbig & Fehm, 2004). Compliance with homework tasks is crucial for the success of intervention work (Turner et al., 2020; Wood et al., 2020). Athletes will likely fail to complete homework tasks consistently if practitioners have failed to first secure their engagement with the intervention process and resolved ambivalence towards behaviour change, so this might therefore be considered a primary goal of sport psychology intervention work.

Drawing together applied sport psychology and behaviour change theory, Murphy and Murphy (2010) submit the TTM as a theoretical orientation which is relevant for consulting with athletes. The authors reason that the stages of change from the TTM can help practitioners make sense of athletes' attitudes towards and readiness to make behavioural changes, such as mental skills (some may be ready for this, others may be only vaguely considering the need), by identifying which stage of change the athlete is occupying and tailoring their support accordingly. Practitioners must then work to progress the athlete through the stages towards their desired change. What is not explained here exactly, and the inference which is being made presently, is that the aforementioned technical skills of an approach such as MI are the vehicle for doing this, and that the TTM requires an applied approach working in tandem with it (Miller & Rollnick, 2009). And a clear example of this is found in this

chapter - Murphy and Murphy propose that "helping athletes identify pros and cons of change is the most effective way of helping them move toward the next stage" (p. 18) (they are alluding here to a reduced version of the decisional balance piece of the TTM but without naming or outlining it, perhaps an example of sport psychology cherry picking something from an approach without fidelity). What is not explained here is how to have the actual conversation around the pros and cons of change, i.e., how to operationalise a tool that explores ambivalence about change. MI is one approach which knits together consideration of therapeutic relationship building, technical skills of empathic communication, and athlete readiness (stage) for change.

Athlete readiness for change, specifically psychological skills training (PST) and with regard to the TTM, has been the subject of a small number of empirical studies (e.g., Massey, Gnacinski, & Meyer, 2015; Massey, Meyer, & Hatch, 2011) since being proposed by Murphy and Murphy (2010). In Massey et al. (2015), it is argued that despite substantial evidence for the efficacy of psychological skills training for sport performance, many athletes are not ready to do the necessary work on the mental aspect of performance. Several reasons for this are cited, including stigmatisation of sport psychology support, low confidence in the efficacy of sport psychology consultancy, and a view that sport psychology consultants are more closely related to mental health than to performance enhancement. Whatever the reason, this lack of readiness from the outset is akin to the issues Miller and Rollnick saw with the dominant treatments for addictions in the 1970s and 1980s, which were laden with action and maintenance strategies and took no account of how ready patients were to engage in this work. For this research, Massey et al. recruited 453 National College Athletic Association (NCAA) Division 1 athletes to complete an online

survey which examined their attitudes to mental training and aspects of the TTM. Findings indicated that the largest portion of athletes (37%) fell into the pre-contemplation stage of the TTM, and therefore that a significant portion of top level athletes were not even considering the need for psychological skills training. This pre-contemplation was characterised by fewer perceived benefits and increased perceived costs of PST, and low levels of self-efficacy for PST, compared with athletes at any other stage of change.

Clearly these findings have implications for practitioners who find themselves working with such athletes, which should be taken into account upon commencement of the relationship, and especially in cases of mandated attendance or referral (e.g., Andersen, 2000; Brown, 2011; Orlick, 1989; Owen, 2010; Sachs, 1999; Sharp & Hodge, 2011) as this could lead to discord in the relationship or premature detachment from psychological support (e.g., Mack et al., 2019). In both Massey et al. (2011) and Massey et al. (2015), the authors overtly suggest it may be beneficial for sport psychologists to consider behaviour change models such as the TTM with regard to athlete readiness for, and adherence to, a PST programme, and in a rare example of a reference to MI in sport literature, cite Miller and Rollnick (2002) as an example of clinical practice outside sport which regularly takes into account client readiness for change. Again, it is argued presently that the TTM may provide a framework for practitioners to be cognisant of athlete readiness for change, but an applied approach such as MI is required to actually increase that readiness. These conclusions regarding athlete readiness for change and engagement with psychological work have further important implications for practitioners, given the finding that athletes with previous positive experiences of sport psychology support are more open to future work than are athletes with a history of

negative experiences of sport psychology (Wrisberg, Simpson, Loberg, Withycombe, & Reed, 2009).

2.4.4 Integration of approaches in sport psychology

Descriptions and justification for integrating MI with other action-orientated approaches and interventions have been provided previously (see section 2.3.4), and this proposal will now be extended to interventions in applied sport psychology. The Canon of PST and psychoeducation influenced by cognitive behavioural theory and strategies have historically been dominant in the discipline (Lloyd & Trudel, 1999; Owen, 2010; Murphy, 2014; Sharp, Hodge, & Danish, 2014). Recent research has argued for sport psychology practitioners to adopt and apply interventions from other domains of psychology. These approaches include CBT (e.g., McArdle & Moore, 2012), and specifically second-wave CBTs such as rational emotive behaviour therapy (REBT; e.g., Wood et al., 2017) and cognitive therapy (Turner et al., 2020). Third-wave CBTs (those which emphasise mindfulness, acceptance or behavioural change, with less emphasis on targeting dysfunctional cognitions; Gaudiano, 2006) such as acceptance and commitment therapy (ACT; e.g., Shortway et al., 2018) and mindfulness-acceptance-commitment (MAC; Gardner & Moore, 2012) have also been promoted for use in sport. Additionally, solution focused therapy (SFT; e.g., Hoigaard & Johansen, 2004), mindfulness (e.g., Bernier, Thienot, Pelosse, & Fournier, 2014), strengths-based interventions (e.g., Ludlam, Butt, Bawden, Lindsay, & Maynard, 2016) and brief contact interventions (e.g., Pitt, Thomas, Lindsay, Hanton, & Bawden, 2015) have also been applied with athletes. Given the tendency to emphasise intervention content over relational and technical processes (e.g., Andersen & Speed, 2010; Owen, 2010), it may be beneficial to consider integrating these interventions with a counselling approach which

emphasises the therapeutic alliance, athlete autonomy, and athlete readiness. In light of the knowledge elsewhere in psychology about the efficacy and processes of an MI-CBT integration (e.g., Geller & Dunn, 2011; Naar & Safren, 2017; Naar-King, Earnshaw, & Breckon, 2013; Westra et al., 2009), given the dominance of CB-informed interventions historically in sport psychology, and given the recent advocacy for second- and third-wave CBTs in applied sport psychology, this suggests that initially considering an MI-CBT integration for sport psychology may prove a fruitful place to start. Indeed, this exploration has already begun with an MI-REBT integrated intervention with an elite athlete, with promising findings (Wood et al., 2020).

2.4.5 MI in sport

MI has been cited in a small but growing number of publications, in several sub-contexts within sport. These sub-contexts are applied sport psychology, sport coaching and coaching psychology, clinical sport psychology, and sport psychiatry, each of which is presented here.

2.4.5.1 MI in applied sport psychology

Upon completion of the initial literature search phase of this project, only three references emerged which directly linked MI and applied sport psychology (Hays, Thomas, Butt, & Maynard, 2010; Hays, Thomas, Maynard, & Butt, 2010; Mărgărit, 2013). In Hays, Thomas, Butt and Maynard (2010) and Hays, Thomas, Maynard and Butt (2010), scaling rulers (an advanced form of Likert scale) from the MI approach are cited and utilised as part of the profiling of athlete confidence. This tool is employed to help the practitioner in gaining a deeper understanding of the athlete's level of confidence, in conjunction with motivational strategies to identify why confidence might be low, and ideas for

raising confidence levels. While this may prove useful in facilitating the conversation about athlete confidence levels, it could be argued that this represents cherry picking one specific tool from the MI approach and adding it into the conversation when it feels appropriate to the practitioner. Similarly, Fader (2016) outlines the use of the MI 'value card sort' exercise (individual cards each labelled with a personal value, goal or motivating factor, which the client sorts by order of importance to stimulate conversation; Miller & Rollnick, 2012). This appears to be another specific tool from MI used in isolation, and does not necessarily represent an approach underpinned by MI. The potential risk here is that tools are not delivered as originally intended, or without regard to the faithful integration of multiple complementary approaches. Further, there is a risk of missing what more the MI approach as a whole may have to offer the consultation process. Mărgărit (2013) presents an example of attempting to integrate MI underpinned by SDT into her applied work with a gymnastics coach. The author appears to have a good grasp of relevant MI literature and underpinning theory and the links between MI and SDT. Nevertheless, what is missing from this case example is a clear rationale for the use of MI with this client, clear explanation of the MI work which took place, and any indication of her training in MI, any measures of her competence in the approach or her fidelity to it. In fact, it appears that her application of the approach is purely based on what she has read about it. Therefore to state that this was an intervention underpinned by MI would be specious at best.

Wood et al. (2017) present a case study of applying REBT with an elite archer. They conclude in their recommendations for future applied practice and research that it would be worth considering combining REBT with MI to enhance the effect of REBT by increasing athlete motivation for change.

Additionally, the lead researcher in the current programme of research has published study one in conjunction with the supervisory team (presented in chapter three of this thesis) and contributed to the publication of three studies linked to the topic of this thesis. Mack et al. (2019) present MI as an approach to enhance the therapeutic alliance in sport psychology and to increase athlete engagement in intervention processes and provide a single-session case study in support of this. In Turner et al. (2020), MI is suggested as a potential adjunct approach to enhance the delivery of four separate CBT interventions with an elite athlete. And finally, Wood et al. (2020) propose and describe an MI-REBT integration for reducing irrational thinking and enhancing sport performance with an elite athlete, as was suggested by Wood et al. (2017).

2.4.5.2 MI in sport coaching and coaching psychology

One area loosely linked to sport where MI has received some attention is coaching psychology, with a series of articles published primarily by one author (e.g., Passmore, 2011a; Passmore, 2011b; Passmore, 2012). Coaching psychologists use models of coaching (e.g., Goal, Reality, Options, Will; GROW; Whitmore, 1992) to support their clients in enhancing their wellbeing, making change or improving performance in some aspect of their personal or professional lives (Passmore, 2011a). In this series of articles, MI is proposed as a useful approach for helping coaching psychologists work with clients who are 'stuck', and for whom coaching models, including cognitive behavioural or solution focused, are not effective alone (Passmore, 2011a). Key components of the MI approach, such as the need to recognise different types of CT to mobilise the client towards change, and skilfulness with deeper levels of reflective listening (termed "active" and "interpretive" listening here, referring broadly to the principle of accurate empathy), are advocated as being essential

for effective coaching psychology consultancy (Passmore, 2011b; Passmore, 2012). While not referring specifically to practitioners working with athletes (in a coaching or psychology capacity), links can easily be drawn and this approach appears to be relevant for sport coaches.

Subsequently, in two scoping studies, Wierts, Wilson, and Mack (2018a) and Wierts, Wilson, and Mack (2018b) present an exploration of the awareness, knowledge and use of MI by Canadian university sports coaches. Just under one third of coaches reported awareness (27%) or use (30%) of MI in their coaching, and a higher than average degree of knowledge of the MI approach was reported, though it is not clear where this knowledge comes from. Indeed, no indication of these coaches' education or training in MI is given, nor is their fidelity to the approach in their coaching provided. Both studies conclude that MI is a relevant approach for sports coaches, and that further research into its efficacy and application in sport is warranted.

Coinciding with the completion of this research programme, a textbook on MI for sports coaches was published (Rollnick et al., 2019). The book offers MI as a useful approach for forming relationships and having improved conversations with athletes, through demonstration of empathy, normalising athlete ambivalence and mutual exchange of information and expertise, ultimately towards improved wellbeing and sport performance. The brief nature of contact time in sport is highlighted, and the authors suggest that skilful use of MI can facilitate helpful conversation, support athlete decision making and roll with athlete resistance, in what might in reality be a number of short, linked conversations over an extended period of time.

2.4.5.3 MI in clinical sport psychology

Clinical sport psychology (e.g., Gardner & Moore, 2006) applies theories and models of assessment and intervention known from clinical psychology with athletes who are presenting with performance and/or personal issues, generally beyond the scope of traditional sport or performance psychology (i.e., the Canon of PST). Such issues may include anger, mood, eating or personality disorders, substance misuse, emotional disturbance, anxiety and depression (Gardner & Moore, 2006). It is incumbent upon practitioners of different training and education backgrounds to understand the boundaries and limitations of their own areas of expertise. In the UK, practising as a clinical sport psychologist would likely require completion of a clinical psychology doctorate (DClinPSY) at an accredited institution, and completion of the requirements of BPS QSEP.

Within clinical sport psychology literature, two articles have appeared which link MI with the treatment of eating disorders in athletes (Arthur-Camiselle & Curcio, 2018; Stranberg, Slager, Spital, Coia, & Quatromoni, 2019). In the former, female athletes diagnosed with anorexia nervosa or bulimia nervosa were sampled to identify "turning points" or "tipping points" in their recovery from their eating disorder. The authors describe a turning point as the point at which the progression of the illness is interrupted and energy is devoted to recovery from the illness rather than continuation with the illness. For athletes who have not yet reach a turning point, the authors recommend the use of techniques from MI to facilitate a conversation with athletes about how their eating disorder is negatively affecting their performance. MI may also be pertinent for raising motivation to change behaviours regarding their eating disorder, something which is known to be predictive of treatment success, and

for judging athlete readiness for intervention (p. 609). In the latter, Stranberg et al. (2019) structure psychotherapeutic and educational treatment for athletes with eating disorders around strategies from CBT, dialectical behavioural therapy, and MI. The authors state that individualized therapeutic sessions are grounded in MI because it is "a technique that gives clients autonomy, encourages reflection, addresses ambivalence, elicits CT, and increased both readiness to change and confidence to change" (p. 2). While details of the clinical team that deliver this multidisciplinary approach are provided (licensed mental health clinicians, a sport psychologist, a registered dietitian nutritionist and a certified strength and conditioning specialist), no details are given regarding team members' experience, competence, or fidelity to the three psychotherapeutic approaches. And so, while they say for example that their individual sessions were grounded in MI, we are not presented with any evidence that this is the case, a critique which has been cited previously in this review (e.g., Breckon, Johnston, & Hutchison, 2008). Nevertheless, this study does represent first steps towards implementing MI with clinical athlete populations, and perhaps as this work progresses, greater emphasis can be placed on delineating the active ingredients which influence mechanisms of change within the participating athletes, and measures of practitioner fidelity might be taken.

2.4.5.4 MI in sport psychiatry

Two references have been made specifically to MI within sport psychiatry literature. Morse (2013) reports the use of techniques from MI in sport psychiatry, with athletes struggling with substance abuse. Such techniques include "rolling with resistance" and "pointing out the pros and cons of the athlete's drug use" (p. 7). Morse describes several potential aims of this work

First, an exploration of the athlete's denial of substance abuse when drug tests are yielding positive results. Second, resolving resistance to treatment, which may include discussing the benefits of using the drug of choice, as well as the costs (reflecting the ambivalence the athlete is likely experiencing about their decision to use drugs). Third, highlighting discrepancy between the athlete's long term life goals, and how prolonged drug use might negatively impact upon those. Morse states the ultimate aim of these techniques is to shift the athlete through the transtheoretical model stages of change, from pre-contemplation through contemplation, preparation, action and maintenance, towards making pro health (and indeed legal) choices regarding their substance use. Morse also advocates, as well as MI, treatments such as CBT or relapse prevention work, which has already been stated in this review as suitable for integration with MI for an efficacious combined approach. These recommendations from Morse have implications for any practitioner working with athletes on substance abuse, which may include sport psychologists, clinical sport psychologists, and addictions counsellors. Johnson, Sacks and Edmonds (2010), Reardon and Factor (2010) and Morse (2013) all state that athletes who are abusing drugs are likely to present in the pre-contemplation stage of change of the TTM, indicating that significant work must take place before these athletes are likely to implement behavioural change, and are susceptible to disengage from any premature action-orientated addiction treatment due to a lack of readiness for it. Creado and Reardon (2016) argue that there is little research available to guide the approach that psychiatrists and counsellors might take to treat athletes who are abusing drugs, but recommend MI specifically and highlight four main reasons: its inherent empathy and compassion; the goal of developing discrepancy; rolling with athlete resistance to treatment; and building the

athlete's self-efficacy to be successful without performance-enhancing drugs (p. 569).

2.5 Summary and conclusion

The rationale for proposing MI for application in sport psychology is predicated on numerous factors which have been highlighted in this literature review. These are briefly summarised here. It has been argued that there has been insufficient consideration of the components which comprise the practitioner-athlete relationship, specifically the facilitative conditions and technical microskills required to cultivate strong, collaborative alliances. Substantial research outlines which strategies or interventions to deliver in sport psychology sessions, but there is far less guidance on how to develop practitioner-athlete relationships within which to deliver said content. Better relationships give rise to increased disclosure from athletes and increased athlete adherence to psychological work. Practitioners need grounding in a behaviour change model, brought to life by a complementary applied approach, to have an understanding of athlete readiness for intervention, particularly when faced with athlete ambivalence about change or mandated attendance. Neophyte practitioners are said to have concerns about how to form effective relationships with their athletes, and insufficient emphasis is being placed on acquiring counselling principles and skills on the training pathway towards practitioner accreditation, and generally insufficient immersion in a counselling approach to underpin interventions. It has regularly been suggested that these gaps can be filled by looking within the counselling literature, but a specific counselling approach has yet to be suggested and thoroughly explored. And so, the purpose of this programme of research was to propose that MI may be one

approach which can fill this gap, and to explore the application of MI in applied sport psychology, to begin to understand the processes and efficacy of doing so.

2.6 Research philosophy

This term captures how researchers develop new knowledge, and the nature of that knowledge. Research philosophy underpins research strategy, and the methods used to calculate a particular result. The philosophy a researcher adopts is determined by both their view of the world, and practical aspects of conducting their research (Saunders, Lewis, & Thornhill, 2009). In considering philosophical approach to research, one must ask several questions regarding the nature and acquisition of knowledge itself. These include ontology (the nature of truth or reality); epistemology (what constitutes acceptable knowledge within the field; what can be known about truth or reality); axiology (the role of the researcher in discovering knowledge; the researcher's views of values and ethics in research); methodology (theoretical underpinning of methods or principles associated with different research paradigms); and methods (techniques or tools used to collect data) (Crotty, 1998; Saunders et al., 2009).

There are (at least) two ways of determining one's research philosophy. One option is to consider, as outlined logically and succinctly by Moon and Blackman (2014, Figure 1, p. 3), the nature of reality (ontology; e.g., realist or relativist); how meaning is derived from reality (epistemology; e.g., objectively, subjectively, or constructed from an interaction of the two); and theoretical perspectives based on these decisions which might underpin research (e.g., positivist, interpretivist or pragmatist). Positivists believe that valuable knowledge can only be obtained objectively through observation via the senses

and interrogated by the scientific method (Crotty, 1998). Interpretivism emerged as an alternative for studying our subjective social world, as opposed to positivism which is arguably more suited to the hard sciences and to studying the natural world, and cannot fully explain human perspectives and behaviours (Crotty, 1998). Pragmatism bridges the poles of this dichotomy, considering the strengths of different epistemologies and research paradigms, recognising that multiple theoretical perspectives and research paradigms can hold true for researchers and their allegiances to theories can shift over time (Moon & Blackman, 2014). The authors' explanation of these spectra outlines the multidimensional relationships of these concepts, and provides instructions for filtering through them, prompting further research and subsequently, the emergence of one's research philosophy (Moon & Blackman, 2014). Another option is to approach in the opposite direction, by asking questions about the best methods and methodologies for answering the research question. This leads to questions regarding underpinning theoretical perspectives, and therefore, also about the nature of reality and knowledge (Crotty, 1998).

In considering and researching both of these options with regard to the current research programme, it seemed myopic to view research methods as dichotomous, as doing so means asserting that one paradigm or perspective is superior to all others. Further, the dualism of 'pure theory' or 'pure observation' seemed a false one, as theories must arise from somewhere, and observation is always selective (Popper, 1957). It became apparent that a less-than-useful war between the paradigms has existed for some time (Alise & Teddlie, 2010; Gage, 1989). Following the paradigm wars and the so-called 'incompatibility thesis' which takes a dichotomous view of qualitative and quantitative research methods (e.g., Howe, 1988), an argument gradually emerged for occupying a

middle ground, leading to a softening of the debate and a general agreement that methods should be matched to the purpose and questions of research, rather than championing one single paradigm for all lines of inquiry (Patton, 2002). This mixed methods approach would attempt to move beyond a pitting of quantitative and qualitative research against one another, instead seeking to maximise the strengths and minimise the weaknesses of both approaches (Johnson & Onwuegbuzie, 2004). Adopting this "non-purist" position allows researchers to select the method or combination of methods which has the best capacity to answer their research question(s) (Johnson & Onwuegbuzie, 2004, p. 15; Maxcy, 2003). This approach is based on the tenets of pragmatism (e.g., Fishman, 1999).

2.6.1 A pragmatic paradigm

First, to define a research paradigm, Johnson & Onwuegbuzie (2004, p.24) is referred to:

"by research paradigm we mean a set of beliefs, values, and assumptions that a community of researchers has in common regarding the nature and conduct of research. The beliefs include, but are not limited to, ontological beliefs, epistemological beliefs, axiological beliefs, aesthetic beliefs, and methodological beliefs. In short, as we use the term, a research paradigm refers to a research culture."

That is to say, a set of beliefs and principles which underpin the activities and practices of research, in pursuit of answering a research question.

Attributed to American psychologists Charles Sanders Peirce, William James and John Dewey (Biesta & Burbules, 2003), the pragmatic approach is

"not committed to any one system of philosophy or reality" (Mackenzie & Knipe, 2006, p. 4), and "allows one to eschew methodological orthodoxy for methodological appropriateness" (Patton, 2002, p. 72). It has been suggested that pragmatism is one way to cut the "Gordian knot of theoretical dispute" (Lipscomb, 2011, p. 1). Pragmatism places the research question at the centre of inquiry, and is willing to apply any and all approaches which may be most effective in answering it (Creswell, 2003; Moon & Blackman, 2014). This means research questions can be designed based on their suitability to the parameters of the research context, and new questions can emerge as the research process unfolds, rather than being designed to fit within a given paradigm. In doing so, pragmatists believe that qualitative and quantitative methods are not incompatible, and argue for this "*integrated methodology* for the social sciences" (Morgan, 2007, p. 73). This has led to a growing body of supportive research (e.g., Bergman, 2011; Johnson & Onwuegbuzie, 2004; Morgan, 2014; Scott & Briggs, 2009). In this way, pragmatism places methodology centrally between epistemological concerns and methods of research, thereby connecting the somewhat abstract views of nature, knowledge and truth with the mechanics of conducting research (Morgan, 2007). In sum, a pragmatic stance "means judging the quality of a study by its intended purposes, available resources, procedures followed, and results obtained, all within a particular context and for a specific audience" (Patton, 2002, p. 71-72).

Specifically, Morgan (2007) addresses three dualisms of qualitative versus quantitative research, and offers a third, pragmatic alternative for each of these in a succinct framework (Table 2, p. 71), recreated here for ease of discussion (Table 2.1). Here, *abduction* (Levin-Rozalis, 2000) is a logical synthesis of hypotheses based on a combination of data-based induction and

theory-derived deduction (Patton, 2002). It is an active and iterative process of first converting a number of observations into a theory, testing this theory through action, and recording further observations⁹. In this way, an inductive, qualitative approach can inform a deductive, quantitative approach, and vice versa (Morgan, 2007).

⁹ Incidentally, abduction, not deduction, is the process through which Sherlock Holmes solves crime (Carson, 2009; Sanders, 1976).

Table 2.1 *A Pragmatic Alternative to the Key Issues in Social Science Research Methodology*
(adapted from Morgan, 2007, p. 71)

	Qualitative Approach	Quantitative Approach	Pragmatic Approach
Connection of theory and data	Induction	Deduction	Abduction
Relationship to research process	Subjectivity	Objectivity	Intersubjectivity
Inference from data	Context	Generality	Transferability

Intersubjectivity is proposed as an alternative to the artificial duality of absolute objectivity and absolute subjectivity. Pragmatism accepts that there can simultaneously be one "single real world" which can be interpreted in different ways by different individuals (a pragmatic response to issues of *incommensurability*; Morgan, 2007, p. 72) according to their own perspectives, opinions or beliefs (Johnson & Onwuegbuzie, 2004). Intersubjectivity refers to a way to reach a shared understanding between researchers, participants in research, and readers of research. Social enquiry therefore has a responsibility to conduct and communicate research in a way that develops mutual understanding (Greene & Hall, 2010; Morgan, 2007). In the pragmatic paradigm, intersubjectivity sits between objectivity and subjectivity on the spectrum of epistemology, arguably in keeping with a critical realist (ontology), constructionist (epistemology) perspective (one reality exists independent of our knowledge of it, and meanings are constructed in different ways as individuals interact with this reality (Bhaskar, 2008; Moon & Blackman, 2014; Morgan, 2007)).

Again in keeping with a critical realist perspective, it has been stated that conducting completely objective, value-free research is a myth (Johnson & Onwuegbuzie, 2004), and it could also be argued that capturing a completely emic (Jary & Jary, 2000) understanding of another individual's subjective perspective is equally unfeasible. In either case, data is filtered through the conduit that is the primary researcher, who is not without his own beliefs, experiences and biases. This research project was carried out in this knowledge, and an attempt has been made to provide the original, intended meaning of all participants in as neutral and unjudged a manner as possible. Additionally, measures were put in place to reduce any inherent bias of the primary

researcher, who worked closely with his supervisory team on matters such as study design, data interpretation, and workshop content.

Finally, pragmatism argues against the need to view knowledge as either completely context-specific, or completely generalisable, instead asking what can actually be done with knowledge which is produced. *Transferability* (Lincoln & Guba, 1985) transcends the dualism of context-specific knowledge (i.e., knowledge which is produced in a setting so discrete that it becomes irrelevant outside that context) and generalisable knowledge (knowledge thought to be universally relevant) (Patton, 2002). To generalise is to remove context, and human behaviour is heavily influenced by the context in which it occurs (Lincoln & Guba, 1981). Transferability therefore allows a researcher to consider both specific findings and general implications, to determine the extent to which knowledge from one setting derived by one method can be best applied in other settings (Morgan, 2007). This was labelled *extrapolation* by Cronbach and Associates (1980), and refers to a process of making 'modest, logical, case-derived speculations' of the applicability of data to other similar situations (Patton, 2002, p. 584). This process necessitates that researchers must be cognisant of the degree to which their research context is congruent with, or 'fits' with, the natural context (Lincoln & Guba, 1985). In slight contrast, Smaling (2003) argues it is the reader of research, not the researcher, who determines if the researched context has meaning for other contexts relevant to them, but agrees that researchers have a responsibility to aid readers in determining transferability and making extrapolations from their work.

2.6.2 A pragmatically-informed methodology

The aforementioned pragmatic ideals which focus on the production of knowledge which is derived through a best fit, active, iterative research process, is communicated in a way that has meaning for stakeholders in their own contexts, and has an emphasis on what can be done with this knowledge rather than which perspectives or theories underpinned it, forms the basis for the approach to this research project. Bhaskar (2008) proposes that the empirical research process should begin with existing theory. Thus, the initial literature search, collation and interpretation generated the research questions which drove study one (chapter three), and led to the content of the interview guide used in the one-to-one interviews. This method was deemed by the supervisory team to be the most suitable to attempt to answer those research questions. The findings of study one, in conjunction with further intimacy with relevant literature, led to the research questions and method for study two (chapter four). The content of study three (chapter five) arose from the findings of studies one and two collectively.

The pragmatic stance was borne in mind throughout, to help determine which methods would best answer the emerging research questions. Generally, they tended to be qualitative methods, though numerical coding of audio transcripts, which produced quantitative data, was used in study three. Nevertheless, the first method chosen was not always tenable. For example, the method initially discussed within the supervisory team for study two, as the best method for gathering and distilling data from an international sample of participants, was a Delphi study (e.g., Skulmoski, Hartman, & Krahn, 2007). As participant sampling progressed, it became clear that the number of people in the world who would satisfy the criteria to be included in the sample was too

small to satisfy the sample size criterion for a Delphi study, and this method was rejected. The next suggestion was internet-based telephone focus groups (e.g., Krueger & Casey, 2009), which have many of the strengths of traditional focus groups, are ideal for samples of international participants who could not otherwise be accessed, and have been made possible by recent advances in technology (Cooper, Jorgensen, & Merritt, 2003; Smith, Sullivan, & Baxter, 2009). Again, this had to be rejected - once the sample was finalised, there were too many time zones and multiple scheduling conflicts for this method to be logistically feasible. The third method proposed, deemed the next most appropriate method for data collection which was also feasible, was one-to-one interviews. Although this was the same method employed in study one, this was truly the pragmatic approach to data collection come to life, dictated by both the primary researcher's research philosophy and the real-world challenges of conducting research.

Chapter III

3.0 Study one - Exploring the understanding and application of motivational interviewing in applied sport psychology¹⁰

3.1 Chapter overview

Chapter two presented research from counselling and clinical psychologies related to the therapeutic alliance and facilitative factors of person-centredness, and a description of MI and research which underpins the relational and technical components of the approach. Further, research presented from applied sport psychology demonstrated the need for practitioners to immerse themselves in a counselling approach to cultivate strong alliances with athletes, to gain in-depth understanding of how to apply relational principles and technical components with athletes, to give them consideration of athlete factors such as readiness, resistance or ambivalence for intervention, and to underpin and enhance their action-orientated interventions with athletes. Finally, research from sport contexts specifically recommending or applying MI was presented, signalling a growing interest in this approach for sport. It was concluded that MI is one counselling approach which might offer practitioners the framework of principles and skills that the discipline has been calling for. The purpose of this chapter is to present the first study of this research programme, which begins the exploration of applications of MI in sport psychology.

¹⁰ The study reported in this chapter has been published: Mack, R. J., Breckon, J. D., Butt, J., & Maynard, I. (2017). Exploring the understanding and application of motivational interviewing in applied sport psychology. *The Sport Psychologist*, (31), 396–409. <http://doi.org/10.1123/tsp.2016-0125>

3.2 Introduction

The relationship between sport psychology practitioners and the athletes they work with is recognised as vital (Andersen & Speed, 2010; Andersen, 2006; Gardner, 2017; Holt & Streat, 2001; Lloyd & Trudel, 1999; Murphy & Murphy, 2010; Owen, 2010; Petitpas, Giges, & Danish, 1999; Poczwadowski, Sherman, & Henschen, 1998; Sachs, 1999; Sharp, Hodge, & Danish, 2015). Yet, in comparison with clinical and counselling psychology, there is still a dearth of literature in applied sport psychology on the therapeutic alliance (Andersen & Speed, 2010) and as such it has been suggested that there is a need for the discipline to learn from wider areas within psychology (Sharp & Hodge, 2011). A clear overlap of the relationship that exists between a therapist and a client, and exists between a sport psychologist and an athlete, has been cited numerous times (e.g., Herzog & Hays, 2012; Katz & Hemmings, 2009; Murphy, 2014). It has been argued that sport psychology interventions traditionally place greater emphasis on intervention content, such as psychoeducation or mental skills training, with less attention paid to the processes of relationship-building, interpersonal verbal communication and intervention delivery, and there is a need to better understand the mechanisms of action or mechanisms of change (Gardner & Moore, 2012; Poczwadowski et al., 1998) which lead to successful outcomes. It is therefore important that sport psychologists attend not only to the content of their applied work but also to the alliances they cultivate with their athletes. Petitpas et al. (1999) proposed that the field of sport psychology would benefit from an interface with counselling psychology, but it has been suggested that paradigm shift has been little more than a paradigm nudge (Andersen & Speed, 2010).

One counselling approach which seeks to maximise the alliance between practitioner and client is motivational interviewing (MI; Miller & Rollnick, 2013). The first application of MI was in the field of addictions (Miller, 1983), although its delivery is now widespread across both behaviour cessation (e.g., addictions; Moyers & Houck, 2011) and behaviour adoption (e.g., physical activity; Haase, Taylor, Fox, Thorp, & Lewis, 2010) contexts. In recent years, the evidence supporting the efficacy of MI has grown exponentially across several domains, with several systematic reviews and meta-analyses now published (e.g., Copeland, McNamara, Kelson, & Simpson, 2015), reflecting the high number of applications of the approach in randomised and quasi-experimental trials. Additionally, the techniques and mechanisms by which MI influences client behaviours and outcomes are becoming better defined. For example, Apodaca et al. (2016) demonstrated that client CT increased following practitioner use of open questions, complex reflections and affirmations. Hardcastle, Fortier, Blake and Hagger (2016) identified 38 content and relational MI behaviour change techniques, 22 of which were found to be unique to the MI approach. And, Riegel, Dickson, Garcia, Creber and Streur (2017) identified the relationship between MI techniques and increased self-care behaviours in patients with heart failure. MI techniques identified included reflections and reframing, exhibiting genuine empathy and affirmation, and individualised problem-solving. The mechanisms of change which were mobilised through these techniques were developing discrepancy and building self-efficacy, which are fundamental to the MI philosophy. Behavioural changes observed in patients included openness to setting goals, positive self-talk, perceived capacity to overcome obstacles and increased CT.

While MI has significant empirical support in several fields of psychology, very little is known about its application in sport psychology, and it is proposed here that much could be learned from this counselling approach. MI has received some attention in coaching psychology and sport coaching literature (Gustafsson et al., 2015; Rollnick et al., 2019), but minimal exposure in the sport psychology literature. Evidence presented in the preceding literature review appears to suggest that MI has relevance for the practice of applied sport psychology. It is plausible that, in keeping with research in other disciplines, (e.g., Driessen & Hollon, 2011; Westra & Arkowitz, 2011), clear guidelines on how to integrate complementary approaches with fidelity would be a step forward in sport psychology and should be a goal for ongoing research and applied practice. Indeed, MI was conceived to be integrated with more action-orientated therapies (Miller & Rose, 2009), and there are relational and content techniques from MI which can be applied regardless of theoretical grounding (Hardcastle, 2016). A framework for integrating MI with CBT is becoming well understood in the treatment of a range of disorders, the principal of which being generalised anxiety disorder (Aviram & Westra, 2011; Kertes et al., 2011), and this is perhaps what we should be striving for in applied sport psychology. Given that aspects of the CB and humanistic approaches are prevalent in applied sport psychology (Brown, 2011; McArdle & Moore, 2012; Murphy, 2014; Petitpas et al., 1999), and that MI has been outlined as an ideal addition for practitioners in sport making use of behavioural, cognitive, and humanistic interventions in their applied work (Passmore, 2011b) and specific psychotherapeutic interventions with athletes (e.g., Wood et al., 2017), this calls for exploration to identify best practice for using and integrating MI in sport psychology.

3.3 Aims of study one

Prior to exploring and identifying best practice for MI in applied sport psychology, it is pertinent to explore the degree to which MI is currently understood and applied with athletes. This was therefore the aim of the current study. More specifically, to explore practitioners' understanding of MI theory and previously outlined core principles; if, and how, MI is being applied by sport psychologists; practitioners' perceived value of MI; barriers to learning and implementing MI with athletes; and how MI might be integrated with other complementary approaches. Such knowledge should prove valuable for informing applied practice and the training of trainee and neophyte practitioners in MI.

3.4 Method

3.4.1 Design

This study applied qualitative methods to capture an emic account (Jary & Jary, 2000) of practitioners' professional practice and understanding and use of MI. Data were collected in the form of one-to-one semi-structured interviews. Data collected from interviews is shaped by a number of things, including the interview context and situation, the questions asked, and the way in which questions are asked (Gomm, 2008). Thus, it has been argued that a recorded interview is more a record of the interaction which took place between the interviewer and the respondent, and there is a risk that the link between the data collected and the intended subject of the interview is tenuous (Gomm, 2008). As discussed in section 2.6, no method of data collection is flawless. For the current study, other methods were considered, including observation, questionnaire, focus groups, and Delphi. In accordance with the pragmatic

research paradigm outlined in section 2.6, which underpins this research project, each of these methods was rejected in favour of semi-structured interviews, which was deemed the method most suited to collecting rich data from the target participant sample. For example, questionnaires (and structured interviews) were rejected as being too standardised, and not presenting opportunity to explore answers or novel topics *ad hoc* (Gomm, 2008). Observation and focus group methods were ruled out for logistical reasons, primarily location and scheduling. Semi-structured interviews have the strengths of a structured interview or questionnaire (i.e., a set of rigidly worded questions) but the informal nature permits the interviewer to use a conversational style, grants freedom to explore novel topics and ask spontaneous questions, assisted by prompts and probes, while maintaining focus on a specific topic (Kumar, 2005; Patton, 2002).

3.4.2 Participants and sampling

Participants were Chartered sport and exercise psychologists, Registered with the British Psychological Society (BPS) and the Health and Care Professions Council (HCPC). A purposeful sample (Patton, 2002) of 18 UK-based sport and exercise psychologists was contacted via email (available to the public through the BPS website) to participate voluntarily in this study. To qualify for inclusion, participants were also qualified to supervise sport and exercise psychologists in training, and currently working in an applied setting with athletes. Of the 18 participants contacted, 11 (8 males, 3 females) aged between 37 and 65 years (44.5 ± 8.3 years) agreed to take part in the study. Participants had between 10 and 35 years (19.6 ± 7.78 years) of experience, and all had worked with professional, international or Olympic athletes. Participants had worked with athletes from team and individual sports, such as rugby,

football, equestrian, judo and shooting. Participants had also worked with youth and adult athletes, and able-bodied and disabled athletes. It was deemed that the demographic data collected was sufficient and in line with study aims, while keeping the identity of participants anonymous, given the small number of practitioners in the field at this level. The data was not intended for analysis by demographics, and was in keeping with the nature of the demographic data typically published in the target journal for this study.

3.4.3 Interview guide

Two pilot interviews were conducted; one with a BPS chartered sport and exercise psychologist, and one with a BPS sport and exercise psychologist in training. The purpose of this was to test the interview guide, check clarity, and practise interviewer skills. Each member of the supervisory team contributed to the final interview guide (Appendix 3.1). Questions in the interview guide focused on key themes concerning professional practice and applied techniques, therapeutic alliance, and awareness and use of MI. Questions included, "When you first start working with a client, how do you begin to build a relationship/alliance with them?" and "Which specific communication skills do you employ to underpin your work?". Questions were supplemented with optional prompts and probes, to encourage further discussion. Interviews were then conducted with participants, using the finalised interview guide. It has been suggested that different respondents will experience different interviewers and interview situations in different ways, which can influence data collected (Gomm, 2008). In order to minimise this, all interviews were conducted by the same interviewer.

3.4.4 Procedure

Participants were sent information sheets prior to their interviews (Appendix 3.2), which stated the aim of the study and gave a brief description of the interview procedure. A consent form highlighted participant anonymity and detailed their right to withdraw (Appendix 3.3). Voluntary, written, informed consent was given by all participants. Ethics approval was provided by the governing institution (HWB-S&E-38, Sheffield Hallam University). Participants were afforded an opportunity to ask questions prior to commencement of their interview, and demographic information was collected at this point. All interviews were conducted by the principal researcher, who has previously conducted interview-based research, is a sport and exercise psychologist in training with the BPS, and a member of the Motivational Interviewing Network of Trainers (MINT). Ten interviews took place using video conferencing software, and one was face-to-face. Video software was used in order to accommodate participants since they were spread across the UK. Interviews lasted approximately 60 minutes, were audio recorded and transcribed verbatim.

3.4.5 Data analysis

To enhance the credibility of data analysis and conclusions drawn, the methods of triangulation and member checking of data (Lincoln & Guba, 1985) were used in this study. In order to ensure the credibility and rigour of the data collected (Barbour, 2001; Harper & Cole, 2012) participants were asked to validate the accuracy of their own transcribed interview, prior to the data analysis. While this approach invites participants to confirm that their words have been captured accurately, it contains inherent risk of participants wanting to amend or refine their original testimony based on individual concerns (Barbour, 2001). These may include socially desirable views or retrospective

insights. For this reason, it was determined that additional comments to the original transcript from participants would not be accepted. All participants were sent a copy of their transcript to view and asked if the transcript was an accurate account of their perceptions and the interview that took place. Participants were asked to write on the transcript if any changes were necessary. No changes resulted from this process.

Following the return of participant's transcripts, the interview transcripts were then inductively and deductively analysed using thematic analysis (Braun & Clarke, 2006). The aim of thematic analysis is to identify, analyse and report themes found in qualitative data (Vaismoradi, Turunen, & Bondas, 2013). Transcripts were analysed inductively to identify quotes that captured practitioners' preferred approaches and models, and their understanding and use of MI in their applied practice. The analysis then moved from inductive to deductive procedures to identify quotes regarding aspects of practitioners' applied practice which correspond with MI, but which are not labelled by practitioners as MI (i.e., implicit use of MI; see Table 3.1). The purpose of also performing a deductive analysis on the data was to look at the data through an 'MI lens', bearing in mind MI theory, to ensure that relevant aspects of applied practice were not being missed due to differences in labelling or terminology. As outlined by Braun and Clarke (2019) it has become a regularly occurring misconception that a thematic analysis must be either inductive or deductive, and can in fact be both. The following six phases of thematic analysis (Braun & Clarke, 2006) were adopted in the present study: familiarising with data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; producing the report. This process produced codes consisting of original participant statements, which were then grouped into sub-themes

and themes (Vaismoradi et al., 2013). The lead researcher undertook several iterations of the first five phases to ensure richness and accuracy of the codes and themes being extracted from the data. The researcher first became familiar with the data during the transcription process, followed by multiple readings of transcripts and cross-matching of initially similar points. The researcher then began to extract codes consisting of discrete, original participant responses from the interview transcripts, noting each code on paper and manually grouping these with similar codes. Grouped codes of similar meaning created sub-themes, and these were managed and further edited using spreadsheet software (Microsoft Excel). A similar process was executed on a sample of interview transcripts by other members of the research team for the purposes of triangulation and discussion for consensus. Sub-themes were discussed, discrepancies were addressed and codes were re-grouped within the research team, until consensus was reached that the shared meaning of codes within each sub-theme was consistent, and had been labelled appropriately (Braun & Clarke, 2019). A similar process took place to group sub-themes in order to construct themes, and to label themes in ways which both accurately captured theme content and would be most meaningful for the reader. The number of participants that contributed to each sub-theme and theme was tracked throughout, to provide a detailed overview of the findings.

The supervisory team included two practitioners who are untrained in MI, whose analysis was therefore not influenced by prior knowledge of MI. This ensured a reduced bias in the data analysis.

3.4.6 Data Protection and Storage

In keeping with Sheffield Hallam University's guidelines for researchers on general data protection regulation (GDPR) and data storage guidelines,

digital participant data was stored on a laptop which had two forms of security; firstly, a removable security key, without which the laptop would not function; and secondly, the laptop was password protected. Digital data was also occasionally stored on a private, university-managed online drive which was password protected. Any hard copies pertaining to participant data were stored in a locked filing cabinet, in an office which had two security checkpoints (electronic PIN protected doors at the building entrance and the office entrance) accessible only to those with security clearance to attend the building. All participant data was anonymised using initials or a unique participant identification code. No participant data was shared outside the supervisory team.

3.5 Results

The findings related to participants' explicit use of MI in their applied practice are presented first (Figure 3.1), followed by the findings pertaining to participants' views on the value of MI in applied sport psychology (Figure 3.2), and a brief summary of some of the barriers experienced in learning or applying MI in sport contexts. There is some repetition of theme names between Figures 3.1 and 3.2; this is because while some participants indicated that they do employ aspects of MI in their work, others felt that they do not, but felt they knew enough about the approach to be able to describe how it might prove efficacious in their work, and so were referring to similar tenets as those who are reportedly using MI. Findings that represent implicit use of MI in applied practice are presented in Table 3.1; the purpose of this is to illustrate that while there is perhaps a lesser degree of overt understanding and application of MI in comparison to other approaches being employed, there is considerable overlap between what practitioners are reporting to be doing in their applied work, and the MI approach. Table 3.1 shows findings which illustrate implicit use of MI in

applied practice, in accordance with components (global ratings and behaviour counts) of the Motivational Interviewing Treatment Integrity code (MITI 3.1.1; Moyers, Martin, Manuel, Miller, & Ernst, 2010¹¹).

3.5.1 Approaches in sport psychology

The cognitive behavioural approach was often described by participants in their applied work (n=11), with humanism/person-centred counselling (n=9), and solution focused therapy (SFT) (n=5) also prominent. Several practitioners (n=7) also made reference to a pragmatic, eclectic or integrated approach to their applied work. In addition to MI, other approaches cited include psychological skills training (PST), acceptance and commitment therapy (ACT), psychodynamic therapy, neuroscience, and a positive psychology approach.

3.5.2 Explicit use of MI

Seven participants indicated that they consciously use elements of MI in their applied work. It should be noted that this is based on practitioners' perceptions, and not on formal assessment or coding of their applied work. Figure 3.1 shows how codes concerning explicit use of MI were combined to form five themes consisting of eight sub-themes. These themes are technical skills, processes, behaviour change, integrative approach, and sport performance.

Technical skills. Five participants contributed to this theme, which contains the sub-themes verbal communication and applied tools, and indicates the specific skills and tools that practitioners have taken from their experience

¹¹ At the time of conducting this research, the most recent version of MITI (MITI 4; Moyers et al., 2016) was not available, and so the previous version 3 was used.

with MI and use in their applied work. These include reflections, summaries, scaling rulers and decisional balance.

Processes. These refer to different phases of the MI consulting process.

Two participants contributed to this theme. One participant outlined how they would use MI to explore the client's current situation, begin to focus on what their client wanted to achieve, and start thinking about how they might achieve that:

I think it's... going through the interview process that assists or facilitates your clients to acknowledge how those thoughts or behaviours or emotions are impacting on their performance, or impacting on their identity as an athlete. And it's then introducing, through effective questioning, the changes and outcomes your client wants to experience and how best those objectives and goals can be reached in a strategic way.

Behaviour change. This theme consists of the following sub-themes:

ambivalence to change, preparing for change and barriers to change, and illustrates how practitioners are conscious of using MI with their athletes at different stages of behavioural change. Four participants contributed to this theme.

Sport performance. This theme illustrates specific examples of how practitioners use MI to explore athlete issues relating to their sport performance. Two participants contributed to this theme, which consists of exploring the impact of maladaptive thoughts, behaviours and emotions on performance, and exploring the extent to which athletes wish to discuss personal issues which are impacting on performance.

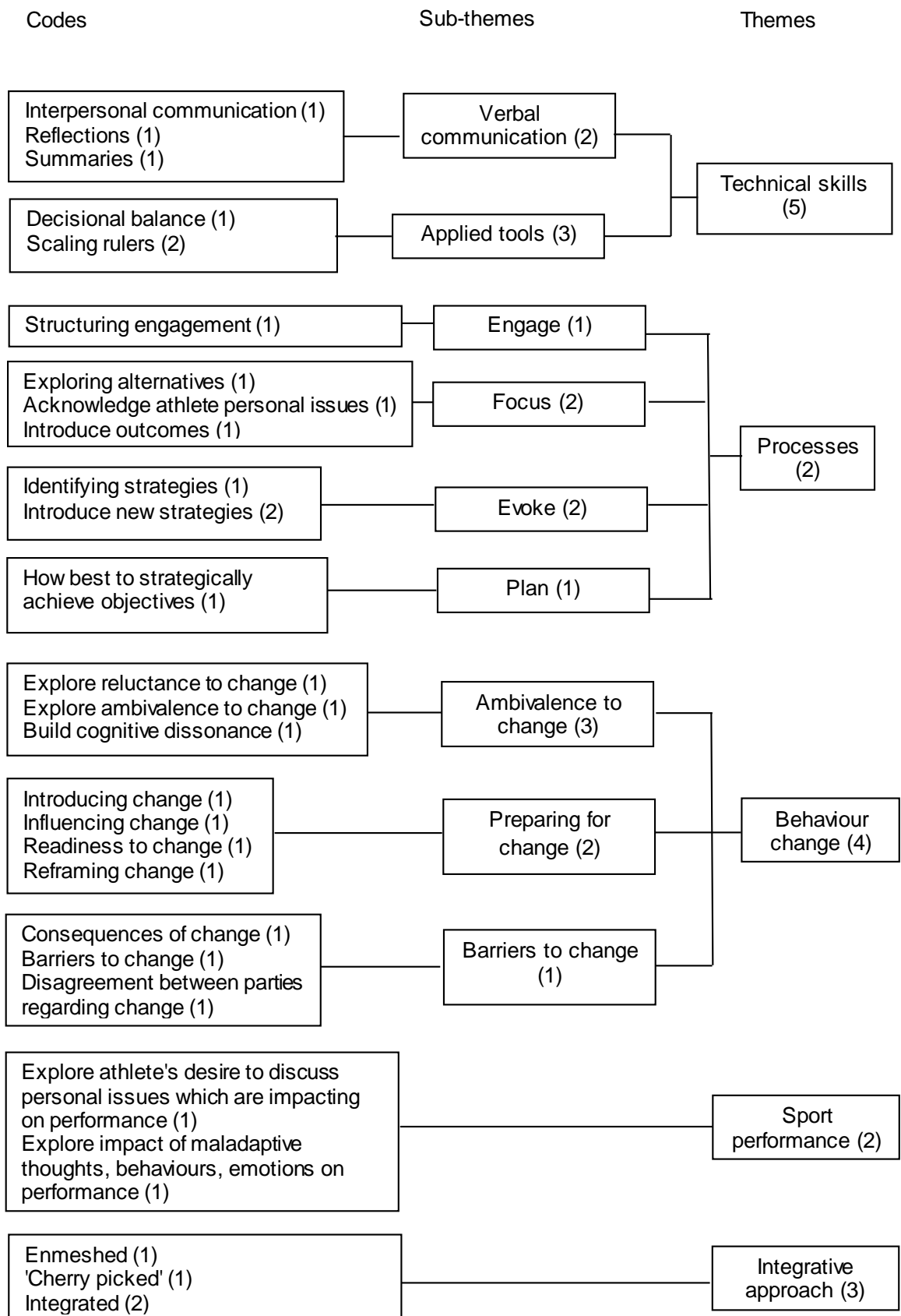


Figure 3. 1. Explicit use of MI in applied sport psychology (7)

Integrative approach. Two participants contributed to this theme, which indicates their view that MI can be enmeshed into the therapeutic process, and if MI is not being used as an intervention, aspects of MI can still be integrated into one's approach. One participant described the latter:

I've not used MI as an intervention, I've used elements of that approach, and integrated that into what I do... more than having a very structured MI process that I go through with clients. I sort of cherry-picked I guess and integrated it.

Linked to this, another participant describes working at different "levels" of MI, similar to using different levels of CBT, ranging from a superficial level to using it as an intervention.

3.5.3 Value of MI

Eight participants described the ways in which they felt MI does, or potentially could, add value to the sport psychology consultancy process. Figure 3.2 illustrates participant responses organised into five themes consisting of 13 sub-themes. These themes are spirit, technical skills, processes, role of MI in behaviour change and integrative approach.

Spirit. This theme was created from responses from five participants, and contains the sub-themes partnership, autonomy support and evocation, which are some, but not all, of the elements of the MI spirit (of which the full description includes partnership, acceptance, compassion, evocation). These sub-themes refer to the quality of the practitioner-client relationship, encouraging athletes to identify and initiate their own changes, and drawing answers from the athlete as much as possible, rather than instructing them. One participant spoke of the link between the spirit of MI and more traditional counselling principles:

... some of the principles are very compatible with the other more traditional methods, being focused on eliciting information from the person rather than telling the person what to do and what you think and that kind of thing.

Technical skills. Similar to Figure 3.1, this theme consists of verbal communication and applied tools from MI that practitioners felt could be valuable in their work. These included the "language" of MI, active listening and scaling rulers. One participant talked of using MI for beginning to build a therapeutic alliance with athletes:

... listen, and actively listen, which is where some of the tools and techniques that you learn in something like MI for example are really very helpful, making sure you've got those summaries and reflections that demonstrate to that individual that you're listening to them and you're not just hearing them, you're actually listening to them, and that's important.

Processes. Minimal reference was made to the value of the MI processes (i.e., engage; focus; evoke; plan), with the engaging and focussing processes being explicitly acknowledged by two participants. One participant described the early engagement phase:

So I think the whole idea of engaging the client and increasing self-disclosure, that comes very clearly out of motivational interviewing, and I think it can be really helpful.

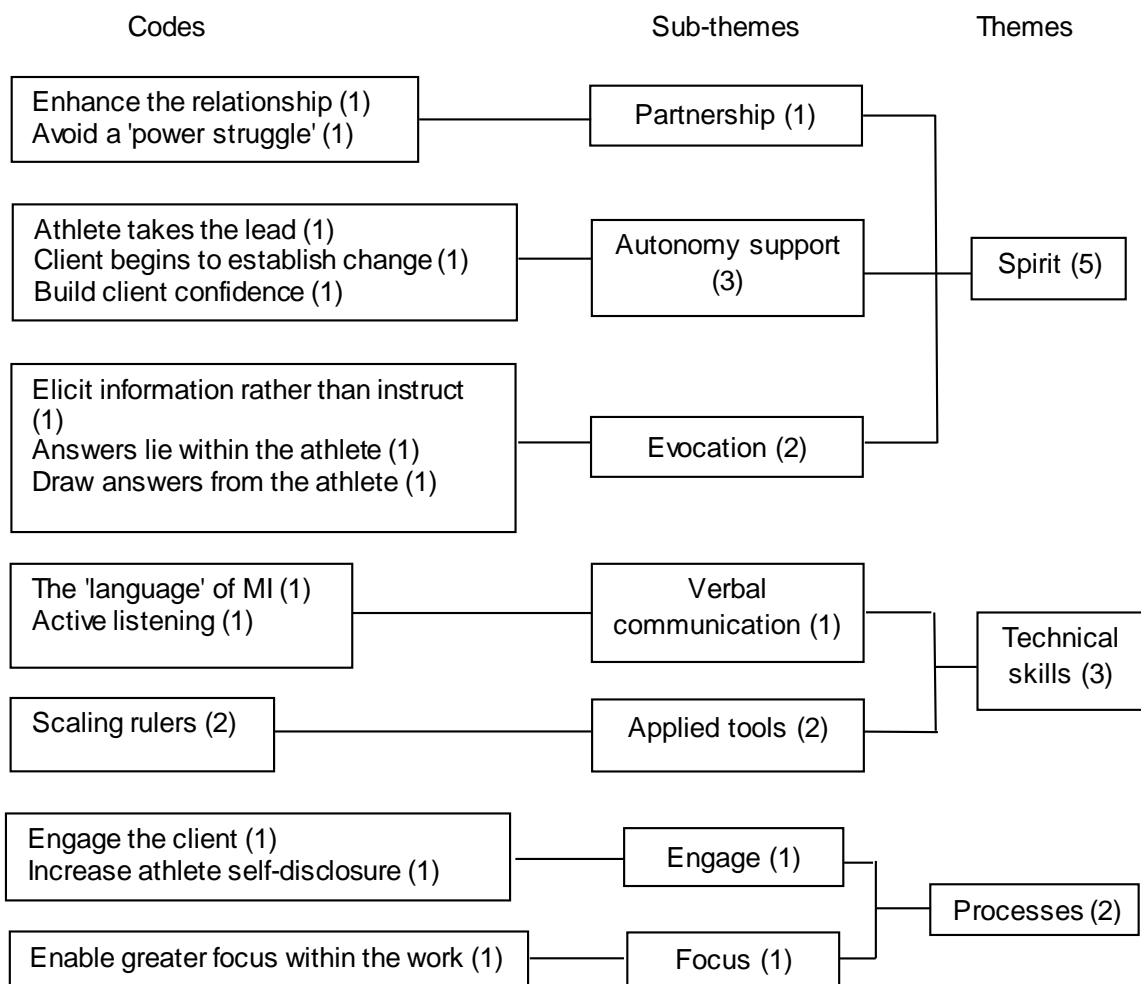


Figure 3.2. Perceived value of MI in applied sport psychology (8)

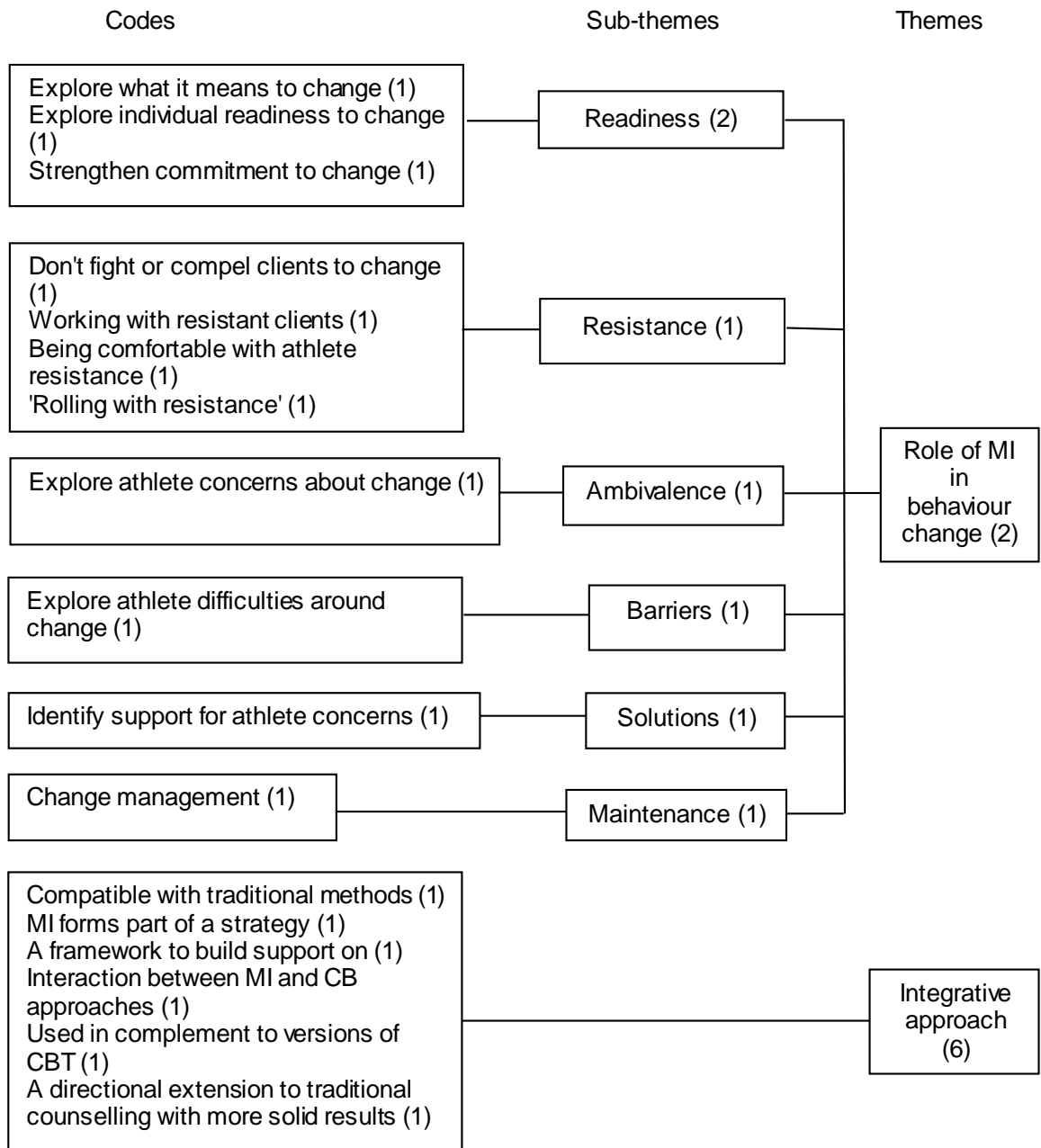


Figure 3.2. (Continued)

Role of MI in behaviour change. Similar to Figure 3.1, this theme refers to the behaviour change process. But, where Figure 3.1 refers to explicit use of MI in the behaviour change process, this theme refers to the potential role of MI for behaviour change in sport settings, and presents a more detailed account of this than in Figure 3.1. This theme acknowledges the exploration of individual readiness and ambivalence to change; the need to be comfortable with, and be able to work with, resistant clients; the need to identify barriers and possible solutions to these barriers; and how to manage a change once it has been made.

Integrative approach. Once again, participants gave a more detailed account of the value of MI in an integrated consultancy approach than they did in describing how they explicitly integrate it into their own work. This perhaps indicates that more is known about the potential for integrating MI into applied sport psychology than about how to actually do it. Six practitioners referenced a link between MI and other approaches, including CBT and traditional counselling approaches, or acknowledged that MI may be a framework onto which other interventions could be built:

I can see how a cognitive therapy of Beck or the REBT approach can work in a complementary way with motivational interviewing to encourage movement from no awareness of an issue to being pre-contemplative, for example.

3.5.4 Barriers to the implementation of MI

Six participants outlined barriers to learning and applying MI. These related to the fact that MI has come from a different area of psychology, and so appears irrelevant to sport, and that there is limited information on how to transfer MI to sport psychology, with all known examples of the application of MI coming from outside sport. Additionally, it was felt that MI had an insufficient

Table 3.1. *Motivational Interviewing Treatment Integrity (MITI) 3.1.1 Components (Global Ratings, Behaviour Counts) Compared to Practitioner Implicit Use of MI (11)*

MITI component	Practitioner behaviours
Evocation (6)	Non-prescriptive approach (4) Athlete-centred approach (3) View the athlete as the expert on themselves (1) Athletes have transferrable skills and resources (2)
Autonomy/Support (4)	Athlete owns the intervention (1) Athlete chooses to engage with support (2) Build athlete autonomy (1)
Collaboration (5)	Collaborative relationship (4) Practitioner as a guide (2)
Direction (10)	Explore athlete history (4) Explore core values/beliefs (2) Understand the athlete's current needs (2) Work to the athlete's agenda (2) Guide the athlete in identifying their own solutions (7) Practitioner offers another perspective (3) Find the best strategy to achieve objectives (1)
Empathy (8)	Active listening/reflective listening/accurate empathy (6) Practitioner non-judgement (4) Empathy (3) Unconditional regard (2) Practitioner genuineness (2)
Giving information (4)	Instruct the athlete when appropriate (4)
Questions (6)	Open questions (6)
Reflection (9)	Paraphrasing (5) Reframing (3) Summarising (4) Identify/track/link/summarise major themes (4)
MI-Adherent (10)	Normalising (3) Decisional balance (5) Intent listening (3) Explore core values/beliefs (2) Scaling rulers (2) Provide a strategy with permission (1)

research base in comparison to other approaches, and that athlete motivation for sport psychology was not an issue. But, this final view was not held by everyone:

... because they can come because their coach has told them to, and they don't actually want to be there, they don't think there's a problem, in which case it's not about that resolution of ambivalence it's just a conversation about what's going on.

3.5.5 Implicit use of MI

While the findings above indicate that some aspects of MI are being applied in sport psychology consultancy, the approach does not appear to be applied consistently and with consideration of all the core elements. Participants were open about gaps in their knowledge and training with MI during the interview process, and all 11 participants acknowledged that they do not consider themselves to be MI practitioners, nor to be using MI as an intervention. Nevertheless, in an attempt to capture the active ingredients of their applied work, deductive analysis of their responses to broad questions about the strategies they use to build and maintain a therapeutic alliance, and the technical skills they employ in their work was undertaken. Table 3.1 demonstrates that there is much in common between applied practice and the relational, technical and process aspects of the MI approach. The global scales and behaviour codes from the MITI code (MITI 3.1.1; Moyers et al., 2010) were used as a framework for this, as this is the most recent version (at the time the research was carried out) of a frequently cited and refined measure of MI competence and fidelity, and in order to create consistent language for research and practice in this context from the beginning.

3.6 Discussion

The purpose of the current study was to explore the understanding and use of MI by applied sport psychologists. The findings indicate that certain aspects of the MI approach are being used in sport psychology consultancy, but there are gaps in the knowledge and application of the approach. Specifically, findings indicate that practitioners are unclear on how to apply MI in sport, since its evidence-base is in other areas of psychology. And yet practitioners do appear to understand in theory its potential value, particularly as an integrative therapy. Common factors can be seen between these participants' applied practice and the MI approach. While they are not labelling their practice as MI, much of what these participants say they are doing can be mapped onto the MI approach, largely the MI spirit and technical skills. This is perhaps not surprising for two reasons; firstly, given that a primary concern of MI is establishing a therapeutic alliance from the first encounter, with a view to collaborating with the client to identify and achieve behavioural change; and secondly, the previously stated recommendations that applied sport psychology should learn from research and practice in counselling psychology. This implies that MI does have a role to play in applied sport psychology, and that MI is one approach which would be of value to students and neophyte practitioners in this discipline for learning these athlete-centred principles.

It has been stated that there is a "what to how" service gap in applied sport psychology, with historic practice focusing on psychoeducation and mental skills training, and limited explanation of the processes of service delivery, beyond broad terms such as rapport building and interpersonal communication. It therefore seems worth exploring further if the MI approach can potentially alleviate this "what to how" gap of service delivery in applied

sport psychology, through enhancing and adding to the relational and technical skills outlined by practitioners in the current study. This may include the how of demonstrating engagement, empathy and acceptance, building rapport, and collaborating with the athlete, through effective communication. This effective communication could include different forms of complex reflective statements (e.g., reframing, double-sided, amplified), strategic use of summaries to tie together key pieces of information, offering affirmations of an athlete's strengths, efforts and behaviours to build self-efficacy, or being conscious of evoking and reinforcing athlete CT to create momentum towards change.

It is clear from the behaviours identified in Table 3.1 that experienced practitioners are currently applying some of these relational and technical components, and it is suggested here that applied practice can be enhanced by making these MI-adherent behaviours more overt. Recent research (Hardcastle et al., 2016) identified 38 distinct MI behaviour change techniques (either relational or content), 22 of which were unique to the MI approach. The majority of these unique techniques were found in the engaging phase, where practitioners are attempting to demonstrate accurate empathy, affirmation, acceptance, compassion and autonomy support in order to build an alliance with their client. This has clear implications for sport psychology practitioners for the early stages of forming a working alliance, cited as being the biggest predictor of providing effective support to an athlete (Keegan, 2016).

It is argued here that the reality of applied sport psychology is that athletes will experience ambivalence towards making changes or trying new approaches, may have negative views of sport psychology support, and may be instructed to attend by a coach or other stakeholder (Martin, Kellmann, Lavallee,

& Page, 2002; Massey et al., 2015), potentially giving rise to discord early in the psychologist-athlete relationship (e.g., Mack et al., 2019). Athletes can struggle not only to initiate psychological support, but also to persist with it, particularly in the case of a referral (e.g., Brown, 2011), and this view was echoed by participants in the current study. Gaining experience and competence in MI could potentially equip practitioners to work with athlete disengagement, and even resistance, in cases where athletes are not open and committed to change.

Given that a strong practitioner-client alliance is linked with client concord, maintenance, satisfaction and outcome, sport psychology should pay greater attention to the processes for building and maintaining this alliance, and perhaps consider ways of monitoring the strength of this on an ongoing basis. While the conceptualisation of the relationship between practitioner and client may differ according to the framework adopted by the practitioner, the strength of the relationship should always be a primary focus (Hill, 2001). If the relationship should experience a breakdown, the practitioner may find it beneficial to critically evaluate the approach and processes used (Anderson, Knowles, & Gilbourne, 2004), as part of structured reflective practice (Cropley, Hanton, Miles, & Niven, 2010), for which measures of fidelity and competence could prove invaluable. Treatment fidelity is a key consideration in the MI approach, with validated quantitative measures of both fidelity and competence available (e.g., MITI 4; Moyers et al., 2016) as well as an assessment of efficacy of the intervention by the client (CEMI; Madson et al., 2013). These may prove useful in the sport psychology training process, as neophytes learn how to interact with their athletes, structure their support, and evaluate their own practice.

Participants indicated that barriers to using MI in applied sport psychology included a lack of relevance to this domain. While MI is known primarily for being used to build commitment and self-efficacy towards health behaviour change (and managing addictions), the approach is not limited to this, and appears to have other applications beyond this in sport psychology. As outlined by Westra (2012), MI has several inherent principles which can be blended into one's professional practice and philosophy. These include becoming more evocative, increased respect for client autonomy, recognition of client resistance, assuming the role of a 'guide' as opposed to an 'expert', enhanced communication skills through the use of reflective listening, and being more attuned with the quality of the therapeutic relationship and client engagement with the dyad, throughout the interaction. Many of these principles can be seen in Table 3.1. These general principles may be thought of as some of the active ingredients of MI, which help a practitioner to adhere to the MI spirit, to develop this "way of being" with their clients and to maximise the interpersonal process. MI was conceived as an approach which lends itself to integration with other, more action-orientated approaches (Miller & Rose, 2009), and has since been described as a "...foundational framework into which other treatments can be integrated" (Westra, 2012, p.15). In this way, MI may provide the "how" that underpins the "what" of an integrated intervention that has in this study been argued as missing from applied sport psychology.

Several participants acknowledged MI as potentially being suitable for integration with other approaches in their work, but there is currently a lack of clarity on how to do so. An MI-solution focused therapy integration has been proposed in family medicine (Stermensky & Brown, 2014), and an MI-CBT integration is becoming well understood in the treatment of a range of mental

disorders, including depression and anxiety (Arkowitz & Westra, 2004), suicide prevention (Britton et al., 2011), substance abuse (Moyers & Houck, 2011), eating disorders (Geller & Dunn, 2011), and in using physical activity as an intervention for patients with depression (Haase et al., 2010). This treatment integration has been investigated not just from the perspective of the practitioner, but also from the perspective of the recipient (Aviram & Westra, 2011; Kertes et al., 2011), with results indicating that patients who receive an MI pre-treatment before CBT for generalised anxiety disorder viewed their therapist as an evocative guide, felt they played an active role in their therapy themselves, and experienced significantly reduced levels of resistance compared with a non-MI pre-treatment group. Clients who only received CBT viewed their therapists as more directive, and felt they played a more passive role themselves. These findings support those of the previous studies regarding patient engagement in treatment, and echo those of Sharp and Hodge (2011) regarding athlete active participation in the athlete-sport psychologist relationship. While the value and processes of applying this MI-CBT integration are becoming understood in clinical settings, there is little awareness of its potential in sport psychology settings, beyond cherry-picking specific elements, as indicated by one participant in the current study. Clearer guidelines on how to enhance cognitive behavioural interventions in sport psychology, by underpinning them with MI, are required and warrant further investigation.

Participants in the current study outlined a range of approaches which underpin their applied work, and several of these can be seen to fall within the frameworks and models proposed by Hill (2001) and Poczwardowski et al. (2004). What remains unclear is how a practitioner should integrate different approaches in a complementary, considered, faithful manner. It seems that

sport psychology could perhaps learn from other areas of psychology about how to truly integrate different approaches: "First, there needs to be in-depth learning of the substance of two or more theoretical traditions, and second, there must be an orienting framework for theoretical and/or technical assimilation and accommodation" (Boswell, 2016, p.5). Consideration must also be given to the philosophical underpinnings of MI, and how these may or may not be congruent with different action-orientated, directive, or instruction-based interventions which may be common in applied sport psychology. Nevertheless, it has been suggested that relational techniques from the MI approach can be used alongside content-based interventions, irrespective of theoretical stance (Hardcastle, 2016).

3.6.1 Recommendations for future research

Based on existing literature highlighting the important role of relationships between practitioner and athletes (e.g., Sharp et al., 2015), one avenue for future research could be in the development of a sport-specific measure of the therapeutic alliance, as an ongoing assessment of the strength of the consultancy relationship from the perspective of the client. Another avenue worthy of exploration would be adaptations to MI for working with different sporting populations, including groups (teams) and adolescents. An exploration of integrating MI with different action-orientated approaches in sport psychology (e.g., rational emotive behaviour therapy; Wood et al., 2017; solution focused therapy; Hoigaard & Johansen, 2004) may further enhance professional practice.

This study investigated the level of understanding and use of MI with applied sport psychologists who are not experts in the MI approach, and

identified some explicit understanding and use, and much implicit use of MI. It is now pertinent for future research to investigate this area with practitioners who are experts in MI and are working in sport. This will begin the process of identifying best practice around applying MI in sport as part of an integrated approach, and as an intervention in its own right, which might then inform the training curricula of students and neophyte practitioners in this discipline.

Participants in the present study cited a lack of research on this approach in this domain, and a lack of sport-specific examples for practitioners, as barriers to learning and using MI in sport psychology. As such, it will be important for future research and additional training for practitioners to fill these knowledge gaps.

3.6.2 Limitations

Although this study has generated novel information about the role of MI in applied sport psychology, there are some limitations which must be acknowledged. The practitioners sampled are well established in the discipline and are currently working at the elite level with adult athletes. Therefore, their experiences are perhaps not representative of those practitioners who are just beginning their careers, regarding the level and age of athlete that they work with, and the nature of the work itself. Additionally, the participants sampled in the present study are working primarily with athletes individually. Again this is perhaps not representative of the neophyte's experience, where they are potentially delivering workshops and seminars to teams or groups of athletes and coaches. Both of these examples support the need to explore MI in sport psychology when working with amateur, recreational or youth athletes, and for adaptations for working with teams and coaching and backroom staff.

3.7 Conclusion

This study has begun the process of exploring the application of MI in sport psychology, and identified the need to further clarify the use of MI in sport psychology, and a system of integrating different approaches or interventions. It is proposed here that this counselling approach can underpin the delivery of sport psychology's dominant action-orientated interventions, and enhance the practitioner-athlete relationship. Discrepancy between responses related to explicit and implicit use of MI indicates that the MI approach has more to offer applied sport psychology - to the training curricula for students of the discipline, and ongoing professional development of neophyte practitioners and established practitioners alike.

To this end, the next study in this thesis explored applications of MI in sport settings by practitioners who are proficient in the approach, to gain an understanding of best practice and gain recommendations for training practitioners to apply MI with athletes.

Chapter IV

4.0 Study two - Practitioners' perspectives toward the use of motivational interviewing in sport: A qualitative enquiry¹²

4.1 Chapter overview

The purpose of this chapter is to present the second study of this research programme. Study one (chapter three) began the exploration of applications of MI in sport psychology with UK-based established practitioners. Findings indicated a limited understanding and application of MI, but a degree of perceived value of the approach for enhancing applied practice. A number of barriers to the uptake of MI were presented. And yet, findings indicated significant implicit use of principles and skills of MI within participants' practice as usual, indicating that making MI adherent behaviours and an MI training pathway more overt and formalised may have benefits for professional relationships and intervention efficacy. Therefore study two, presented in this chapter, sought to explore applications of MI in sport contexts by proficient MI practitioners and trainers, to gain an understanding of best practice and to gain recommendations for an MI training pathway for trainee and neophyte practitioners.

4.2 Introduction

The relationship between sport psychology practitioners and their athlete clients is consistently recognised as vital for the outcomes of sport psychology consultancy (e.g., Andersen & Speed, 2010; Petitpas, Giges, & Danish, 1999; Sharp et al., 2015). What is perhaps required in the discipline is greater clarity

¹² The study reported in this chapter has been published: Mack, R., Breckon, J., Butt, J., & Maynard, I. (2021). Practitioners' use of motivational interviewing in sport: A qualitative enquiry. *The Sport Psychologist*, 35(1), 72–82. <https://doi.org/10.1123/tsp.2019-0155>

on how to go about cultivating and maintaining these working alliances, beyond broad descriptions of rapport building and verbal and non-verbal communication.

Links can clearly be seen between the core tenets of the therapist-patient relationship (e.g., strong bonds, collaborating on goals and tasks; Bordin, 1979), and those of the sport psychologist-athlete relationship. Longstaff and Gervis (2016) point to decades of research in counselling settings which outlines three components of the counsellor-client relationship (the unreal relationship, the working alliance and the real relationship), and argue that only a "handful" of researchers in sport psychology have published the role of these in their applied work (p. 276). Psychotherapy research has repeatedly shown that therapists who form stronger alliances with their patients show better treatment outcomes than therapists who form weaker alliances (Baldwin, Wampold, & Imel, 2007). Reviews of alliance research (e.g., Ackerman & Hilsenroth, 2003, Table 3, p. 28) identify therapist attributes and techniques associated with fostering strong alliances, such as exploring, reflecting, providing accurate interpretations, and affirming. Similar attributes and techniques have been repeatedly outlined as ideal for sport psychology practitioners (e.g., Sharp & Hodge, 2011; Sharp et al., 2015).

One approach which seeks to maximise the working alliance, and is starting to receive attention in applied sport psychology (chapter three; see also Mack, Breckon, O'Halloran, & Butt, 2019; Turner et al., 2020), is motivational interviewing (MI; Miller & Rollnick, 2013). Core elements of MI have been discussed in section 2.3: the relational component (spirit) which consists of partnership, acceptance, compassion and evocation; the technical component (microskills) which mobilises the spirit, known by the acronym OARS - open-

ended questions, affirmations, reflections, summaries; the four processes (engaging, focussing, evoking, planning) within which the relational and technical components are actualised; and the language of behaviour change (CT, ST).

MI acknowledges conceptual differences between relational and technical components, and offers a philosophy of professional relationship development and maintenance, and techniques to achieve those aims, in keeping with working alliance theory (see Hatcher & Barends, 2006). Many of the therapist attributes and techniques associated with strong alliances reported by Ackerman and Hilsenroth (2003) can be found within the MI approach (e.g., Miller & Moyers, 2015, Table 1, p. 408; Miller & Rollnick, 2013), not least the value of empathy and engagement with clients (Miller & Rose, 2009). What appears to be sparse in applied sport psychology literature is not the importance of demonstrating engagement, forming working alliances and communicating effectively with athletes (e.g., Sharp & Hodge, 2011), but *how* to go about doing these things. This is a gap that MI can fill potentially, particularly for students and neophyte practitioners in sport and exercise psychology. One further contribution that MI may make to applied sport psychology could be a framework to underpin the action-orientated approaches, such as cognitive behavioural therapies and strategies, which are dominant in the discipline (e.g., Mack et al., 2017; Wood et al., 2017). This integration was, in fact, the purpose of MI upon its conception, with the MI spirit (ways of *being*) supporting the techniques (ways of *doing*) of other approaches (Miller & Rose, 2009; Westra, 2012, p.15). An MI-CBT integration is becoming understood in other areas of psychology (e.g., Aviram & Westra, 2011; Kertes et al., 2011; Naar & Safren, 2017), and this is perhaps where sport psychology could seek guidance on how

to truly integrate these complimentary approaches on a common factors, assimilative or theoretical level, as opposed to eclectically combining tools and techniques from multiple approaches with little regard for their underpinning theories (Norcross et al., 2005).

Chapter three (study one) identified a limited use and understanding of core elements of MI by applied sport psychologists, but a significant role for MI in sport psychologists work - including the use of MI as a stand-alone or an integration with other approaches. Subsequently, Mack et al. (2019) shared a single session case study outlining the use of MI with one professional athlete. Therefore, the aims of the current study were to provide an in-depth exploration of *how* proficient MI practitioners are applying MI in sport settings, and to identify best practice and explicit adaptations to MI for use in sport settings in order to inform applied practice and future training curricula in this area.

4.3 Aims of study two

In study one (chapter three), limited understanding of MI, with some perceived value for applied sport psychology was identified, particularly as an integrative approach to support intervention delivery. Additionally, some explicit use of the approach, but substantial implicit use, particularly of relational and technical components, was found. It was also suggested that a major barrier to implementing MI in sport psychology is a lack of understanding of its relevance and processes of application for sport psychology interventions, due to its perception as a healthcare approach. Therefore, the aim of the current study was to explore use of MI in sport settings with proficient MI practitioners and trainers, to gain a better understanding of the application of MI core and auxiliary components, and potentially identify best practice guidelines. A second

aim was to determine if, and how, practitioners are combining MI with other approaches or interventions in their work with athletes. A third aim was to identify the necessary content of a training programme for MI in sport psychology, to fill this aforementioned gap, with a view to designing and implementing such a training programme in future.

4.4 Method

4.4.1 Design

Qualitative methods were applied to capture an emic account (Jary & Jary, 2000) of participants' use of MI in sport contexts. As with study one (see section 3.4.1), participants took part in semi-structured one-to-one interviews. This flexible structure permitted the interviewer to maintain a conversational style and deviate from the interview guide to explore novel topics as they arose (Patton, 2002).

4.4.2 Participants and sampling

Nine practitioners took part in data collection. To qualify for inclusion, participants had to have extensive knowledge of, and experience in applying MI, and be doing so in a sporting context. A purposeful sample (Patton, 2002) of 16 MI practitioners known within the research team's network, and thought to be using MI in a sporting context, were contacted via email to participate voluntarily in this study. Further, four practitioners responded to a public message broadcast on the MINT eForum (www.motivationalinterviewing.org) (self-recruited sampling; Gomm, 2008) and six practitioners were recommended to the primary researcher by practitioners from the initial round of sampling (snowball sampling; Patton, 2002). This represents an exhaustive initial sample, on a global scale, of practitioners thought to be applying MI in a sporting context.

Of these 26 practitioners, 17 were eliminated due to failing to satisfy inclusion criteria, or being unresponsive to repeated requests to participate. This gave a final sample size of nine participants, based around the world (two in Australia; five in the U.S.A.; two in mainland Europe). Participants came from a range of educational and training backgrounds, including clinical psychology, health psychology, sport psychology, addictions counselling, social work and sport coaching. All participants were members of the chartered societies and governing bodies of their relevant fields (e.g., Australian Psychological Society; Southern Association for Counselor Education and Supervision; National Association of Social Workers). All nine participants were also members of MINT. Finally, all participants were applying MI in a sporting context. Examples included as a head coach, as a sport psychologist, as an addictions counsellor, and as an MI trainer. The sample comprised of seven males and two females, aged between 32 and 53 years (41.2 ± 6 years). Participants had between 4 and 23 years of experience (13.2 ± 6.9 years) in their respective fields. Finally, participants were working with a range of athletes, including amateur (e.g., club, high school), college (e.g., National Collegiate Athletic Association (NCAA)), professional (e.g., National Football League (NFL); Major League Baseball (MLB); Australian Football League (AFL)), and Olympic level.

4.4.3 Procedure

Those recruited were sent participant information (Appendix 4.1), participant consent forms and a demographics questionnaire (Appendix 4.2) prior to their interviews. Voluntary, written, informed consent was received from all participants. Ethical approval was provided by the governing institution of the supervisory team (HWB-2016-17-S&E-13, Sheffield Hallam University). Data were collected in the form of semi-structured qualitative interviews, which were

conducted by the principal researcher, who has previously conducted interview-based research and is an experienced group facilitator. The semi-structured nature of the interviews permitted the interviewer to deviate from the interview guide, to explore novel concepts as and when they arose (Patton, 2002). Interviews were conducted using internet-based conferencing software (Zoom; <https://zoom.us/>), as this was a sample of international participants. All interviews were audio recorded using a recording facility included in the software, and on a manual Dictaphone. Recordings were then transcribed verbatim.

4.4.4 Interview guide

The interview guide (Appendix 4.3) was designed deductively, in that it was informed by existing MI theory, but with flexibility to ask spontaneous, probing questions. The interview guide was pilot tested with four British Psychological Society (BPS) sport and exercise psychologists in training (Stage 2; Qualification in Sport and Exercise Psychology; QSEP). Responses from participants during pilot testing were not included in the final analysis. Each member of the research team contributed to the final interview guide. Questions in the interview guide focused on key aspects of the application of MI, including the application and relevance (to sport contexts) of MI spirit, MI technical skills, MI processes, eliciting CT, managing ambivalence and discord, and integrating MI with other approaches.

4.4.5 Data analysis

As latter participant interviews were being conducted, and former interviews were being transcribed verbatim from audio recordings, the primary researcher began to suspect that data saturation (e.g., Saunders et al., 2018)

had been reached. This was due to a repetition of responses given by participants in earlier interviews. Therefore, additional participants were not initially sought prior to commencement of data analysis. This impression of data saturation was strengthened as interview transcription was completed, and after performing several initial sweeps of the transcriptions to become familiar with the data, though without being pre-emptive regarding what would eventually constitute themes (Saunders et al., 2018). Data saturation was subsequently discussed and agreed upon within the research team as data analysis progressed.

In order to gain a clear understanding of how MI is being applied in sport, a deductive to inductive analysis of the data was conducted in two phases by the primary researcher. In line with the deductively-designed, a priori interview questions determined by broad MI core components and language (e.g., Miller & Rollnick, 2013) an initial deductive sweep of the data was performed (e.g., Downey, Threlkeld, & Warburton, 2017). This deductive sweep involved searching participant responses for statements related to known theory of MI core components of spirit, microskills, processes and language of change. In the second phase, transcripts were analysed inductively using thematic analysis (Braun & Clarke, 2006) to identify, analyse and report novel themes from the data (Vaismoradi et al., 2013) which did not fall immediately within the MI core components, such as communication styles and traps to avoid, and applied tools of MI.

As with study one, the primary researcher followed the six phases of thematic analysis (Braun & Clarke, 2006). This began with extracting codes consisting of discrete, original participant responses from interview transcripts, then grouping codes of similar meaning to create sub-themes. This was first

done manually by hand on paper, then managed using spreadsheet software (Microsoft Excel). A similar process was executed on a sample of interview transcripts by other members of the research team. Sub-themes were discussed, discrepancies were addressed and codes were re-grouped within the research team, until consensus was reached that the shared meaning of codes within each sub-theme was consistent, and had been labelled appropriately (Braun & Clarke, 2019). A similar process took place to group sub-themes in order to construct themes, and to label themes in ways which both accurately captured theme content and would be most meaningful for the reader. Eleven themes emerged from the data. The research team included two practitioners who are trained in MI, and two who are not, whose analysis of interview transcripts was therefore not lead by prior MI knowledge. This assisted with reducing researcher bias in the data analysis.

Throughout the analysis, MI-specific language has been used where possible to label themes and subthemes, to maintain clarity and consistency with existing MI literature, and the MI practitioner training process. Novel themes which emerged were labelled accordingly with new terminology. Other members of the research team then coded and grouped samples of the interview transcripts to gain consensus on findings, with discrepancies being discussed until consensus was reached. In keeping with previous articles (e.g., Sharp & Hodge, 2011; Sharp, Hodge, & Danish, 2019) themes and sub-themes are presented briefly in Tables 4.1-4.4, in conjunction with thick descriptive quotes from participants to provide detail and context for the reader. Quotes were chosen based on how accurately they captured the shared meaning of the theme or sub-theme they represent, and those which would provide the most meaning, context and clarity for the reader. Criteria for excellence in qualitative

research (Tracy, 2010) have been considered in the design, implementation and analysis of this research to ensure factors such as worthiness, credibility and significant contribution. One example of this presented in the findings is multivocality, where quotations have been extracted from responses from all nine participants (participant number shown in brackets), to represent the perspectives and contributions of the entire sample, rather than a select few individuals.

4.4.6 Data Protection and Storage

In keeping with Sheffield Hallam University's guidelines for researchers on general data protection regulation (GDPR) and data storage guidelines, digital participant data was stored on a laptop which had two forms of security; firstly, a removable security key, without which the laptop would not function; and secondly, the laptop was password protected. Digital data was also occasionally stored on a private, university-managed online drive which was password protected. Any hard copies pertaining to participant data were stored in a locked filing cabinet, in an office which had two security checkpoints (electronic PIN protected doors at the building entrance and the office entrance) accessible only to those with security clearance to attend the building. All participant data was anonymised using initials or a unique participant identification code. No participant data was shared outside the research team.

4.5 Results

Eleven main themes (core components of MI; applied tools of MI, MI-consistent sharing of information and expertise; relational and technical communication traps to avoid; brief MI interactions; MI communication styles continuum; using MI with teams; integrating MI with other interventions in sport; challenges of

working with athletes; unique aspects of the sport context; MI training for sport; see Tables 4.1-4.4) are described presently.

4.5.1 Core components of MI

All participants (n=9) commented on the four core components of MI (spirit; technical skills; four processes; language of change), indicating that these are paramount in their work with athletes, and felt these would be relevant regardless of the context of their work. A summary of these can be seen in Table 4.1. All participants indicated that the spirit of MI was essential to their work with athletes, was something which drew them to the MI approach and something upon which they placed great value:

I feel like the spirit of MI specifically is really what sets it apart from other approaches. [P2]

I use a lot of MI with athletes, but one thing I always, always use is the spirit. To me, that's the most critical component. [P4]

Participants spoke of the importance of each of the technical skills, primarily complex reflections and affirmations:

I think what the MI training did for me was really help me sharpen my use of reflections, in particular complex reflections. I've really noticed a difference when I've been working with clients in terms of how much quicker it is to engage with the client now, and how we're getting better results than I was previously. [P4]

...it's [affirming] something that you can't take back. It's something that is specific and that you're observing that's positive about an internal quality that they have, an effort that they have. [P3]

All participants confirmed their use of the original four processes model (engage, focus, evoke, plan) and several spoke of a phase of maintenance or troubleshooting, which has been proposed elsewhere for addition to the original

Table 4.1. *Core Components and Sub-Components of MI Being Applied in Sport*

Core Components of MI	Sub-components
Spirit	Partnership Build athlete autonomy Acceptance Unconditional regard Evocation Compassion Accurate empathy Equipoise
Microskills	Open Questions Affirmations Reflections (simple and complex) Summarising
Language of change	Preparatory change talk Mobilising change talk Sustain talk
Four+ Processes	Engage Focus Evoke Plan Maintain

model as part of the planning process (Breckon, 2015), subsequently suggested as the four+ processes (Mack et al., 2019). Participants were asked to elaborate on how they specifically apply these processes with athletes. Two points in particular were clear and recurring; firstly, that engaging is something which is ever-present, regardless of the stage in the relationship or the intervention. And secondly, that the processes do not take place in a linear, stepwise manner, but rather in a fluid, flexible, non-linear manner:

Let's say suddenly the athlete comes up with some kind of sustain talk that gives us a hint that maybe we are too far now in the process, do we really have the right focus here, since here comes a lot of sustain talk? Should we proceed to help this person resolve ambivalence, or should we maybe take it a bit slower and just do a big mapping of the athlete's whole situation and see what's the most important focus right now? Maybe we were a bit too quick when we tried to move further on... it's not a step by step process. [P6]

Regarding the language of change, participants referred specifically to CT, ST, ambivalence and resistance. All participants stated that they are constantly listening to the language being used by their athletes regarding behaviour change, and become more attuned to this the more they practise MI. Participants are consciously trying to evoke CT from their athletes, as well as trying to reinforce it upon hearing it:

Change talk to me is critical, and I am very strengths-oriented, so I am very attuned to those opportunities to build on the possibilities. [P8]

Several participants indicated that they are deliberate and selective in their responses to athlete ST, opting to stay strengths-orientated and frame their responses in a way that will evoke CT rather than reinforce ST. It was acknowledged that CT in particular tends to come primarily in the form of 'preparatory' language:

The form that I hear the most in terms of change talk is usually more of that preparatory change talk, that desire to change, or 'I need to change' or 'I should change', 'I should study more at night', 'I know I shouldn't be partying', 'I know I should go talk to the trainer about this injury', it's a lot of that. [P2]

Participants generally stated that their work with athletes is primarily about applying MI in sport as they would in other settings, as opposed to a sport-specific version of MI being required. Nevertheless, participants indicated that an intimate understanding of elite sport environments and challenges is essential, as well as athlete cultures, norms, pressures, risks and rewards. It was felt that adaptations to the MI approach may have to be made in order to fit with these, and opportunities to apply MI in sport settings may have to be actively sought. This was summarised by participant 9:

I'm not consciously trying to create a sport-MI but I think I'm adapting it in my usage... in sport it's adapting it, in those moments I'm not so worried about 'am I doing MI right now or am I not?', it's more like 'how effective is this, how can I use MI, the techniques or the spirit, how can MI help this conversation, this coaching session be better?' [P9]

Another participant outlined the value of MI, regardless of context:

I find that in sessions if I'm confused at where we are, or where we're going, I always just go back to MI. What I think MI has been, and it's not just for working with athletes, it's in general, it's always been my 'home base'. [P7]

To that end, participants commented further on how auxiliary components of MI enhance their work in sport settings, including applied tools, sharing information and expertise, traps to avoid, brief MI interactions, the communication styles continuum, using MI with teams, integrating MI with sport interventions (see Table 4.2); challenges of working with athletes and unique aspects of the sport context (see Table 4.3); and essential ingredients for MI training in sport (see Table 4.4).

4.5.2 Applied tools of MI

Participants referred to several tools from the MI approach (see Table 4.2), the most common of which were scaling rulers, agenda setting, and elicit-provide-elicit (E-P-E; see discussion for description).

I think that [collaborative agenda setting] does a couple of really useful things. Once again you're providing autonomy and telling the client we're working collaboratively, it's not about me telling you what you should be doing, we're in this together. But also you're getting a sense of what is most important for the athlete, and often we make assumptions about 'ah yes they'd like to work in this first', or 'this is most important', but by agenda setting, we're essentially asking them 'ok what's most important for you right now?', and they're then giving us that feedback which is really valuable. [P4]

4.5.3 MI-consistent sharing information and expertise

Participants reflected that the E-P-E format is a valuable and efficient tool for sharing key information with athletes in a respectful and collaborative manner, and that it can be used in conjunction with more instructional or educational approaches, to share information in an MI-adherent manner:

I think that MI fits really well in terms of how you might deliver those things [directional or instructional approaches]. So for example it's not a matter of just saying 'I reckon that you should be using more imagery, let's work on this'. I think that it's much more effective if you offer it in that MI-consistent way, that E-P-E, asking what they know about imagery, cognitive rehearsal, asking if they've used it before and getting some input about that. Then saying 'would you like to hear more about it' if they don't have much knowledge about it and how it can work, then asking if it would be useful for them and in what way. When you do that, you get greater buy-in. [P4]

4.5.4 Relational and technical communication traps to avoid

Participants spoke of 'traps to avoid' from the MI approach, including the 'expert trap' (and associated 'righting reflex') and the 'premature focus trap'.

One participant gave a specific example of conflicting feelings and concerns between them and an athlete who was playing through a potentially career-

ending injury, and highlights how priorities can be completely different between stakeholders. This example contains the expert trap and righting reflex, ST, acceptance and equipoise (Miller & Rollnick, 2013, p. 233):

I had this gut feeling of 'oh my gosh, I just want this guy to get an MRI, I want this guy to get healthy so he can dominate at the next level' but he really felt so much like 'if I go through this and tell my coach that I'm hurt, I'm losing eligibility, I'm afraid I'm going to miss out on being drafted, if I rehab I may not get the velocity on my fastball that I had before', so it's hard for me in those instances when I feel like 'I know what's best for you', and I need to leave that feeling at the door and be willing to sit with that sustain talk, sit with some of that resistance to change, and honour it some, rather than push and go 'you've really got to get this fixed, you need to figure this out, you need to be honest with your coach' because I'm not in his shoes, I'm so removed from being there. [P2]

Participants also described differences between praising and affirming the athletes they work with, and spoke generally of always striving to affirm rather than praise:

Affirmation for sure is really important. I think before, I said "very good" or "good running" for example. Now I talk to the girls in a deeper way, I always try to affirm them. For example, "I can see that you really tried hard to do your best for your team mate in this situation, you are really responsible for the defence players here" instead of saying, "good running, good work". [P1]

One participant explained how they use both praise and affirmation in their role:

I use praise as a coach, and I think most coaches do, 'nice hitting, nice job there', but one thing that motivational interviewing has caused me to do is ask a question like 'how do you think that went?' and I go into MI from there, so an affirmation that I'll give them would be along the lines of 'you're thinking about this more deeply' or 'you're taking this more seriously'... [P9]

4.5.5 Brief MI interactions

These unique settings and circumstances in sport contexts give rise to conversations which participants stated could last as little as 30 seconds. This

Table 4.2. *Auxiliary Aspects of MI Being Applied in Sport*

Theme	Sub-themes
Applied tools of MI	Elicit-Provide-Elicit ^a Agenda mapping Values sort Scaling rulers (importance; readiness; confidence) Goal setting
MI-consistent sharing information and expertise	Consider the therapeutic alliance Dialogue not monologue Collaboration Athlete autonomy Athlete as expert MI-adherent
Relational and technical communication traps to avoid	Elicit-Provide-Elicit ^a Expert trap Righting reflex Premature focus trap Affirming not praising
Brief MI interactions	MI spirit is essential MI is adaptable to brief contact Short, intentional interactions Moment-to-moment scenarios Know when to direct/instruct
MI communication styles continuum	Directing Guiding Following
Using MI with teams	MI processes Reflections 'Global' affirmations Accurate empathy
Integrating MI with other interventions in sport	Spirit Microskills Change talk 'Home base' Precursor Common factors Underpinning framework Follow-up Cognitive behavioural strategies

^aElicit-Provide-Elicit was identified as a useful tool in general, and specifically referenced for sharing information and expertise, hence appearing twice in this table.

has led participants to recognise the need to be able to interact with athletes in a carefully considered way in these very brief moments:

Sometimes these conversations are two minutes long, but starting with that open-ended question, 'what were you thinking here, what was the plan?', or if I go out to the mound with a pitcher who is struggling, it's really trying to understand better, instead of saying 'this is what you need to do, here's what you should be doing'. [P9]

The importance of demonstrating the MI spirit in these brief moments was referenced by several participants. For example, participant 5:

By carrying the spirit with us, by always being somebody who is always looking to partner, somebody who is always empathic, who is always trying to evoke over prescribe, those sorts of things, I think that MI can really be carried anywhere. [P2]

4.5.6 MI communication styles continuum

Two participants, both of whom are coaches, commented on the directing-guiding-following continuum of communication, and how they attempt to stay mostly in the guiding style. The first of these participants acknowledged that this is openly discussed between coaches during their coaching sessions:

I think it's important to have a guiding style, like 95% of the time... And I talk to my colleagues about this as well, 'we have to be more guiding now', 'now is time to be more directive'. Often if we have been directive we have to go quickly back to the guiding style. [P1]

The other participant acknowledged that there are times when they have to be directive in their role, but limit this to when necessary, and described a conscious process of 'slipping in and out' of the MI approach:

Sometimes players don't believe that this is the right way of handling a situation, and that's when sometimes for me it's easier to step out of MI and get informative, and say 'this is why we do this, because this is how it's going to work' and you switch into a more informative or instructional mode. It's like slipping in and out of MI. [P9]

4.5.7 Using MI with teams

Several participants acknowledged that this was perhaps an area to which they should give more consideration. Nevertheless, two participants were able to give specific examples of their use of MI with teams. Participant 8 spoke in detail of their use of MI during team sessions, for example a session to resolve conflict between players and a coach:

... this team meeting, I spent 90% of it just reflecting back to them. A lot of it was, 'so you don't feel like the coach is listening to you; it's frustrating that he's not asking you all what you think and just telling you what to do; so he's frustrating you because he's moving you to new positions and he's not telling you why', those kinds of things. And it built engagement like I haven't seen... it was just using reflective listening and obviously they just simply felt heard and felt like they had achieved something. [P8]

4.5.8 Integrating MI with other interventions in sport

The suitability of MI for integrating with other approaches or interventions in sport was highlighted by all participants, who felt that as a minimum, the spirit, the technical skills and listening for CT would probably be relevant in any circumstance:

I haven't really come across any mainstream approach that's incompatible with motivational interviewing. People can find some way to weave it in there in some form or fashion. [P5]

[on training coaches to use MI] I've been very clear, use MI as a complement and hopefully as a base to lean on, but combine it with the other techniques, strategies they use. [P6]

When it comes to the process of integrating MI into one's applied work, what appears to be essential is having an in-depth understanding of the different approaches being integrated:

No matter what intervention style I'm doing, I always have motivational interviewing running in the background, and I was trained in person-centred therapy and existential psychotherapy and then moved into the more CBT-ish kind of stuff, and it [MI] just fits really well. But what I think would be important is that people know what they do really well, and that they know motivational interviewing so they can figure out how to blend it together or integrate it. [P5]

This participant also spoke of two options for integrating MI with an approach like CBT or interpersonal therapy, either as preparation for another intervention, or applied extemporarily when faced with, for example, ambivalence:

One is you just kind of do it as a precursor to CBT and then the other one is you look at the common elements and you blend them together and I think you could take a utilitarian approach. [P5]

Three participants shared more details of how they would integrate MI with another approach for the duration of an intervention. Participant 4 described a framework for underpinning action-orientated intervention work such as cognitive behavioural strategies:

I see MI as the kind of framework for working with the athlete, and then cognitive behavioural strategies might be some of the tools that you use within that framework, so your mindset of working with the athlete is very much about the spirit of MI, you're using some of the techniques of MI and so forth, and then you're using the CB strategies, and you're delivering them within that framework... but I see MI as the framework, and the overall way of delivering interventions, and cognitive behavioural strategies can just kind of slot into that, just like other strategies would slot into that as well. [P4]

Participant 6 described how their work was 'topped and tailed' with more MI-specific work, and how MI was used to support a middle phase of intervention delivery:

... I think I always start from MI in my approach, to explore the situation and the goal and so on... Then I'm combining my work with strategies from cognitive behavioural coaching, for example using mindfulness... MI is always helpful to strengthen the readiness and to strengthen the feeling of how important this is, and to strengthen confidence also... I always have a follow-up session two or three months after the last

session, and in that follow-up session of course a lot of MI is the focus.
[P6]

Participant 7 indicated both an MI-intensive period at commencement of the relationship, and the ever-present nature of MI in their work:

I tend to be very heavy on MI in the beginning, because I think the spirit is what really creates the most fruitful relationship... after five or six sessions, we're moving into mindfulness strategies or CBT, or for some [athletes] a lot of traumatic experiences come up, so we'll move into strategies to work through that. [MI] is always interwoven, especially if emotions get high and an athlete needs a break, I'll go right back to just basic reflections, that's 'home base'. [P7]

4.5.9 Challenges of working with athletes

Several participants spoke of the challenges of working with athletes, including mandated attendance, coaches wanting to know the content of sessions, stigma attached to mental health and psychology, athletes not being used to answering questions or having opinions, and athletes being mistrusting of 'outsiders' (Table 4.3). The MI core components of spirit and technical skills were repeatedly highlighted as primary strategies in overcoming many of these challenges.

I have found that I have to lay a lot more groundwork in terms of establishing rapport and trust with athletes than I do with most of my other clients... they're so consumed with their responsibilities to the team that I'm like an outsider... it takes time to inspire trust. [P7]

Table 4.3. *Sport Context Which Enables Opportunities for the Application of MI*

Theme	Sub-themes
Challenges of working with athletes	Mandated attendance Confidentiality Stigma towards psychology support Heteronomy (athletes are unaccustomed to being asked for their opinions/answers) Athlete mistrust of 'outsiders' 'Quick fix' mentality within sport Performance-driven environment Deficit view of athlete issues Practitioner equipoise towards athlete change Managing discord in the relationship Athlete ambivalence towards change
Unique aspects of sport context	Reduced frequency of contact Limited duration of contact Non-clinical locations "In the moment" contact "Hot" issues

4.5.10 Unique aspects of the sport context

Several participants acknowledged that interactions in sport take place in settings which are very different to other contexts (e.g., healthcare), including locker rooms, training grounds, gyms and corridors (Table 4.3). Additionally, participants acknowledged that contact with athletes can occur with reduced frequency and significantly reduced duration compared with other settings. Examples of these include half time, time-outs and in-game situations, such as visiting a pitcher's mound during a baseball game. One participant labelled these conversations as "MI on the go". These differences were summed up by participant 3:

... I think as a coach or as a practitioner of MI in sport, it's a little bit of a different playing field than it is in a counselling setting, where it's this kind of pristine situation where it's just you and a person in a quiet room... you're on a field, you're in a locker room, so there are different challenges that exist in that environment. [P3]

Participant 9 highlighted how most MI work takes place 'out of the moment', for example treatment for alcohol addiction, but working in sport can involve working "in the moment", in situations which have literally just taken place, referred to here as "hot" issues:

... in baseball we're doing it often right in the moment... sometimes it's not even after, it's in the midst of it, if it's a pitcher and I've visited the mound to talk to him and he's struggling through something, and you're right in the middle of it... we use this metaphor it's hot, it's a hot issue and they're feeling it. [P9]

4.5.11 MI training content for sport practitioners

Participants cited several aspects of the approach as being essential for training curricula for practitioners (Table 4.4). Firstly, there was consensus from all participants that the MI core components and their constituent parts were paramount, and would need to be covered and understood in depth. Other

aspects of the approach which were mentioned include the righting reflex, elicit-provide-elicit, demonstrating accurate empathy, maintaining practitioner equipoise (consciously deciding not to use professional expertise to influence an athlete's decision in a direction the practitioner views as optimal), and how to integrate MI with other strategies. Practitioners indicated that this should be achieved through a combination of context-specific methods, including experiential exercises, case studies, and video samples. Further, participant 4 commented on the sequence of training in MI and other more action-orientated approaches, which potentially has implications for training pathways:

And then once you have that pure understanding of how this framework [MI] might work, then it'd be introducing the cognitive behavioural strategies, because I think if you do them first, I think that people would often just jump into suggesting those, and not within the framework. So my preference would be to build the MI before the [CB] strategies. [P4]

Finally, it was acknowledged that MI can be learnt by anyone but they have to be open to it:

I think anyone can learn it, and practise it and get stronger at it, so I guess the real question is their willingness. If coaches have been really successful in using a different approach, I guess they'd be less likely to change. [P9]

Table 4.4. *Essential Ingredients for MI Training in Sport Contexts*

Theme	Sub-themes
Training content	Core components of MI Traps to avoid Elicit-Provide-Elicit Accurate empathy Equipoise MI integration with other approaches Sport culture, norms, pressures
Training design	Multi-method Experiential Sport-specific materials

4.6 Discussion

The purpose of the current study was to investigate how experts in MI are applying this approach in sport contexts, and findings reveal numerous implications about the contribution MI has to make to applied work in sport, which will now be discussed. Participants have confirmed what has been suggested previously in study one (chapter three) and elsewhere (e.g., Mack et al., 2019; Turner et al., 2020), that the four core components of MI (spirit; technical skills; four processes; language of change) are as pertinent to working in sport as they are to working in any other setting. Significant overlap can be seen between sub-components of the MI spirit (see Table 4.1) and components of the real relationship and general counselling skills as outlined by Longstaff and Gervis (2016), indicating that MI is one way for students, neophyte and established practitioners to develop and maintain these relational aspects of their practice.

The finding that athletes' CT is usually preparatory (client language which expresses perceived desire, ability, reasons or need for behaviour change) rather than mobilising (client speech which indicates intention, obligation or steps taken to change behaviour; Miller & Rollnick, 2013) shows support for previous findings on a lack of athlete readiness for change (Massey, Gnacinski, & Meyer, 2015) and that athlete resistance is a crucial but neglected aspect of sport psychology consultancy which should be receiving greater attention (Gardner, 2017). There are a range of factors which can influence an athlete's attitudes and openness to engaging with sport psychology (e.g., gender, previous experience, stigma tolerance; see Martin, Zakrajsek, and Wrisberg (2012) for a summary). Taken together, these findings indicate that sport psychology practitioners need to be prepared to work with athletes who present

initially as ambivalent or discordant, and to work with this as it arises, responding to ST and ambivalence in a non-confrontational way (Apodaca et al., 2016).

Participants commented on many other aspects of the MI approach beyond the four core components. The need to share information or advice in an MI-consistent way (viewing the athlete as resourceful and knowledgeable; being mindful of collaborating and supporting athlete autonomy) was highlighted repeatedly, with a need to avoid the 'expert trap' and its inherent 'righting reflex' essential to forming successful relationships. One tool for doing so which was often mentioned was the elicit-provide-elicited (E-P-E) framework, which facilitates practitioners in gathering information held by the athlete on a certain topic, then gaining permission to fill any gaps in this knowledge, and finally checking with the athlete so see how they understand this new knowledge, and what they might do with it (Miller & Rollnick, 2013; Rosengren, 2017).

The differences between praising and affirming (practitioner statements which value a client positive attribute or behaviour, and build self-efficacy; Miller & Rollnick, 2013; Rosengren, 2017) were discussed. Participants stated that where possible they seek to affirm rather than praise, but occasionally (particularly in the role of a coach), there is a need to step away from this MI-adherent strategy and offer praise which may help to teach or reinforce the performance of a skill, or congratulate an athlete on their performance. This ability to consciously step into and out of the MI approach also appears relevant to the directing-guiding-following continuum of communication styles (Rollnick, Miller, & Butler, 2008), which was cited here as giving participants a consciousness of which style they were adopting, and their reasons for this, and

helped them determine when it was appropriate to switch from the coach or expert-like style of directing back to the MI-consistent style of guiding.

Participants' comments on integrating MI with other approaches have significant implications for applied practice in sport psychology. It was stated that at the very least, the MI spirit, technical skills and an awareness of athlete CT are valuable in any circumstance and regardless of other approaches being used. Several ways of integrating MI with other approaches were indicated, including: a precursor to an intervention deemed appropriate for the athlete's issues or concerns; a strategy for working with ambivalence or discord, should these arise; or a framework which can be used to underpin and facilitate the delivery of an intervention or ongoing support from beginning to end. Regarding the latter, this is likely a period of MI-intensive work at commencement of the relationship, followed by delivery of the appropriate action-orientated intervention supported (e.g. CBT) with relevant core components from MI, and concluded with a second period of MI-intensive work. This may be for review, maintenance, or possibly to assist reassessment (i.e., repeat of pre-intervention assessment measures) and reformulation (e.g., redefining the issue being addressed) processes inherent to the action-orientated approach being implemented. In fact, these identified strategies map exactly onto those identified by Miller and Rollnick (2002). This comprehensive knowledge of the MI approach, and conscious consideration of the steps for integrating MI into applied sport psychology with other relevant and compatible approaches, represents a level of integration at least akin to 'assimilative integration' (deliberately combining specific tools and principles from multiple approaches into a single, preferred theory), potentially even 'theoretical integration' (true synthesis of multiple theories; Gold & Stricker, 2001; Norcross et al., 2005).

This is a step up from 'technical eclecticism' (atheoretical use of several tools or techniques; Norcross et al., 2005). These deeper levels of integration can only be achieved through greater understanding of the theories, common factors and techniques of multiple approaches (Boswell, 2016), and are perhaps what practitioners in applied sport psychology should be striving for (Turner et al., 2020).

Practitioners highlighted numerous aspects of the sport context which create challenges when working with athletes (Table 4.3). Several of these were in keeping with previously identified factors which may prevent athletes from taking up or engaging fully in sport psychology support, such as mandated attendance, scepticism about sport psychology support, and negative previous experiences of psychology work (e.g., Mack et al., 2019; Martin et al., 2012). The difficulty of maintaining ethical athlete-practitioner confidentiality, when coaches sometimes expect to be told the content of sport psychology consultations, has also recently been acknowledged elsewhere among experienced applied sport psychologists (Sharp et al., 2019). MI appears to have several valuable tenets to assist practitioners in navigating these challenges. The sport context also appears to create some unusual opportunities for contact with athletes, often outside pre-set appointment times and in non-clinical locations, which has been stated previously elsewhere (Keegan, 2016; Longstaff & Gervis, 2016). These contact points can also be extremely brief, perhaps a passing conversation in a corridor or changing room, and even in-game situations lasting as little as 30-60 seconds, when issues are "hot" and performance may or may not be going according to plan. This is absolutely the briefest of brief contact consultancy, and participants were

adamant that MI has a role here, by being conscious of embodying elements of the MI spirit and technical skills.

4.6.1 Implications for training in MI

The consensus that practitioners are applying MI in the context of sport, as opposed to a sport-specific version of MI, indicates that a grounding in broad MI theory and training (i.e., Table 4.1) is a suitable initiation for any practitioner wishing to add MI to their applied work in sport. This suggests that current training material and methods, made specific to the context of sport, would be sufficient for training sports practitioners in MI. It was proposed by one participant that students of sport psychology should be taught an approach like MI, with relational and technical aspects to form the therapeutic alliance, *before* action-orientated interventions. This could minimise the risk of neophyte practitioners prematurely applying the only intervention strategies they have learned so far, regardless of athlete resources or readiness and without developing a sound alliance, assessment and formulation (e.g., Cecil & Barker, 2016). The order of delivery of training in different therapeutic approaches is perhaps something for professional bodies, universities and supervisors of trainees to consider.

4.6.2 Implications for future research

The training of practitioners in the MI approach opens avenues of possible further research. It is of course important to investigate the impact of this training on their applied practice, in terms of MI-consistency, professional relationship development (from both practitioner and athlete perspectives), and impact on desired outcomes, such as intervention goals and sport performance. But, only once competence and consistency in applying the MI approach has

been achieved, reported and evidenced, can its impact in sport be truly measured. Such an investigation would likely further inform best practice guidelines, help to identify sport-specific adaptations of the approach (e.g., MI with teams; brief-contact MI with athletes), and contribute to the development of a model for integrating MI with other interventions in sport. Regarding MI with teams, lessons might be learned from current theory and practice of MI with therapeutic groups (e.g., Wagner & Ingersoll, 2012).

4.6.3 Strengths and limitations

Several sampling methods were employed to ensure the search for participants for this study was as exhaustive as possible, producing a global sample of practitioners who are a) working regularly in sport with amateur, international and professional athletes, and b) proficient in the MI approach, as indicated by their membership of MINT. These participants have contributed novel and rich data to this new area of study, which will be valuable for influencing applied practice going forward. The research team has made its best attempt to show rather than tell (Tracy, 2010) the reader what these participants had to say about this aspect of their applied work, using their own words and the established language of the MI approach.

There are limitations to this study, which also need to be acknowledged. It is debatable if the study aim of identifying specific adaptations to the MI approach for use in sport psychology has been achieved, for example during moments of brief contact with athletes. It is possible that this may only be achieved through action research or single case studies, to identify the subtleties and nuances of adapting this approach to this specific context. Additionally, the participants in this study have not provided evidence of their

competence in using MI, nor their fidelity to the approach. Their comments are based on their recall and their self-assessment of their applied work. This opens their testimonies to questions of bias and accuracy, as is the case with any qualitative research of this nature.

4.7 Conclusion

This study has offered the most in-depth exploration to date of how MI is being applied by MI-proficient practitioners in sport settings, and determined that the approach has much to offer psychologists, coaches, and other practitioners in this context. This includes the MI core components and tools, communication styles, traps to avoid and integrating MI with action-orientated interventions. More research is needed on sport-specific adaptations to the approach, including working with teams and brief contact interactions. Recommendations have been made regarding the MI training curriculum and pathway for trainee and neophyte practitioners to begin to add this approach to their applied practice with competence and fidelity. Such a training protocol should now be implemented. MI continues to appear as a viable option for neophyte and established practitioners in developing their professional philosophies, sharpening relational and communication skills, and enhancing their self-reflection.

With this in mind, the next study of this thesis will describe the design, implementation and evaluation of an introductory workshop series in MI for sport psychology with a group of early career applied sport psychologists.

Chapter V

5.0 Study three - Exploring the application of motivational interviewing in sport psychologists: Research to practice

5.1 Chapter overview

The purpose of this chapter is to present the third study of this thesis. Chapter three (study one) outlined the exploration of current use and understanding of MI by applied sport psychologists in the UK, and concluded that there was a role for specific training and application of MI for practitioners working in sport settings with athletes. Chapter four (study two) built on study one by exploring the use of MI in sport settings in a global sample of proficient MI trainers and practitioners. Study two yielded rich detail regarding the application of MI with athletes in various roles, including the sport psychologist, counsellor and the coach, and details of the necessary components of an MI training pathway for trainee and neophyte practitioners. The present chapter (chapter 5; study three) outlines and explains the next stage of this research programme. Based on the findings of studies one and two of this thesis, the purpose of study three was to create a data-driven, bespoke training programme (i.e., MI use in sport) for sport and exercise psychologists, with the aim of exploring participants' perceptions of undertaking said training programme. It is anticipated that qualitative feedback obtained from participants will guide further development of training resources and protocols for using MI in sport, which could provide a “blue print” for it to be empirically tested in the future.

5.2 Introduction

MI is argued to be the most widely broadcast, empirically validated talking therapy in the world, even more so than cognitive behavioural approaches (Carroll, 2016). At least 15 million people have received MI treatment globally, and over 3,000 trainers have completed the training pathway to become MINT affiliated (Miller & Moyers, 2017; Miller & Rollnick, 2009). This is in spite of MINT having a rigorous application process for the annual Training New Trainers (TNT) forum, requiring applicants to demonstrate sufficient competence and experience in using MI in their field of work, and an applicant rejection rate of up to 30% (average 23% per year for the years 2013-2019; personal communication with Colin O'Driscoll, TNT co-ordinator, 6/11/19). This process has led to research outlining and assessing the training process and training outcomes of established practitioners in a range of fields, such as addiction (e.g., Baer et al., 2004), mental health (e.g., Schoener, Madeja, Henderson, Ondersmaa, & Janisse, 2006), dietetics (e.g., Britt & Blampied, 2014), smoking cessation (e.g., Hayes et al., 2011), general practice (e.g., Rubak, Sandbæk, Lauritzen, Borch-Johnsen, & Christensen, 2006), juvenile corrections (e.g., Doran, Hohman, & Koutsenok, 2013), physical activity and lifestyle change (e.g., O'Halloran et al., 2014; Scott, Breckon, Copeland, & Hutchison, 2015). Recently, researchers have begun exploring the process and outcomes of training undergraduate students in MI from disciplines including nutrition, physiotherapy and occupational therapy (e.g., Fortune, Breckon, Norris, Eva, & Frater, 2019; Simper, Breckon, & Kilner, 2017). The extent of MI training studies has been demonstrated through the emergence of several systematic reviews and meta-analyses (e.g., Barwick, Bennett, Johnson, McGowan, & Moore, 2012; de Roten, Zimmermann, Ortega, & Despland, 2013;

Madson, Loignon, & Lane, 2009; Madson et al., 2019; Schwalbe, Oh, & Zweben, 2014).

This body of research highlights several commonalities in the content of MI training, regardless of the context in which trainees are working. Training methods and materials were first outlined by Miller and Rollnick (1991), and have been updated in both Miller and Rollnick (2002) and Miller and Rollnick (2013). Recommendations for content generally include didactic presentation of MI theory, philosophy and empirical support, active group discussion, and demonstrations of core components and skills of MI (e.g., relational, technical, applied tools) by the training facilitator. This is accompanied by dyadic or small group skills practice for participants, supported by coaching from the trainer, and participant self-reflection. Skills practice can include real play, role play using simulated clients, and audio and video analysis, underpinned by individual support and feedback (Simper et al., 2017). This can be supplemented with independent learning and self-reflection between facilitated MI training sessions. Some reviews (e.g., Breckon et al., 2008) have shown single-session MI training lasting 30 minutes or less, but training typically lasts from two to six days (ideal contact time for a two day training is 12-16 hours; de Roten et al., 2013), and often includes some form of follow-up (Barwick et al., 2012).

Many of these aspects of skill acquisition in the MI literature can also be found in the declarative-procedural-reflective (DPR) model of therapeutic skill development (Bennett-Levy & Thwaites, 2007; Bennett-Levy, 2006). Broadly, this model covers the learning of theoretical knowledge (e.g., that contained within published works and discussions with learned colleagues), putting that knowledge into practice with clients (e.g., developing interpersonal skills;

developing conceptual, technical and procedural skills), and reflecting on that practice (e.g., objectively examining the skills used). These aspects of the DPR model are corroborated by findings of studies one and two (chapters three and four of this project respectively), including collaborating with athletes and supporting athlete autonomy; development of practitioner empathy and reflective listening skills; developing communication styles, integrating MI with other interventions, and contextual challenges of working with athletes. The DPR model also contains strategies for addressing particular problem areas for therapists, including observation of tape or listening to audio recordings of sessions, eliciting client feedback, self- or supervisor-directed reading, didactic teaching from a supervisor, role playing, observing skilled colleagues in practice, problem-based learning, and sensitivity training (Bennett-Levy & Thwaites, 2007). Bennett-Levy and colleagues build further on the DPR model, demonstrating that different training methods show different degrees of effectiveness for addressing specific problem areas, suggesting that practitioners should carefully consider the strategies they employ to enhance their practice. The DPR model, what is known from the MI training literature, and findings of studies one and two of this research project are invaluable for curriculum design in the current study.

Miller and Moyers (2006) describe eight sequential stages for learning MI, based on years of experience coaching clinicians to use the approach. These stages are: 1) being open to collaborating with the client's expertise; 2) proficiency in person-centred counselling, particularly accurate empathy; 3) recognition of key aspects of client speech which guide the use of MI; 4) eliciting and strengthening change talk; 5) rolling with resistance; 6) negotiating behaviour change plans; 7) consolidating client commitment to change; 8)

switching flexibly between MI and other therapeutic interventions. Together, these eight stages encompass the core components of MI discussed in section 2.3, including the MI spirit, OARS and technical skills of verbal communication, identifying, eliciting and reinforcing client change talk, responding to resistance or sustain talk, planning future steps and cementing the client's reasons and needs to make change. Crucially, the eighth stage discusses the importance of recognising when MI is not working with a given client, or is not the optimal approach for the presenting issue, and should be put aside in favour of an approach which may be more effective. These eight stages in learning MI may be of value in designing MI training curricula and ongoing support of the MI learning process, evidenced by a number of them repeatedly cited in a systematic review of studies reporting MI training for general health care practitioners (Söderlund, Madson, Rubak, & Nilsen, 2011), in addition to being described as essential by participants in study two of the current research project (Mack et al., 2021).

Miller and Mount (2001) showed that one workshop on MI (15 hours contact time over two days) was enough to sustain significant practitioner MI-consistent behaviours at 4 month re-test, but this effect was not large enough to initiate significant change in client outcomes. The authors concluded that additional individualised feedback and coaching is required following the initial two day training. Indeed, continued skill development and maintenance is associated with follow-up support post initial training. Schwalbe et al. (2014) highlight that three to four additional coaching or feedback sessions with a minimum total contact time of five hours over a six month period is ideal. The structure of follow-up support is typically group coaching sessions similar to initial workshop protocols, in addition to individual feedback on audio or video

recorded client interactions, and more rarely, real-time feedback provided live during consultation (e.g., Carpenter et al., 2012). It has been suggested that supervision and feedback needs to be based on direct observation of consultations, in the form of audio or video recordings or live observation, as there can be a discrepancy between practitioner recollection of what took place during consultation and practitioner confidence in using MI, and observed competence in doing so (Miller & Mount, 2001). Such feedback on progress in learning and applying MI, and fidelity to the MI approach, is more often than not measured using the MITI code (version 4; Moyers et al., 2016), but occasionally the MISC (version 2.1; Miller, Moyers, Ernst, & Amrhein, 2008). Some debate exists about the strengths and limitations of these measures for this. It has been stated that the MITI is better suited to measuring treatment fidelity and providing feedback on skills acquisition and use, while the MISC is preferred for identifying active ingredients and casual mechanisms in MI, because it takes account of both practitioner speech and client responses (Hilton, Lane, & Johnston, 2016). Taken together, it is clear from existing literature that there are a number of training and feedback “measures” and strategies that should be included in any MI training regardless of context. These training and feedback measures include the use of a code such as MITI to guide skill acquisition and offer feedback to trainees in addition to observations, discussions, feedback and coaching from MI trainers.

As with any consultancy and therapy (e.g., approaches, practitioner philosophy etc.), culture and context will ultimately factor into how practitioners will operate. This notion of understanding context has been alluded to as being most pertinent to sport psychologists as they adapt their work accordingly especially when considering the landscape of high-performance sporting

environments (cf. Wagstaff & Burton-Wylie, 2018). This point is in keeping with the findings of studies one and two, which offer tailored knowledge regarding the use of MI in elite sport and provide context rich information to develop appropriate resources, and begin to understand the process of training sport psychologists in MI. In particular, participants in study one indicated specific barriers to learning and applying MI in sport psychology, while participants in study two provided detailed guidance on workshop content for MI in sport settings. This guidance centred on core and auxiliary components of the approach and recommendations on integrating MI with other approaches and interventions in applied sport psychology. These findings supplemented previous research presented earlier in this section, and informed the design of workshops delineated in this chapter.

5.3 Aims of study three

The findings of study one (chapter three) indicated perceived value (by practitioners) of MI and significant overlap between practice as usual and relational and technical aspects of MI, but gaps in the knowledge of how to apply MI in sport, due to a lack of evidence, examples or materials for doing so. Study two began the process of understanding how proficient MI practitioner-trainers are applying and adapting MI in sport contexts; and how they are training sport coaches and sport scientists to use MI in their own work. Following these findings, study three (presented in the current chapter) was exploratory in nature, and is the first of its kind to develop, implement and report three full days of bespoke training in MI for sport psychologists. This study had the primary aim of formally introducing MI to these sport psychologists' career training and development pathway. To that end, this bespoke MI training programme for sport psychologists was developed; this training was then

implemented with a group of neophyte sport psychologists. Importantly study three examined participants' perceptions of this training in order to better understand how they felt it would enhance their athlete-centred communication.

A secondary aim of this study was to refine training material and protocols based on feedback collected from participants, which can serve to refine and finalise training for future delivery. Feedback on workshop facilitation and content was gathered from participants during and after training in several forms. These included post-training social validation, measurements of MI treatment fidelity pre- and post-training (using validated instruments, e.g. MITI) to assess the impact of training on MI adherent practice, and self-reflection once participants returned to professional consultancy. It is important to note that MI treatment fidelity scores were used to help participants understand their use of MI (i.e., part of guiding the training process through coaching) and facilitate conversation and learning during and post-training, and was not used to measure the efficacy of the training programme in an objective manner. Indeed the use of MITI as a coaching tool was chosen since it reflects its use as part of the Training New Trainers (TNT) as recommended by the Motivational Interviewing Network of Trainers (MINT) (see www.motivationalinterviewing.org/pathways-membership).

5.4 Method

5.4.1 Design

Qualitative methods underpinned the research in this chapter. Moreover, this approach was also enhanced with quantitative data (using MITI to capture participant in-session consultancy behaviours pre- and post-MI training), coupled with post-session written feedback, all provided by an independent MI

coder. Descriptive statistics and key themes are presented to demonstrate trends in changing practitioner behaviours. Qualitative data - in the form of an open-ended social validation evaluation and a practitioner practice log and reflective diary - are presented with commentary. Models of MI integration with other psychotherapeutic approaches and tools (e.g., GABCDE model from REBT; the 'miracle question' from SFT; Socratic questioning from CBT; the Canon of mental skills; psychometric assessment and feedback; general counselling protocols from intake to treatment to review) were explored with participants during the workshops. These models are presented and discussed. Ethical approval for this study was provided by the governing institution (HWB-2017-18-S&E-05).

5.4.2 Participants, recruitment and sampling

It was deemed by the supervisory team that to qualify to take part in this study, participants would need to be regularly consulting with athletes, not only to gain the most that these workshops had to offer and to contribute to the development of them, but also to be able to provide audio recordings of consultancy sessions for assessment. Specifically, early career sport and exercise psychologists were deemed the most appropriate sample for this study. Early career was defined as having completed QSEP Stage 2 in the previous 24 months, or approaching QSEP Stage 2 (or equivalent) final submission or viva voce. In the knowledge that the pool of potential participants may be relatively small, given scheduling and budgetary constraints, participants were contacted to take part via a number of sampling methods, including purposeful, self-recruitment and snowball sampling (Gomm, 2008; Patton, 2002). The purpose of this approach was to promote these workshops as widely as possible and to offer them to as many practitioners who would qualify to take part as possible.

Firstly, BPS supervisors known to the supervisory team were contacted, and asked to distribute information about the workshops to their supervisees (Appendix 5.1). Secondly, the chief examiner for BPS QSEP Stage 2 was contacted and asked to distribute information about the workshops to recently qualified (previous 24 months) practitioners. Thirdly, supervisees known to the primary researcher were contacted directly and invited to take part, and to share information about the workshops within their professional networks. Finally, information about the workshops was posted on a private professional development group on social media, inviting interested parties to contact the primary researcher for more information. In total, 22 trainee or recently qualified practitioners indicated interest in participating. Online scheduling software (Doodle; www.doodle.com) was used to identify potential dates which suited the majority of participants to hold the first two workshop days. Two days were found which suited a majority (11) of participants, but between finalising these dates and arrival at these dates, six participants dropped out citing other commitments. This left a final sample size of five participants (four males, one female). Two participants had completed BPS QSEP Stage 2 training to become chartered sport and exercise psychologists. Two participants were awaiting viva voce having submitted their final portfolios, to complete QSEP and gain chartership. One participant had undertaken the British Association of Sport and Exercise Sciences (BASES) psychology route, and was within one year of completion. Participants were working from a base of training in cognitive behavioural and solution focused therapies, including the canon of psychological skills and Socratic questioning. None had previously attended MI workshops. Four participants were affiliated to universities as lecturers and or PhD candidates, and all five were working as private consultants. One

participant was employed by a national organisation which provides sport and performance psychology services.

5.4.3 Procedure of the MI training programme

Didactic, interactive and experiential MI training was delivered to five early career (e.g., end stage QSEP Stage 2 qualification, or recently BPS and HCPC accredited) sport and exercise psychologists. Participants provided a pre-training audio recording of a session with an athlete. Informed consent was provided by both parties (Appendix 5.2-5.3). Training was divided into initial two consecutive days (seven hours contact time per day) and a third follow-up day (seven hours) approximately two months later, in keeping with recommendations of previous research (e.g., Barwick et al., 2012; de Roten et al., 2013) and previous, similar studies (e.g., Fortune et al., 2019; Simper et al., 2017). Following the third day, participants provided a post-training audio recording of a session with an athlete, submitted between one and six months after training completion (dependent on practitioner-athlete consultancy scheduling). Informed consent was provided again by both parties. Post-training assessment provided bespoke, individualised feedback for practitioners on their development in using MI (cf. Miller & Mount, 2011). Time between face-to-face meetings was dictated by participant availability. Workshops were face-to-face, except for one participant on the third day, who requested to engage remotely via video conferencing software, due to journey time and expense of travel, and this was accommodated (Zoom; <https://zoom.us/>). This demonstrates adaptability in response to real-world challenges of delivering bespoke training. To ensure fidelity of the training, all workshop days were delivered by the primary researcher, a member of MINT since 2015 (the international network of MI trainers), and overseen by a member of the supervisory team, a member of

MINT since 2000 who has trained over 3,000 health professionals and practitioners in MI, has co-facilitated the TNT on two occasions, and is a reviewer for TNT applicants.

5.4.4 Workshop content

Content for three workshop days was designed (initial two days with one day follow-up; total contact time approximately 21 hours) based on several sources. Firstly, guidance was sought from the three core textbooks on MI (Miller & Rollnick, 1991, 2002, 2013), material available on the MINT eForum (www.motivationalinterviewing.org) and exercises available in the MINT MI Training New Trainers Manual (MINT, 2014). These recommendations included understanding the underlying spirit of MI; developing the specific skills of reflective listening and OARS; recognising and evoking CT; exchanging information and advice in an MI- adherent manner; integrating MI with other clinical methods with flexibility; and careful consideration of the context and setting (in this case, sport) in which the learners practise. These fundamentals are developed through practice exercises and role plays, analysis of tapes, videos and transcripts, and feedback and demonstrations from the facilitator. Links can be seen here with the previously discussed DPR model of skill acquisition (Bennett-Levy & Thwaites, 2007; Bennett-Levy, 2006). Secondly, workshop content was informed by typical MI Level 1 workshops used at the governing institution (introduction to MI core principles and skills for healthcare practitioners), and by other MINT-affiliated MI trainers known to the supervisory team. Thirdly, content was informed by responses from participants in chapter four (study two), who highlighted a range of aspects of the MI approach deemed to be essential for an introduction to MI for sport workshop series. The workshop included bespoke material specific to sport wherever possible, as per

recommendations in chapter four. Additionally, prior to attendance, participants were invited to complete a short, open-answer online survey, containing questions about their applied practice. The answers to survey questions were used to further shape workshop content, making it as sport-specific and relevant to participants as possible, in keeping with findings in chapter four (study two). Survey questions included '*Which theories and models underpin your applied work?*', '*Generally, what is the nature of the conversations you have with athletes?*' and '*What challenges do you encounter when working with athletes?*'. The final content of the workshop days was discussed and approved within the supervisory team.

5.4.4.1 Day one

Content of the first day of the workshop series included introduction to MI core elements (spirit, microskills, CT, four + processes) and the components which comprise these, with tasks and activities designed to mobilise these principles and skills for participants. Day one also included introduction to the styles of communication continuum (directing, guiding, following), traps to avoid (e.g., expert trap, righting reflex, premature focus trap, question-answer trap) and sharing advice and information in an MI-consistent way (i.e., elicit-provide-elicite), again with activities designed to give participants experience of each of these. This content relates directly to recommendations from participants in study two (see Table 4.4), and had been made specific to sport contexts as per findings of studies one and two.

5.4.2.2 Day two

Content of the second day of the workshop series included introduction to, and practice using, MI tools and strategies (e.g., agenda mapping, decisional

balance, two possible futures, scaling rulers), and introduction to a proposed model for integrating MI with other approaches and interventions, based on findings (see Figure 5.1) from study two. Participants were given extended time to engage in standard MI roleplay exercises from the MINT MI TNT Manual, adapted for sport settings, and specially created roleplays using sample athlete case studies based on reports from sports news media akin to sample or simulated clients described elsewhere (e.g., Miller & Rollnick, 2002; Simper et al., 2017). Such roleplays are similar to action methods (e.g., Moreno & Fox, 1987), including warm-up exercises, role-creation, role-reversal, group-processing and role-training. Further examples and explanations of these can be found in Baile and Blatner (2014, Table 1, p. 221). This creation of sport-specific case studies and adaptations to existing training material begins the process of addressing a key finding from study one - that a complete lack of sport-specific examples and materials presents a barrier to sport psychologists learning and applying MI.

Participants were introduced to MI treatment fidelity and coding (MITI, Moyers et al., 2016; CEMI, Madson et al., 2013), and encouraged to engage in rudimentary coding for learning and feedback purposes during role play exercises. This recommendation was informed by those given in Miller and Rollnick (2013, p. 326-327), which include keeping count of OARS responses, checking ratios of questions to reflections, noting when CT emerges and how it was responded to, and noting examples of MI non-adherent practice such as the righting reflex.

Some material was delivered didactically, but the workshop was deliberately heavy on interactive skills practice, with over 60% of the total time

experiential, through the use of real and role plays in pairs (or threes with observer feedback), video vignettes, pen and paper exercises, group oral exercises and facilitator demonstrations. Bespoke, sport-specific material included video clips from news and social media, and specially created video vignettes commissioned by the governing institution, containing athlete-practitioner performance-related conversations. Athletes who took part in these bespoke video vignettes were provided with information about the purpose of doing so (see Appendix 5.4), and gave consent to take part and for the subsequent videos to be used as part of this study and subsequent MI training workshops (see Appendix 5.5).

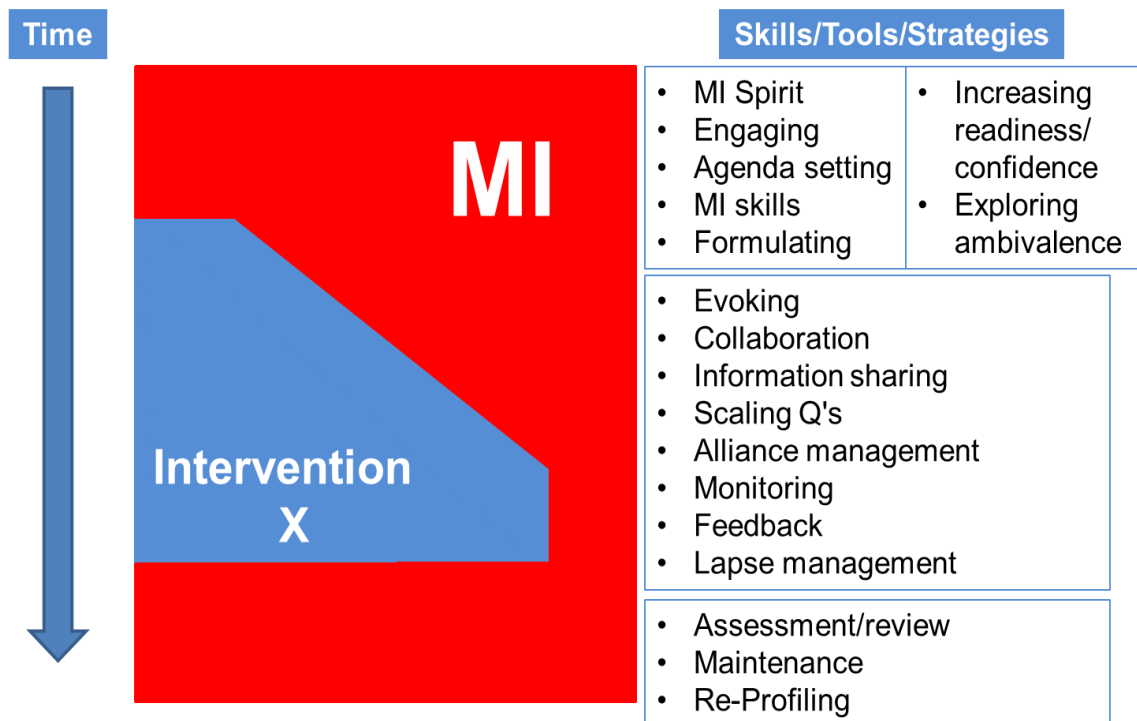


Figure 5.1. First proposed model for integration of MI with other appropriate intervention(s), based on findings of chapter four (study two).

5.4.2.3 Day three

The third workshop day was more iterative in nature, with flexibility to add new content or review previously presented content, based on feedback during and after days one and two, in what might be considered a user-centred design (e.g., Speake et al., 2016). For example, after extended group reflection on applied practice following the initial two days of training, deeper explanation and examples of specific elements (e.g., affirmations) were provided. Some content was pre-determined, for example introducing brief contact MI for sport, a values card exercise, further discussion of integrating MI with interventions in sport, and further engagement in role play exercises with observer coding.

On day three, participants were presented with their own individual coding and written feedback on their pre-training audio recorded consultations, completed by the independent MITI coder. Participants had opportunities to discuss their own feedback individually with the lead trainer if they wished. So as not to publicly display any individual's scores, but in order to facilitate group discussion about pre-training consultations and the coding process, the lead trainer presented the group with amalgamated scores and general feedback points from the coder, labelled 'Team coding'. Participants were able to reflect on their pre-training consultations, learning points from the first two days of MI training, experiences attempting to use MI with athletes in the time between workshops days two and three, and what they hoped to get from workshop day three and beyond. This session presented one of many opportunities for the lead trainer to model MI principles and skills in facilitation of the group debrief.

Following group discussions on day two about a proposed structure for MI integration with other approaches and interventions (Figure 5.1), an updated

version of the proposed model was presented (Figure 5.2, Figure 5.3). This gave rise to further discussion and iterations of a potential model (see section 5.5.3). Day three was similarly heavy on skills practice, using athlete-practitioner role plays to deliver preferred tools and strategies from practice as usual. Participants had been asked to prepare and bring with them elements of their preferred therapies and models to deliver in an MI style (e.g., hot cross bun model from cognitive therapy, Padesky and Mooney (1990); performance profile; transition to and completion of action planning). The purpose of this was to action the participants' own models of MI integration, and create opportunities for them to experiment, in a safe environment, with integrating MI into their usual practice.

Upon completion of the training, participants were given access to all materials used during the three days of contact, and to a folder on an online shared drive hosted by the governing institution (Dropbox; <https://www.dropbox.com>), containing additional informational handouts, worksheets, relevant reading and links to online video materials.

5.4.5 Coding MI behaviours and global scores

Descriptive data analysis for MI pre- and post-training coding was conducted using SPSS IBM (version 24). Based on similar previous research examining pre-and post-training coding (Simper et al., 2017), summary statistics (mean, standard deviation) were calculated for ten specific behaviours, four global ratings and six behaviour count thresholds, as outlined by the MITI 4.2.1 (Moyers et al., 2015; Moyers et al., 2016). This data is presented to demonstrate trends in participant consultation behaviours (Tables 5.2-5.4) and were used with each participant individually to help with their training and

learning during the 3 day programme. In addition to said quantitative data, a summary of MITI coder open written feedback is provided in section 5.5.1. This is data which previous studies (e.g., Fortune et al., 2019; Simper et al., 2017) have not provided.

Social validation has been proposed and implemented as a useful intervention evaluation tool in applied sport psychology (e.g., Slack, Maynard, Butt, & Olusoga, 2015). Social validation procedures can be used to understand participant satisfaction with an intervention, assess the effectiveness of an intervention in conjunction with other measures, and inform future iterations of an intervention or subsequent research (Page & Thelwell, 2013). As such, and in keeping with the primary aims of this study, feedback was gathered from participants following the initial two consecutive days, and the third follow-up day, in the form of an open-ended social validation evaluation (Appendix 5.7). This was to explore participants' views of this MI training programme, and to inform future iterations of this training programme which might be implemented and empirically tested with new groups of practitioners. Specifically, participants were asked to comment on aspects of the training they found most useful, how this training might influence their applied practice with athletes, and ways in which the training could be improved. Feedback was interpreted broadly within previously recommended parameters: a) aims, content and structure of the workshop; b) potential areas for development to further enhance the workshop content and delivery (e.g., Martin, Thompson, & Regehr, 2004; Slack et al., 2015). This feedback is summarised within these parameters in section 5.5.2.

Martin et al. (2004) recommend a third parameter for social validation in sport psychology, which focuses on participants' thoughts on the results

produced by the procedures of the intervention (p. 275). While this was not collected from the participant group as part of social validation (owing to the fact that feedback was collected from the group immediately upon finishing the workshop training days), one participant has maintained periodic, informal contact with the primary researcher for the purposes of providing insight into their use of MI in applied practice, and for 'peer supervision' (e.g., Sharp et al., 2019), specifically regarding use of MI. On completion of this introductory workshop, this participant provided access to their British Association of Sport and Exercise Sciences (BASES) supervised experience practice log, and to a reflective practice diary (e.g., Bennett-Levy, Thwaites, Chaddock, & Davis, 2009; Sutton, Townend, & Wright, 2007) regarding the impact of MI on their practice and professional development, for approximately 12 months. Their ability to do this was enhanced by regularly gaining athletes' permission to audio record consultancy sessions and reviewing these recordings to accurately reflect upon them, something they were introduced to on this workshop. This has been referred to as self-supervision, a specific kind of reflective practice (e.g., Bennett-Levy & Thwaites, 2007). In fact, this participant has progressed through the MI TNT pathway to become an MI trainer. Detailed, descriptive extracts from this participant's practice log and reflective diary are presented verbatim and discussed in section 5.5.4, in the form of a mini case study (e.g., Pitt, Thomas, Lindsay, Hanton, & Bawden, 2020) to provide context for readers and offering them the opportunity for which to form their own views the role of MI in applied practice in sport psychology.

5.4.6 Coding

Audio recordings were coded using the MITI 4.2.1 outlined in Moyers et al. (2016) and Moyers et al., (2015) (Appendix 5.6). Table 5.1 provides a

description of ten behaviour counts and four global ratings as coded in the MITI 4.2.1. The MITI code has been shown to have good (0.60-0.74) to excellent (0.75-1.0) inter-rater reliability across all behaviour counts and all global components, in every combination of paired coders and coded tapes (Moyers et al., 2005; Moyers et al., 2016). This was tested using the intra-class correlation coefficient (ICC; Shrout & Fleiss, 1979), described as a more conservative estimate of inter-rater reliability than Cronbach's alpha and more appropriate for assessing this code (Hallgren, 2012; Moyers et al., 2016). Coding was performed by an external, independent MINT member and trained MITI coder. This coder was taught to code the MITI 3.0 and had updated training for MITI 4.2.1 by Terri Moyers and Denise Ernst, who co-designed the MITI code and this most recent updated version. This coder has also facilitated workshops specifically on the use of MITI, and benefits from peer support from the code's authors.

As recommended by the MITI 4.2.1 manual, the coder used a random number generator to randomly select a 20 minute portion of the audio recordings to code. An issue was raised with the coder prior to commencement of coding, that practitioners were unlikely to be enacting a pure MI session, more likely featuring different approaches, methods and tools separate from, or perhaps in conjunction with MI, and it was conceivable that a randomly selected portion could yield little-to-no deliberate MI practice. Indeed, this issue came to fruition and yielded a problem with two of the ten recordings. Advice was sought from Terri Moyers, lead author of the MITI measure and trainer in its use (personal communication, 12/7/18), who recommended a portion of MI practice from within these sessions be nominated ("pre-cued") for coding, in keeping with previous similar situations in her own research, and so this was done. The

coder employed to code audio recordings for the current study was satisfied with this approach. Participants were given their own MITI coding results from both pre-and post-training coding, to facilitate their learning and enhance their own applied practice.

Table 5.1. *Key to Ten Behaviour Counts and Four Global Ratings Coded in MITI 4.2.1 Used in the Present Study*

Behaviour	Description
Giving Information	Clinician educates or provides feedback without advising or warning
Persuade	Overt attempts to initiate change in the client using logic, argument or facts
Persuade with Permission	Emphasising collaboration or client autonomy while persuading
Question	Open, closed, evocative, fact-finding questions
Simple Reflection	Clinician repetition or re-iteration of the client's own words, adding little to no meaning
Complex Reflection	Clinician response to a client statement which extends the meaning of the client's own words, usually regarding content or emotion
Affirm	Clinician statement which highlights client strength, effort or worth
Seeking Collaboration	Clinician overtly attempts to acknowledge client's expertise and collaborate on tasks, goals, agenda
Emphasising Autonomy	Clinician statements which emphasise the client's ultimate responsibility for initiating change, highlight the client's personal control and ability to change
Confront	Clinician directly argues with, shames, blames, or criticises the client
Global ratings	Description
Cultivating Change Talk (Technical)	Clinician elicits the client's own arguments for change
Softening Sustain Talk (Technical)	Clinician avoids focusing on the arguments against change, or arguments for maintaining the current state
Partnership (Relational)	Clinician acknowledges that expertise about change largely resides within the client; clinician acts as though they are equal partners in the consultation
Empathy (Relational)	Clinician understands or attempts to understand the client's perspective and experience

Adapted from Moyers et al. (2015) and Simper et al. (2017). Behaviour counts are scored with a frequency tally; global ratings are scored on a Likert scale from 1-5, where '1 = a little' and '5 = a lot'.

5.4.7 Data protection and storage

In keeping with Sheffield Hallam University's guidelines for researchers on general data protection regulation (GDPR) and data storage guidelines, digital participant data was stored on a laptop which had two forms of security; firstly, a removable security key, without which the laptop would not function; and secondly, the laptop was password protected. Digital data was also occasionally stored on a private, university-managed online drive which was password protected. Any hard copies pertaining to participant data were stored in a locked filing cabinet, in an office which had two security checkpoints (electronic PIN protected doors at the building entrance and the office entrance) accessible only to those with security clearance to attend the building. All participant data was anonymised using initials or a unique participant identification code. No participant data was shared outside the supervisory team.

5.5 Results

5.5.1 Pre- and post-training MITI coding

While the focus of the study was to better understand their perceptions of the training and MI in their context, the quantitative aspects of the MITI are presented as a segue to form a protocol of its application here and in future research (to demonstrate trend data). Observing the mean scores pre- and post-training indicates a shift in the desired direction at the point of follow-up for eight of ten practitioner MI behaviours (Table 5.2). Observing the mean scores pre- and post-training on all four global components of MI also indicates a shift in the desired direction at follow-up (Table 5.3). Table 5.4 contains measures of basic competence and proficiency in MI, according to MITI 4.2.1. Percentages and ratios have been converted to decimals for analysis. Once again, trends in

mean differences pre- and post-training indicate improvement in the desired direction on all six behaviour count thresholds. 95% confidence intervals have been provided for both pre- and post-training data. As the population standard deviation is unknown due to working with a sample, standard error was calculated using the sample standard deviation. As the sample size is less than 30, confidence intervals were calculated using the appropriate t-value from the Student's t-test table instead of a Z score. The appropriate t-value is based on degrees of freedom (df; $n-1$), as a reflection of the sample size (LaMorte, 2021). Negative confidence intervals have been replaced with a zero, which is standard practice for impossible values of a known parameter; this does not reduce the confidence level of the confidence interval (Stark, 2019). While statistical significance has not been tested due to the small sample size ($n=5$), trends in group data from MITI coding indicate that progress has been made across all areas of MI competence and fidelity following this three day MI for sport training programme.

1 Table 5.2. *Baseline (Pre-Training) and Follow-Up (Post-Training) Mean Scores for MI Behaviour Counts from MITI 4.2.1*

MI-related behaviours	Desired direction	Baseline mean (SD)	Baseline 95% CI (upper, lower)	Follow-up mean (SD)	Follow-up 95% CI (upper, lower)
Giving Information	-	2.8 (2.95)	6.46, 0.00	0.6 (1.34)	2.26, 0.00
Persuade	-	1.4 (0.89)	2.5, 0.3	0.00 (0.00)	0.00, 0.00
Persuade with Permission	+	0.4 (0.55)	1.08, 0.00	0.2 (0.45)	0.76, 0.00
Question	-	28 (19.89)	52.69, 3.31	17.8 (9.01)	28.99, 6.61
Simple Reflection	+	14 (12.15)	29.08, 0.00	16.6 (10.38)	29.49, 3.71
Complex Reflection	+	1.6 (1.14)	3.02, 0.18	8.6 (7.16)	17.49, 0.00
Affirm	+	0.4 (0.55)	1.08, 0.00	0.8 (1.1)	2.17, 0.00
Seeking Collaboration	+	1.00 (1.41)	2.75, 0.00	0.6 (0.89)	1.7, 0.00
Emphasising Autonomy	+	0.4 (0.89)	1.5, 0.00	0.8 (0.84)	1.84, 0.00
Confront	-	0.00 (0.00)	0.00, 0.00	0.00 (0.00)	0.00, 0.00

2

3 Table 5.3. *Baseline (Pre-Training) and Follow-Up (Post-Training) Mean Scores for Global (Technical, Relational) MI Components from MITI 4.2.1*

Global components of MI	Desired direction	Baseline mean (SD)	Baseline 95% CI (upper, lower)	Follow-up mean (SD)	Follow-up 95% CI (upper, lower)
Cultivating Change Talk (technical)	+	1.8 (0.84)	2.84, 0.76	2.8 (0.84)	3.84, 1.76
Softening Sustain Talk (technical)	+	2.0 (0.81)	3.01, 0.99	3.0 (0.00)	3.0, 3.0
Partnership (relational)	+	2.4 (0.55)	3.08, 1.72	3.4 (0.55)	4.08, 2.72
Empathy (relational)	+	2.0 (0.00)	2.0, 2.0	3.6 (0.89)	4.7, 2.5

4

5 Table 5.4. *Baseline (Pre-Training) and Follow-Up (Post-Training) Mean Scores for Behaviour Count Thresholds*

Behaviours	Desired direction	Fair proficiency (MITI 4.2.1)	Good proficiency (MITI 4.2.1)	Baseline mean (SD)	Baseline 95% CI (upper, lower)	Follow-up mean (SD)	Follow-up 95% CI (upper, lower)
Relational mean	+	4	5	2.3 (0.45)	2.86, 1.74	3.5 (0.5)	4.12, 2.88
Technical mean	+	3	4	1.93 (0.65)	2.74, 1.12	2.88 (0.48)	3.48, 2.28
% Complex Reflections	+	0.4	0.5	0.15 (0.2)	0.4, 0.00	0.31 (0.19)	0.55, 0.07
Reflections: Questions	+	1	2	0.97 (1.15)	2.4, 0.00	1.84 (0.82)	2.86, 0.82
Total MI adherent behaviours	+	-	-	1.8 (2.68)	5.13, 0.00	2.2 (1.48)	4.04, 0.36
Total MI non-adherent behaviours	-	-	-	1.2 (1.1)	2.57, 0.00	0.00 (0.00)	0.00, 0.00

6

7 In addition to quantitative data collected in the MITI code, written feedback for
8 each participant was also provided by the coder to the trainee. Pre- and post-
9 training feedback is reflective of the results seen in Tables 5.2-5.4, but is more
10 descriptive and offers specific guidance and examples for participants as part of
11 a coaching regimen. Pre-training feedback noted a heavy reliance on
12 questioning compared with reflections, and reflections offered were primarily
13 simple reflections. Participants were described as showing great curiosity in
14 their athletes, and asking questions which evoked CT, but CT in general was
15 not recognised and responded to by participants. Several of the conversations
16 were described as directionless or lacking clarity on the focus of the
17 conversation or the target behaviour change for the session. There was also an
18 apparent over-reliance on forms/models to be completed, which were described
19 as feeling randomly dropped into the session, and a premature shift towards
20 planning next steps accompanied by practitioner persuasion. The coder did
21 highlight some instances of MI-adherent behaviours, such as emphasising
22 autonomy and seeking collaboration.

23 Conversely, post-training feedback was characterised by good use of
24 complex reflections which were acknowledged by the client, good overall
25 demonstration of empathy, and increased references to affirmations offered by
26 participants compared to pre-training. Still, the coder highlighted repeated
27 examples of missed opportunities for complex reflections to deepen the
28 understanding of the athletes' meaning, and affirmations. Scaling questions
29 were used to frame discussion, and there were several references to open
30 questions which evoked CT from the athlete. Some CT was responded to by
31 participants, but some opportunities for this were still missed. There were
32 several examples of summaries cited, sometimes followed by key open

33 questions to give the conversation direction, and sometimes not. The coder
34 noted some instances of ST being elicited by focusing on the negative aspects
35 of the athlete's current situation, some maintained reliance on asking questions,
36 sometimes 'stacked' questions (numerous questions in the same volley of
37 speech leading to confusion as to which question to answer) and continued
38 premature focus on planning in response to early athlete CT. As in the pre-
39 training feedback, there were notes of a lack of clarity of the focus of the
40 session, and missed opportunities to direct the conversation towards change.
41 Overall, post-training written feedback corroborates trend data from the MITI
42 coding - a higher degree of MI adherent, athlete-centred practice post-training
43 (as indicated by trends in both MI behaviour counts and MI global components;
44 Tables 5.2 and 5.3), with opportunities for specific behaviours still being missed,
45 and areas for future consideration (as indicated by post-training behaviour count
46 means, compared with 'fair' and 'proficient' MI practice; Table 5.4). This data is
47 a valuable guide for future workforce development and aligns with the pathway
48 provided by MINT for those wishing to join the TNT programme.

49 **5.5.2 Social validation**

50 Social validation was collected in accordance with the content, aims,
51 methods and structure of the workshop, and areas for future development of MI
52 training for applied sport psychology (e.g., Martin et al., 2004) and was
53 designed in keeping with previous similar research (e.g., Slack et al., 2015).

54 **5.5.2.1 Feedback on aims, content and structure of the workshops**

55 Aspects of the workshop identified as most useful centred generally on
56 the core components of MI. These included recognising CT and the DARN-CAT
57 acronym for identifying it, the four + processes model for structuring an MI

58 intervention, and the microskills (e.g., specific types of question, affirmations,
59 complex reflections). Auxiliary components such as specific tools of MI (e.g.
60 elicit-provide-elicit) and the value and importance of affirming rather than
61 praising were also cited. Participants acknowledged the benefit of the variety of
62 practical tasks (e.g., videos, role plays, group discussion) to practice different
63 MI skills, and the value of coding role plays during the workshop. The benefits
64 of having the follow-up third day to refresh and reflect, and access to the shared
65 drive of additional resources were also noted. With regard to things participants
66 felt they would do differently following the workshop series, these included
67 being conscious of reflecting more and questioning less, adopting the elicit-
68 provide-elicit structure for gaining permission to share information with athletes,
69 having a greater awareness of the microskills and CT, and generally attempting
70 to use MI to underpin their communication and relationships with athletes. One
71 participant stated that this workshop series had caused them to question their
72 fidelity of practice in general, while another stated they would audio record more
73 of their consultancy sessions going forward for the purposes of reflection,
74 gaining feedback and learning.

75 In an open answer section of the evaluation, participants noted the value
76 of reflective conversations with the other attendees, recognised that MI had
77 been modelled by the facilitator to underpin the delivery of the workshop, and
78 described this workshop series as the most valuable and practice-enhancing
79 they had attended to date.

80 **5.5.2.2 Feedback on areas for workshop development**

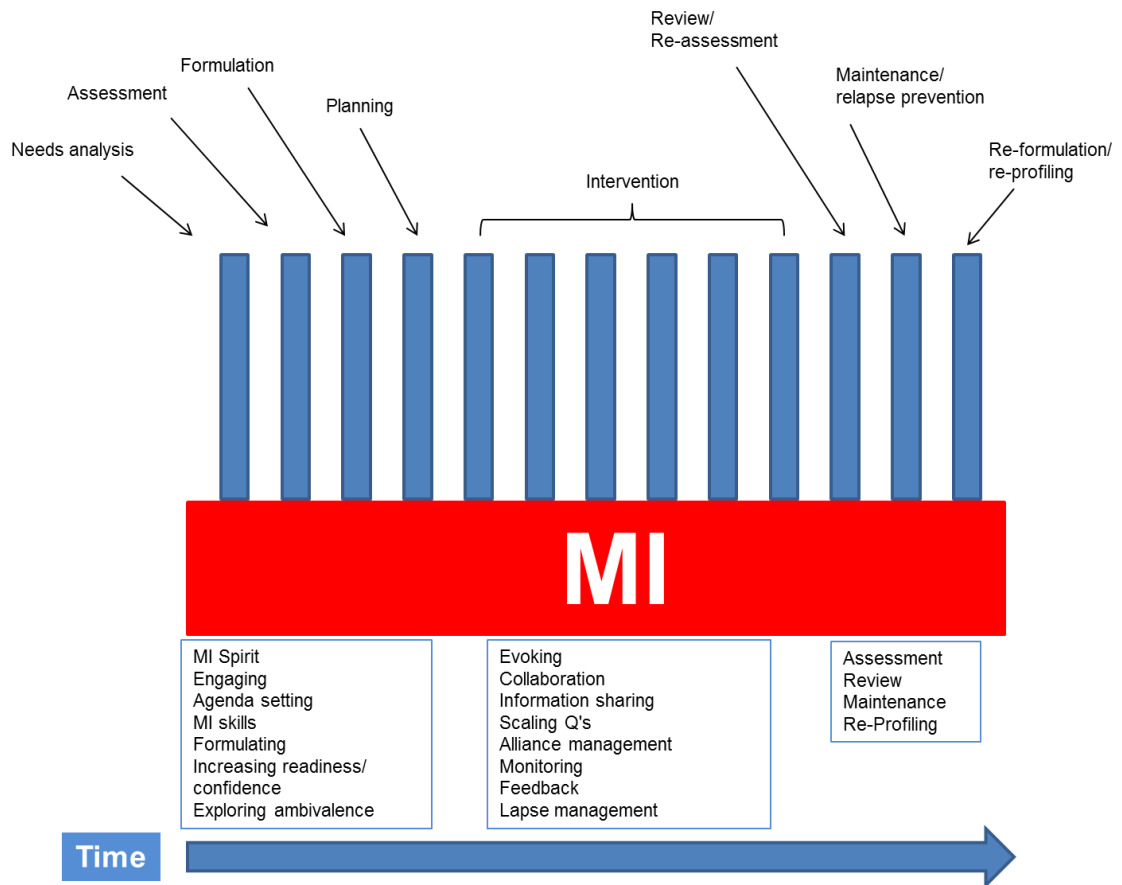
81 Participants provided a variety of ways in which they felt the workshop
82 series could be enhanced. In terms of content, requests included more

83 guidance on eliciting and reinforcing CT, more exploration on how MI fits with
84 current theoretical frameworks, an infographic capturing the MI approach as a
85 whole, and a short handbook of key concepts. Regarding methods of the
86 workshop, participants requested more skills practice, repeated role plays to
87 correct missed opportunities, more opportunities for feedback, more skills
88 demonstrations from the facilitator, and examples of gold standard use of MI.
89 Interestingly, it was discussed that these examples would not have to be sport-
90 specific, as the skills and principles could be extrapolated regardless of context.
91 This is in contrast to a key finding from study two - that MI training materials had
92 to be adapted to be sport-specific (Table 4.4). On the pragmatics of running the
93 workshop series, participants suggested a larger group size, and stated the
94 importance of the third follow-up day, requesting less time between the initial
95 two days and the third day.

96 **5.5.3. Proposed models of MI integration**

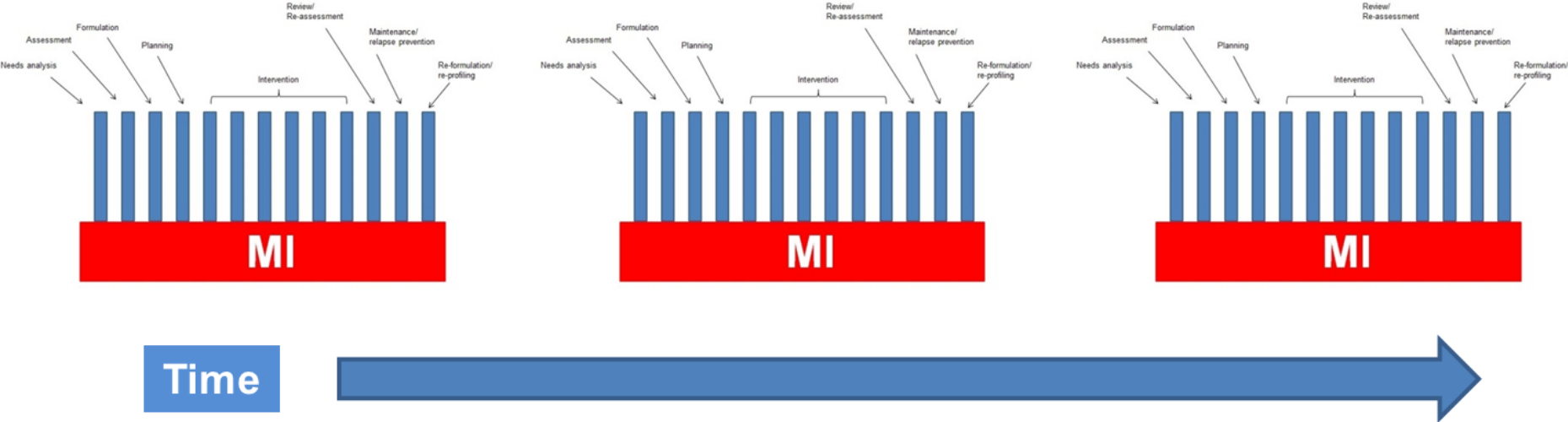
97 A user-centred group discussion was facilitated on both the second and
98 third days to discuss different ways in which the integration of MI with other
99 approaches or interventions in sport psychology might be conceptualised in the
100 form of a model. This was because several different options regarding MI
101 integration in sport were outlined by participants in chapter four (study two).
102 Based on these findings, Figure 5.1 was presented on day two, and group
103 discussion led to the emergence of Figure 5.2 and Figure 5.3, which were
104 deemed by participants to better capture their applied practice. Figure 5.2
105 depicts various phases of the consultancy relationship and intervention process
106 (cf. Keegan, 2016), underpinned by different, relevant aspects of the MI
107 approach. Figure 5.3 suggests the repetition of the model from Figure 5.2, said

108 to represent the nature of long-term support of an athlete, through assessment,
109 formulation, intervention, review, maintenance, re-formulation (Keegan, 2016).



110

111 *Figure 5.2. Second proposed model for integration of MI with other appropriate intervention(s),*
 112 *based on participant feedback on Figure 5.1*



114 *Figure 5.3. Third proposed model for integrating MI with other appropriate intervention(s).*

These models were presented again on day three, after a period of participants attempting to integrate MI with their applied practice, and were further discussed and scrutinised. Participants again decided these were not accurate, with two additional iterations emerging (Figure 5.4, Figure 5.5). Figure 5.4 emerged from discussion that Figure 5.3 was too structured and prescriptive, and was thought to capture the cyclical nature of ongoing support more accurately. Finally, Figure 5.5, which was referred to as the 'fried egg', was discussed as a model for capturing the essence of a specific intervention (e.g., the GABCDE model from REBT, used for identifying initiating events, rational or irrational beliefs and consequences of these beliefs; Turner et al., 2020) underpinned by core and auxiliary elements of MI. This model is now published regarding an MI-REBT integration for performance enhancement with an elite athlete (Wood et al., 2020). Consensus was not reached on these models within the group.

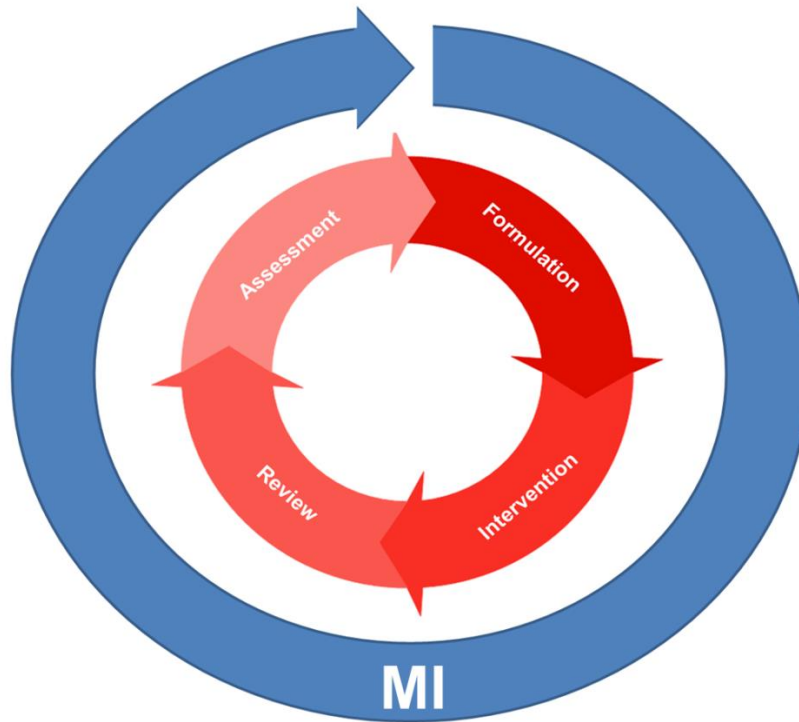


Figure 5.4. Fourth proposed model for integrating MI with other appropriate intervention(s)

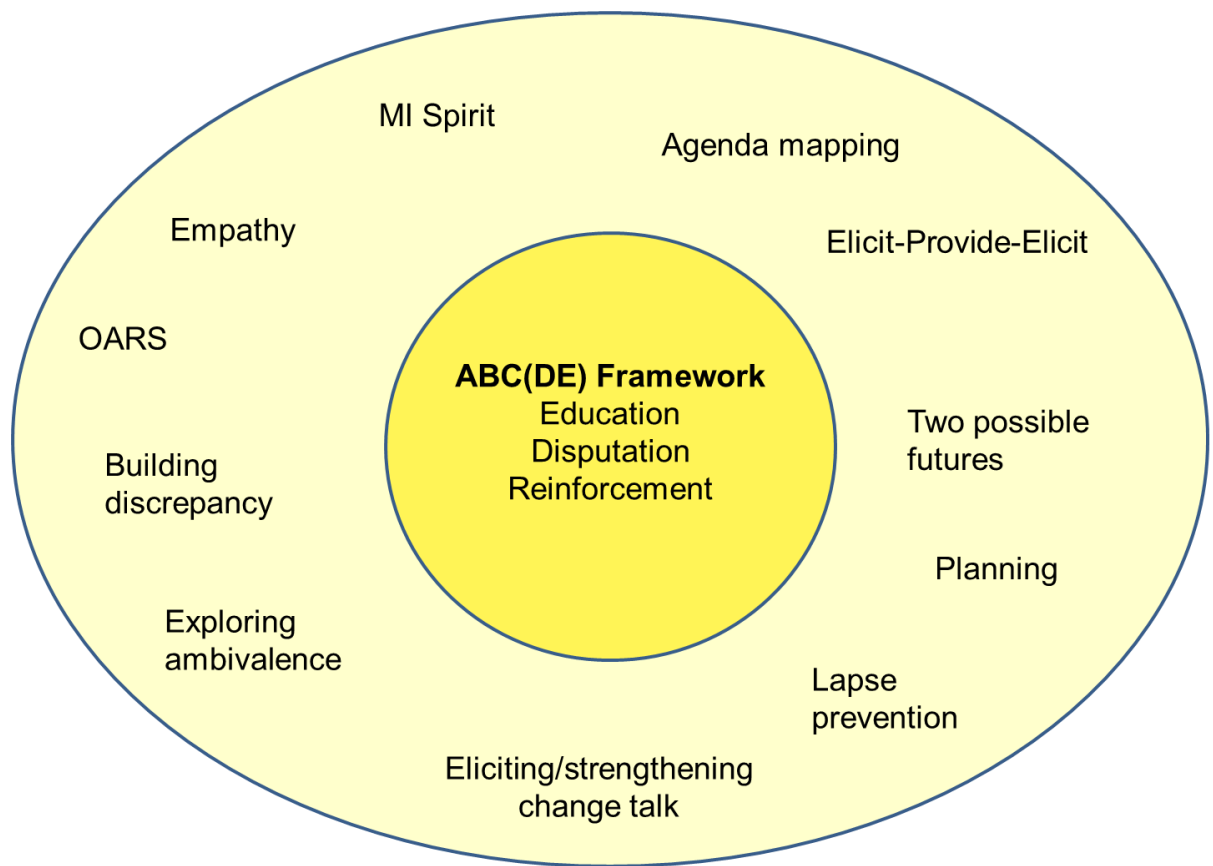


Figure 5.5. The fifth proposed model (the "fried egg") for integrating MI with other appropriate intervention(s), capturing specific elements of both approaches. From Wood et al. (2020).

5.5.4 Practice log and reflective diary extracts

One participant provided extracts from their supervised practice logs and a reflective diary, specifically related to their use of MI. Relevant verbatim extracts from these sources are included (with permission) presently. These have been shared in full, in the participant's own voice deliberately, in keeping with the pragmatic principles of transferability and extrapolation (described in section 2.6.1). By sharing the participant's reflections in full, the reader can determine the extent to which these reflections have relevance and meaning for their own practice (e.g., Smaling, 2003), while meaning will be extrapolated by the researcher in the discussion which follows (section 5.6).

The following quotations indicate when the practitioner felt they were being MI-adherent, and this was having a positive impact on the session or desired outcomes of consultancy:

16/7/17. This interaction felt wonderful. I didn't record it for the study [the current study of MI in sport psychology] but it was a great example of an athlete sitting on the fence about using a clinical referral service. The newly found awareness of creating discrepancy along with an underpinning of equipoise allowed me to discuss the pros and cons of going vs. not going, in such a way that I could justify my not being concerned with the outcome of the decision... I was surprised when the PD (Performance Director) contacted me to say [athlete] has decided to go to the clinical referral. The PD has expressed a degree of amazement at how much [athlete] has changed in [their] decision.

26/7/17. Upon listening to this person describe her side of the story I realised that the political aspect of my role as director would require good communication skills. I recorded this interview for my own purposes and listened to it. Throughout the process I can be heard asking many questions for clarification of the process and also using affirmations to build the relationship with her. I found the use of the MI EOARS skills really beneficial as this phone call required me to essentially understand her issue but also understand the limits of her understanding. I believe the awareness of how I communicate was very heightened due to the MI training.

31/8/17. If you are in an environment where interactions are critical then MI is your first tool. I feel much more grounded and competent as to my approach with MI, but more importantly I can focus on the controllables of what I bring to the situation, not just the situation.

20/9/17. Just literally out of a session with [athlete] and it was amazing from the point of view of realizing that when I take the time to try and base myself off an MI background, my structure and my ability to deal with difficult situations becomes much easier, because I'm less invested in the outcome and more invested in doing my process. I just had a really good session with [athlete] and it was because half way through I realised 'I should be recording this' and stuck on the microphone and that got me into the focus of 'I'm actually being assessed here from an MI point of view'.

27/10/17. I feel as if my experience with MI is useful in two main areas - difficult situations and new situations. It grounds me. I think maybe once I am no longer in these situations I tend to drift back to my old style of consulting. As such I would say I am not proficient yet but I am much more capable with MI than I have been and more so in difficult situations or new ones.

3/5/18. I feel it [MI] is enhancing my ability to find positives in a situation but more so in examples like this session where I feel as if I've done a bad job I actually know why I have done a bad job, and consequently how I can do better. If I didn't have the framework of MI then I would be somewhat lost at a technical and tactical level... MI is like the paddles on the raft that allow me the skills to manoeuvre in difficult conversations. I feel as if the layered approach of technical skills, strategy, the spirit, gives me a holistic understanding of how to operate and is indeed transferable to many situations. It's the basics of good communication.

8/5/18. Motivational interviewing is giving me the evidence base to critique coaching interactions in a very precise way... The MI categorisation of interactions is so much more precise and defined. It allows me to see interactions in a higher resolution in real time. This is because of the tools MI has given me, therefore this not only allows me to reflect on my communication but also to reflect the impact of other people's communications and how that can be improved within the coaching structure.

9/5/18. I came out of the session feeling brilliant, feeling I landed some really big affirmations, I felt as if I really got somewhere by the end of the session... I really resisted giving praise and guidance and had great affirmations but I also tried to get him to seek out his own affirmations and have those in the conversation by asking questions like "What does that say that is good about you?" Thinking about it now, having an athlete create their own affirmation, letting them unpack that should I imagine be theoretically even more impactful than me telling an affirmation... I did ask for feedback afterwards and they said I really

listened and was really caring. Later on, he texted me saying how that was one of the best sessions that he had had with me since I'd been on programme.

11/5/18. I asked questions that elicited affirmations and highlighted competency. For example, "How have you become so good making decisions?" was asked after the athlete proclaimed they had been making some good decisions. I really just became very curious as to how the athlete was, and made some open curious questions... the athlete later commented that this was one of the best sessions I have ever done with them. I feel as if this was only possible because having an MI approach gives me a technical focus of how to reflect and ask open questions... two recent sessions caused athletes two days later to send me a message about how good the session was. By the athletes' admission I am better than I was at any point over the last 3 years, but similarly I feel much more competent than I have been.

22/7/18. MI is changing my practice because it increases the amount of attention I pay to my own processes during the session. I have a much higher degree of metacognition and self-awareness when thinking through an MI lens... Whenever I have an MI perspective I am much more aware of how my questioning might affect the relationship, and trying to read that is valuable. MI makes me calm during sessions and makes me less concerned about how much I can help create a change in sessions, but instead allows me to be more concerned about how I operate during session.

This participant also provided a few examples of when they reflected that they were struggling to be MI-adherent and needed further practice, information or guidance. This is captured in the following:

8/5/18. I find it difficult to know how consistent I have been with MI, it would be great if I could be coded live for instant feedback. I suppose I am at the stage of novice and still don't yet trust my performance to established skill and am cognitively fumbling through.

9/5/18. [on a group session with five athletes] From an MI point of view, I definitely wasn't MI consistent. I don't think I delivered a single affirmation, in addition to this there were often multiple conversations going on at any single time. I found it very difficult to manage the dynamics. I gave praise saying "good" a number of times when people offered insights... I maybe didn't use EPE because I find that difficult in a group situation saying "can I give you this information"... I think on reflection the whole session could have been better if I had reflected when I got answers from them... I could have done more with each answer that was given in terms of reflection and affirmation.

This participant has confirmed they have begun to periodically use CEMI to gain athletes' perspectives on practitioner use of MI in-session, and to help gauge the strength of their professional relationships. It was confirmed in a personal communication with Michael Madson (8/5/17) that the CEMI was designed to be broad enough to use across multiple setting where MI was being applied, which would include sport, after making some changes to the language of the inventory (e.g., change "counsellor" to "sport psychologist" or other appropriate interventionist title). Finally, this participant progressed through intermediate and advanced MI workshops, and became a MINT-affiliated MI trainer by completing the annual TNT conference in 2020.

5.6 Discussion

The purpose of the current study was to design, implement and evaluate an introductory MI workshop series with a group of early career sport and exercise psychologists, to begin the process of formally introducing MI to the sport and exercise psychology career training pathway. Pre- and post-MI training audio-recorded consultancy sessions were submitted for coding for MI adherence, and to enhance participant learning and development. Mean scores for ten different practitioner behaviours were calculated pre- and post-training in MI, and data trends show a shift in the desired direction in eight of these ten behaviours post-training (increases in simple and complex reflections, affirmations and emphasising athlete autonomy; decreases in giving information, persuading and questioning; zero instances of confronting maintained; see Table 5.2). These findings demonstrate increased fidelity to an MI adherent style of practice.

There was a shift in the desired direction on all four global ratings, increases in cultivating CT and softening ST (technical) and partnership and empathy (relational; see Table 5.3). These global ratings take into account MI adherent and non-adherent behaviours to give an overall impression of the degree to which a practitioner is being faithful to the MI approach. The global component partnership indicates that practitioners encourage power sharing in the interaction such that the client's input and suggestions have a significant, positive impact on the session. The global component empathy indicates that the practitioner's deep understanding of the client's perspective is evident (Moyers et al., 2015). Increases on these relational measures are clearly linked to the importance of the relationship in applied sport psychology which has been highlighted previously (e.g., Andersen, 2006; Owen, 2010; Petitpas et al., 1999).

Table 5.4 contains measures of basic clinician competence and proficiency in MI, according to MITI 4.2.1. Moyers et al. (2015) indicate that these measures are currently based upon expert opinion, without normative or validity data supporting them, and should not be presented without other data from MITI 4.2.1. These measures may still present a useful guide for participants' self-reflection and professional development towards MI adherent practice, and so have been included in this study. Once again, observation of changes in mean differences pre- and post-training indicates a trend of improvement in the desired direction on all behaviour count thresholds, towards increased competence and proficiency in MI adherent application (Table 5.4).

The desired shifts in behaviour detected by quantitative results are reflected in the post-training qualitative feedback given by the coder, who stated

increased use of microskills such as directive open questions, complex reflection, affirmations and summaries, increased responsiveness to athlete CT, and improved session structure and direction. The shortfall of 'fair' MI-proficient practice found in the results is also reflected by the coder, who highlighted that participants continued to miss opportunities for complex reflections and affirmations, continued to not respond to instances of athlete CT, continued to elicit ST from athletes, and continued to lose focus on the target of the conversation. Taken together, these results indicate that a more MI adherent way of practising has been adopted by these participants, but there is still room for improvement regarding reflections, affirmations and change talk. Scope for further skill acquisition and competence enhancement is to be expected following a three day introductory workshop series, and demonstrates that further training and ongoing support is required.

In addition to pre- and post-training measures of fidelity to the MI approach, feedback obtained from participants immediately following these training days indicates a valuable experience was had by all, with numerous suggestions for elements which will be taken and embedded into applied practice, and ways in which MI may enhance practice (section 5.5.2). These centred on core and auxiliary elements of MI, including the OARS microskills, a heightened awareness of athlete CT, the four + processes structure of support, the elicit-provide-elicited tool for information exchange, and the need to affirm rather than praise. These findings are crucial for the primary aim of this study. Participant feedback largely reflects the findings and recommendations of participants in chapter four (study two), who indicated ways in which MI enhances their professional relationships and communication with athletes, and who offered guidance on the essential elements of an introductory workshop

series on MI in sport. Auxiliary components of the MI approach not mentioned in participant feedback, which were nominated as essential ingredients in chapter four (study two), include equipoise, the expert trap and its inherent righting reflex. Nevertheless, equipoise was subsequently discussed in participant reflective practice (section 5.5.4).

In beginning to explore sport-specific adaptations of MI for sport psychology, participants in the current study discussed several iterations of potential models for how MI might integrate with other approaches and interventions being used in sport psychology (section 5.5.3). Interestingly, the top and tail model (Figure 5.1) derived from participant responses in chapter four (study two), which mirrors one of the three methods of MI integration outlined by Miller and Rollnick (2002; 2004), was roundly rejected by participants. A model similar to that proposed by Keegan (2016; see also Keegan, Schinke, Chirban, Durand-Bush, & Cotterill, 2017, p. 89) regarding the consultancy process and underpinning tasks was also discussed, and rejected (Figure 5.2). Other suggested models which are arguably less prescriptive with a higher degree of flexibility (Figure 5.4, Figure 5.5) may represent the utilitarian approach described by participants in chapter four (study two). This may indicate differences in the context of sport psychology from other domains where MI is typically being applied. It is noted that consensus on this subject was not reached by participants, and therefore further research on this is required, likely athlete-practitioner case studies or action research (an iterative process for researchers and practitioners immersed within a setting to intervene, identify problems, solve problems and learn reflectively and update theories; Avison, Lau, Myers, & Nielsen, 1999). Nevertheless, the value of these initial discussions for advancing the practice of MI in sport settings should not be

underestimated. Recently there has been a call for a bridging of the research-practice gap in applied sport psychology, and one suggested strategy for this is to actively investigate the processes, assumptions and mechanisms of applied practice (Keegan, Cotterill, Woolway, Appaneal, & Hutter, 2017). The discussions between participants in the current study to develop models of MI integration which reflect their applied practice are an example of an attempt to close this gap. Another explanation for the lack of consensus might be that discussion on these models occurred during training and with minimal time to implement this way of working during professional practice. An extended period of application, reflection and subsequent group discussion may yield different results.

Previous sport psychology literature has advocated the use of single case studies for demonstrating practitioner effectiveness and understanding intervention mechanisms (e.g., Barker, Mellalieu, McCarthy, Jones, & Moran, 2013; Cotterill, Weston, & Breslin, 2016), The value of practitioner reflective diaries and self-supervision using recordings of sessions for professional development has also been repeatedly stated (e.g., Bennett-Levy et al., 2009; Bennett-Levy & Thwaites, 2007; Sutton et al., 2007). The mini case study (Pitt, Thomas, Lindsay, Hanton, & Bawden, 2020) provided by one participant from their supervised practice log entries and reflective diary entries related to use of MI in their applied practice (section 5.5.4) was gathered to supplement and complement the other data collected as part of this study, to demonstrate a fuller picture of the impact of this MI workshop series. These practitioner reflections capture previously identified essential ingredients of single case studies, namely a demonstration of the reciprocal process between theory and practice, the very act of practitioner reflexivity on aspects of practice which did

and did not work, and consideration of how these learnings may enhance future consultancy (Cotterill, Schinke, & Thelwell, 2016). The provision of this information, and the participant's engagement in peer supervision with the primary researcher (e.g., Sharp et al., 2019) represents a willingness to share and receive feedback which has not only been cited as something which sport and exercise psychologists are historically reluctant to engage in (Cotterill et al., 2016), but also something which has been argued as missing from psychological practice in general (Miller & Moyers, 2017).

As can be seen from these descriptive quotations, this member of the study sample has gained not only confidence and a sense of competence in using MI specifically, but a broader feeling of confidence and competence in their ability to form relationships, communicate, and be impactful with athletes, and to navigate new and challenging consultancy situations. The participant describes the utility of newly learned concepts such as developing discrepancy and maintaining equipoise (Miller & Rollnick, 2013) to assist an athlete with making a difficult decision, without pressuring the athlete and without assuming personal responsibility for the athlete's decision. This appears to have been a pivotal discussion for the participant, the athlete, and the athlete's performance director. The participant has reflected that having an awareness of specific MI communication skills and strategies has enabled them to better understand athlete concerns, to focus on what is critical in challenging moments which arise in the sport environment, and to focus less on a desired outcome of the interaction and more on the processes of the interaction. This is in keeping with findings from study two, where participants described MI as 'home base', and your first strategy in engaging with an athlete. These skills may be particularly valuable in brief contact or high pressure moments which arise in sport (Pitt et

al., 2015). The participant reflects that they feel more grounded in theory and more evidence-based by having such a detailed model underpin their applied work, and they can identify when they are being faithful to it, and when they are not. This has been noted as crucial for trainee sport and exercise psychologists as they learn different therapeutic modalities and develop their professional philosophies (Cecil & Barke, 2016; Cunliffe, 2016).

On occasions when this participant has reflected that they were struggling to be MI adherent, they are demonstrating an understanding of what adherence looks like, and are clearly striving for it, if not achieving it all the time. The training in MI has made this a conscious process for this participant, and similar to learning any new skill, there will be times when attempts are unsuccessful or ineffective. But, the participant is being cognisant of this. Having knowledge of the MI framework, and being able to 'self-code' their work, is helping the participant to figure out where they might have gone wrong, and what they might do differently in future.

In one extract, the participants reflects on failing to satisfactorily facilitate a group session with a team of athletes, specifically regarding reflections and affirmations. What is missing here, which was not part of this introductory MI workshop, are two skills known to be effective in MI-based group therapy, namely reflections which link themes between group members, and global affirmations of the group (Wagner & Ingersoll, 2012). It was suggested in chapter four (study two) that early work for trainee and neophyte practitioners often constitutes group-based work such as psychoeducation seminars, and so having the skills to facilitate such groups from the outset seems imperative. To that end, skills like reflection of themes and global affirmations from the MI in

therapeutic groups literature could potentially be included in future trainings to fill this gap.

These reflections, shared in the participant's own voice, represent the real world of sport psychology practice for this individual, closing the gap between the theory and techniques they were introduced to as part of their training, and how these translate into having conversations with different athletes on a variety of different subjects (cf. Keegan et al., 2017). In this way, this contributes to furthering the discussion of the application and value of MI in sport psychology.

A shift in MI adherent behaviour has been recorded in the current study, and this is likely for several reasons. The aims, content and structure of the workshop series were designed based on existing literature, current workshop material, recommendations in chapter four (study two) from proficient MI trainers and practitioners working in sport settings, and feedback from participants on these workshop days. This material was as sport-specific and up-to-date as it could be. Nevertheless, as was suggested in feedback from participants, there may have been too much time between the initial two days of contact and the third follow-up day, meaning there may have been some degradation of learning with follow-up training not coming soon enough. The time between workshop days was subject to participant availability. Skill decay in the months following training has been noted elsewhere (e.g., Fortune et al., 2019; Moyers et al., 2008). Additionally, there was likely too much time between the follow-up day of training and the submission of post-training audio-recorded sessions (for one participant, this gap was six months, despite numerous requests and reminders from the primary researcher during this time). This was

likely compounded by a lack of follow-up or additional support over these six months, which was not factored into the design of the current study. Submission of these recordings was subject to each participant's client roster, and their ability to gain permission to record and share sessions for the purposes of this study. The researcher was therefore very much at the mercy of the participants and their athletes. In these ways, this study differed significantly from previous similar studies (e.g., Fortune et al., 2019; Simper et al., 2017). In these studies, researchers had access to a relatively large pool of participants (university students) who were a 'captive audience', with regular contact time through attendance at university. Additionally, these students were required to complete extended periods of time in situ at compulsory work placements, which included significant practitioner-client contact time for skills practice and opportunities to record consultancy sessions.

5.6.1 Implications for applied practice

As was suggested by participants in chapter four (study two) and verified in the current study, the core components of MI appear to have significant relevance for applied psychology work with athletes. These include the relational principles (e.g., working collaboratively with athletes, attempts to be empathic), technical communication skills (e.g., enhancing specific reflective listening skills), and sensitivity to the psycholinguistics of change (responding to CT and ST), alongside auxiliary components such as certain specific tools and traps to avoid. Engaging with a counselling method such as MI may begin to answer the calls of numerous previous researchers for applied sport psychology to learn from counselling psychology, regarding therapeutic alliance development, interpersonal communication, and athlete readiness for behavioural change.

5.6.2 Implications for future training on MI in sport psychology

Concurrence has been found with previous guidelines and recommendations of chapter four (study two) in terms of essential ingredients for an introductory workshop series on MI in sport. Participants requested some specific materials, such as an MI infographic and short handbook which could be designed, as well as further guidance on recognising, eliciting and strengthening athlete CT. This request is reflected in the coder post-training feedback regarding continued missed opportunities to respond to CT. This either indicates a lack of recognition of CT, or recognising it but not being sure how to respond to it once it has been heard and this is a clear recommendation for future training. Strong support has been shown in the participants' feedback for the variety of methods and tasks used within the workshop series to expose participants to different aspects of the MI approach and give them a feel for what it is like to work in an MI adherent manner. Future training should continue to do this, and potentially explore what is known to be effective for training practitioners in other branches of psychology and other domains of health science, such as different forms of live supervision. Live observation of practice with moment-to-moment feedback has previously been suggested as a valuable learning tool for both neophyte and established sport psychology practitioners (Pitt, Lindsay et al., 2015). It is apparent from the findings of the current study, and recommendations from previous research, that an extended period of follow-up with numerous points of contact is required for skills retention and this should be factored into future training structure where feasible. Future training should also be mindful of the length of time between follow-up sessions.

5.6.3 Recommendations for future research

The participant in section 5.5.4 has highlighted occasions where an MI-adherent session was reviewed by the athlete as the best session they had ever had together. This feedback is encouraging, but anecdotal. The next step with this would be to combine measures of practitioner fidelity to MI and practitioner reflections on the use, application and value of MI, with the perspective of their clients who are receiving this work, and with measures of intervention outcomes and sport performance outcomes. This triangulation of multiple sources of information from the consultancy process will give a deeper understanding of whether or not, and reasons why, interventions are effective. Such an approach has already begun to be embedded within applied practice and published to enhance knowledge and practice in this area (Wood et al., 2020). Future studies involving coding of applied practice might consider blinding the coder by not identifying audio recordings as pre- or post-training. This would avoid the potential for biasing the coder's assessment and interpretation of different aspects of the participants' practice in these consultancy sessions.

5.6.4 Strengths and limitations

It is important to highlight the strengths and limitations of the current study. The sport-specific material used in this workshop series, such as didactic presentation material and adaptations to existing exercises, is the first of its kind in the UK, and begins to address the lack of sport-specific material for training practitioners in MI for sport settings (highlighted as a primary barrier by participants in study one). It is also a step towards formalising the training in MI pathway for practitioners in sport settings. The bespoke video vignettes created specifically for this study have been requested by numerous MI trainers for use as part of training in several countries, including Australia, New Zealand, North

America, Israel, the United Kingdom and mainland Europe. Gaining participants' feedback on the aims, content and structure of this workshop series, and the user-centred approach to conceptualising models of application which best capture their practice, closes the loop in terms of making sure the experience is as relevant as possible for future trainees, and reflects the reality of their professional practice. This study has furthered the notion of both practitioner reflective practice and independent assessments of treatment fidelity in applied sport psychology, and adding the athlete perspective would complete this feedback triangulation.

Bellg et al. (2004) make recommendations for factoring treatment fidelity concepts in behaviour change intervention research, including consistent 'dosage' among participants; planning for implementation setbacks; consistent delivery by the training provider; trainer adherence to pre-determined training protocols; participant comprehension of materials; opportunities for participants to demonstrate cognitive and behavioural skill acquisition. Such considerations have been demonstrated in the design and implementation of the current study. Beyond the scope of the current study were repeated additional, independent assessments of participants' ongoing use of newly acquired skills, which could feature in the design of future research.

One limitation to acknowledge is the lack of the athletes' perspective of the work described by the participant in section 5.5.4. Only limited conclusions can be drawn here because reflections are provided from the participant alone, and it has been previously stated that in terms of the therapeutic alliance and related processes, the client's perspective is more important as the recipient than the practitioner's perspective as the provider (Burns & Auerbach, 1996).

5.7 Conclusion

The study outlined in this chapter offers the first description and assessment of implementing an introductory MI for sport psychology workshop series with a group of trainee and neophyte applied sport psychologists. Comparison of pre- and post-training results shows encouraging shifts in MI-adherent relational ratings and technical behaviours, with room for further learning and improvement. Participant social validation evaluations demonstrate an overall positive impression of this workshop series and the MI approach in general, and provide recommendations for further improvements for future similar workshop cohorts. The underpinning philosophy and active ingredients of MI continue to appear valuable for cultivating practitioner-athlete alliances and enhancing action-orientated interventions in applied sport psychology.

Chapter VI

6.1 Chapter overview

This chapter provides a summary and discussion of the findings of this thesis. Implications for applied practice, future training of MI and future research are presented. Strengths and limitations of the thesis are highlighted. Final conclusions and remarks close this chapter.

6.2 Thesis summary

This thesis was designed to outline and describe the initial stages of exploring applications of MI in sport psychology. The aims of the thesis included to better understand how MI may fit within sport psychology practice and enhance current approaches and interventions, and to inform the current training curricula and pathway regarding the learning of this approach by trainee and neophyte practitioners. Three studies were designed to achieve these aims. Study one (chapter three) sought to explore the current use and understanding of MI by established sport and exercise psychologists in the UK. Study two (chapter four) built on this by exploring applications of MI in sport contexts by a global sample of proficient MI practitioners and trainers, to determine best practice guidance. A secondary aim of study two was to identify essential ingredients of an introductory MI training workshop series for sport psychology. Study three (chapter five) used this newly acquired knowledge in conjunction with existing knowledge and materials to design, implement and evaluate an introductory MI workshop series for a group of early career sport psychologists.

6.3 Discussion

Approximately 20 years ago, calls were made in the applied sport psychology literature for an interface between counselling and sport psychologies, for practitioners to immerse themselves in a counselling approach to underpin their relationships and interventions with athletes, and for improvements to the training pathway in counselling methods for practitioners (Petitpas et al., 1999; Poczwadowski et al., 1998). These calls have been echoed regularly since, partly due to increased recognition of the similarities between relationships in counselling consultancy and in sport psychology consultancy and the need to take an athlete-centred approach to consultancy (e.g., Holt & Strean, 2001; Lloyd & Trudel, 1999; Longstaff & Gervis, 2016; Owen, 2010; Sharp et al., 2015; Watson et al., 2017).

The relationship between practitioner and athlete is often cited as the most important factor of consultancy (e.g., Andersen, 2006; Andersen & Speed, 2010; Sharp et al., 2015) and yet, clear reporting of the relational principles and technical components required to initiate, cultivate and maintain strong therapeutic alliances with athletes is often absent (Mack et al., 2019). This absence is perhaps because insufficient attention is being paid to the learning of these principles and skills during the training process for practitioners (Andersen, 2006; Andersen & Speed, 2010; Murphy & Murphy, 2010; Petitpas et al., 1999), in favour of technique-driven, action-orientated interventions (Holt & Strean, 2001). The risk associated with this insufficiency is a lack of understanding and deliberate implementation of the active ingredients which influence the mechanisms of change in athletes, which ultimately lead to behaviour change. It has been argued elsewhere (e.g., Mack et al., 2019; Turner et al., 2020; Wood et al., 2020) that MI is one counselling approach

which can provide an integrative framework to underpin and enhance interventions in sport psychology. In fact, such integration with action-orientated interventions was the basis for the conceptualisation of MI (Miller & Rose, 2009; Westra, 2012). The findings of the three studies of this thesis appear to support this conjecture, and the MI approach does appear to be valuable for establishing and maintaining therapeutic alliances and communicating effectively with athletes.

6.3.1 Core and auxiliary components of MI for applied sport psychology

This assertion was initially inferred from the findings of chapter three (study one), regarding both explicit use (e.g., verbal communication skills, applied tools, building cognitive dissonance, exploring ambivalence, building readiness for change) and implicit use of MI principles and skills by participants (e.g., evocation, collaboration, empathy, reflective listening, gaining permission). Participants also acknowledged perceived value of applying MI, specifically as an approach which could be integrated with dominant approaches and interventions. Dominant approaches in sport psychology at present tend to be influenced by cognitive-behavioural methods, and there is a need for such methods to be applied with fidelity to their underpinning theories, and skilful integration of complimentary approaches (Norcross et al., 2005; Turner et al., 2020).

This value of MI was confirmed by participants in chapter four (study two), who outlined their use of core and auxiliary components of MI to enhance their work with athletes in a range of different roles. Core components and sub-components included the spirit (e.g., partnership, evocation, compassion, accurate empathy), technical skills (e.g., complex reflections, affirmations), the

four + processes (e.g., engagement, focusing, evocation, planning, maintenance) and CT (e.g., evoking and strengthening language for change). Auxiliary components included applied tools (e.g., scaling rulers, elicit-provide-elicited, agenda mapping), traps to avoid (e.g., expert trap, praise trap, premature focus trap), communication styles (e.g., direct, guide, follow) and integrating MI with other approaches (e.g., as a precursor or underpinning framework for cognitive behavioural strategies). Participants spoke of the importance of MI for exploring ambivalence, reducing resistance and increasing readiness in athletes, which together have been described as essential but underappreciated in applied sport psychology (Gardner, 2017; Murphy & Murphy, 2010; Petitpas et al., 1999).

These relational and technical aspects of MI can be seen to stem from early research on the necessary components of a strong therapeutic alliance (Bordin, 1979) and facilitative conditions to initiate therapeutic change (e.g., Rogers, 1957). MI takes the development of the therapeutic alliance beyond broad terminology seen so often, such as "build rapport" and "interpersonal skills", and fills the what-to-how service gap with relational principles rooted in Rogerian facilitative conditions, and specific verbal technical skills, to develop bonds, identify goals and agree upon tasks collaboratively. Some elements of MI can be found in greater detail elsewhere, for example compassion, (e.g., compassion-focussed therapy; Gilbert, 2009) or the counselling microskills (e.g., Ivey, 1994). Yet, MI appears to present an efficacious package where these essential components from counselling and behaviour change psychology can be learned by applied sport psychologists. One trap which must be avoided here, as in health psychology, is a focus on the application of name-branded approaches at the expense of the finer details of *how* these approaches should

be implemented, especially given a recent rise in behaviour change taxonomies (Hilton & Johnston, 2017).

Combined, these findings of studies one and two suggest there is value to be derived from making MI adherent practice in applied sport psychology more overt. These findings also support the premise that trainee and neophyte sport psychologists would benefit from an interface with counselling psychology, and need to immerse themselves in a counselling approach to enhance their applied practice. This would require formalising the training pathway in MI, for trainee, neophyte and established practitioners alike, which would begin to address the issue of current training in counselling approaches for trainee sport psychologists not being fit for purpose (e.g., Longstaff & Gervis, 2016; Murphy & Murphy, 2010).

To that end, chapter five (study three) yielded encouraging findings regarding a bespoke, sport-specific workshop series on MI for applied sport psychology, created in part using knowledge gained from participants in chapter four (study two). The focus of study three was to use qualitative principles to develop and assess a training programme, and quantitative data were collected to offer tailored feedback to participants and to facilitate coaching conversations during the training experience. Comparison of quantitative measures of treatment fidelity and competence pre- and post-training indicated positive trends towards MI adherent practitioner behaviours and global components of MI. Qualitative feedback from participants indicated a valued, worthwhile experience with numerous aspects of the MI approach being cited as having the potential to enhance their practice. Such aspects included the technical communication skills (OARS), the four+ processes for structuring psychological

support, an increased awareness of athlete CT, and specific tools from the MI approach (e.g., elicit-provide-elicite). These participants provided important feedback on workshop content, which can be used to improve this material, should it be used again. Lessons have been learned regarding the pragmatics of group size, and the nature and frequency of follow-up training to supplement learning with a small pool of practitioners.

6.3.2 Therapeutic training in applied sport psychology

This thesis highlights a number of implications for the discipline of sport psychology. The first regards the apparent lack of importance placed on gaining counselling experience and skills on the BPS QSEP training pathway (e.g., Longstaff & Gervis, 2016), meaning the participants in chapter five (study three) may not have had the foundational clinical skills to achieve basic competence and proficiency thresholds in MI after this three day workshop series. This has been seen elsewhere (e.g., Moyers et al. (2008). These authors found significant MI skill decay within four months of training completion, with no additive benefit of personalised feedback or telephone-based supervision. It was noted that participants had a lower level of experience and baseline skill level compared to other MI training studies, and that there is a widely accepted belief that a foundation of basic clinical skills may be required to achieve proficiency in MI. This was potentially exacerbated by the relatively short (two day) contact time in this study.

A second concern for the discipline regards what has been described in MI research as a single exposure "inoculation" to further training (Miller & Mount, 2001, p. 468). Four out of the five participants in chapter five (study three) have not maintained contact with the primary researcher, nor taken up offers of

ongoing support or requested further doses of MI training. There could be several explanations for this, including expectations of the workshops being met, a lack of time or funding for further training, a lack of perceived value of further training for applied practice and professional development. Participants may also have the perception that they are "doing MI anyway", particularly if they feel they are familiar with other counselling or therapeutic approaches. Contrary to this, findings in chapter five would suggest there is room for improvement to at least become consistently MI-adherent. There has also likely been a degree of participants feeling like they have "ticked off" MI for their professional development. Such a risk has been previously suggested (e.g., Miller & Rollnick, 2013; Simper et al., 2017). Miller and Mount (2001) suggest a "one-shot" MI training workshop might lead participants to believe they have acquired the skills they need, or they possessed them to begin with, leading to a drop in motivation to engage with further training or support. This is in spite of there being discrepancy between practitioner confidence in using MI and observed competence of doing so. This is potentially troubling, if applied sport psychologists are aiming to implement empirically-based methods with fidelity. In this way, a single exposure to MI training is described as an "inoculation" (p. 468) against further training, by elevating participant perception of their competence, but without enhancing it enough to be impactful for client outcomes. It is highlighted that ongoing coaching and feedback is becoming common in clinical trial settings to prevent drift, but that this is rarely implemented in clinical practice settings Miller & Mount, 2001; Miller & Moyers, 2017), and that sport psychologists can be reluctant to engage in supervision once qualified (Cotterill et al., 2016).

This issue is linked to a comment from Turner et al. (2020), who have called for a formalisation of training in psychotherapeutic interventions for sport psychologists, such as CBTs. In the absence of formalised, ongoing training, practitioners risk relying on cherry-picked techniques and tools from a variety of psychotherapeutic approaches, without consideration of the underlying theory and procedures. The discipline of sport psychology has perhaps been guilty of this historically with regard to psychological skills and psychoeducation, leading to accusations of being as "less psychological" than counselling psychology (Owen, 2010, p. 216). Formal, ongoing training in MI could be added to this call, to increase the implementation of empirically-based therapeutic interventions with fidelity, and better satisfy the criteria for QSEP or BASES assessments.

A primary aim of this thesis was to influence the training pathway for trainee and neophyte practitioners, regarding the use of MI as a counselling and behaviour change approach to underpin and enhance their applied practice with athletes. It seems important to add MI in sport content into the QSEP curriculum as a mandatory endeavour, since previous research (e.g., Gardner, 2017; Longstaff and Gervis, 2016; Murphy and Murphy, 2010; Owen, 2010; Petitpas et al., 1999) suggests that such a counselling approach is exactly what the curriculum needs, and what trainee practitioners want. It also seems important that the curriculum and requirements for accreditation are updated to reflect these identified weaknesses in the training pathway. Presently, recommendations based on the findings of this thesis can be made to the BPS QSEP chief examiner and the BPS DSEP, in conjunction with promotion of future MI workshops to supervisors and trainees, as was done in chapter five. This would be with the aim of advancing applied practice and contributing to the

discourse around the value of the counselling psychology/sport psychology interface.

6.3.3 Implications for applied practice in sport psychology

The thesis is the first to assess (using treatment fidelity principles) the potential for MI in sport psychology training pathway. Further implementation and empirical testing of the MI approach in sport settings is required to ascertain how exactly MI is best integrated with the theories and methods of dominant approaches and interventions, such as cognitive behavioural therapies (e.g., Turner et al., 2020). The aim of this study was not to assess intervention outcome measures, therapeutic alliance measures, nor sport performance measures obtained as part of study three (chapter five). Including these measures in future designs will further extend knowledge of the implications of MI for applied practice. Only once competence and consistency in applying the MI approach (by sport psychologists) with athletes has been achieved and evidenced can its impact in sport be truly measured. Nevertheless, this thesis provides a valuable guide of the processes required and the aspects for consideration in the design and delivery of a bespoke MI training curriculum.

The reporting of treatment fidelity in applied sport psychology does not exist in the literature. Moreover, it is rarely included in training guides and criteria from bodies such as the British Psychological Society (BPS) Stage 1 or Stage 2 or British Association of Sport and Exercise Sciences (BASES) – the two organisations that provide chartered status in the discipline by the HCPC. Interestingly, participants in chapter four (study two) did not mention treatment fidelity as an essential ingredient for MI training, despite being described as valuable for learning MI (Fortune et al., 2019; Miller & Rollnick, 2013).

Nevertheless, participants in chapter five (study three) were introduced to measures (MITI, CEMI) of treatment fidelity and to a rudimentary coding system for use during observation of role plays, based on recommendations from Miller and Rollnick (2013, p. 326-327). Self-coding for learning purposes is something which has been taken up by the participant from chapter five who provided extracts from their reflective logs, with numerous benefits being cited by this individual. The ability to accurately reflect on practice and code treatment fidelity is enhanced by the audio recording of sessions, and this is something which applied sport psychologists might consider adding to their practice to enhance their professional development through self-reflection and supervision.

Measuring treatment fidelity and competence to enhance practice is perhaps a general recommendation for sport psychologists. For example, with REBT becoming more widely employed in sport psychology (e.g., Turner et al., 2020; Wood et al., 2017), the REBT Competency Scale (Dryden, Beal, Jones, & Trower, 2010) could be considered. One suggestion for both researchers and practitioners to consider is adapting current fidelity measures from health and clinical psychology which may be relevant for working with athletes, such as the MI-CBT fidelity scale (Haddock et al., 2012), given the prevalence of CBTs in applied sport psychology. Recently, such a process has begun with the well-documented working alliance inventory (Horvath & Greenberg, 1989), for assessing the characteristics and effectiveness of athlete-coach relationships (Moen, Hrozanova, & Stenseng, 2019). There are numerous alternative measures of fidelity to different psychotherapies available, and assessing these, or the integration of these psychotherapies, was beyond the scope of this research project. The focus presently was on the competent and faithful application of MI, and the generation of discussion around integration of MI with

practice as usual for neophyte practitioners. It is incumbent on practitioners to explore fidelity testing within their chosen therapeutic modalities. Ultimately, the measuring and reporting of treatment fidelity should enhance both applied practice and knowledge.

One participant in study three engaged in peer supervision with the author of this thesis, to gain further knowledge and enhance their application of the MI approach specifically. Such a step has been described elsewhere (Wood et al., 2020), and the value of this "critical friend" has been expressed. Again, this is not believed to be widespread practice, and is something for individual practitioners to consider for ongoing development and maintenance of skill and fidelity upon completion of training in an approach.

6.3.4 Implications for future training of MI in sport

Chapter five (study three) has confirmed the findings of chapter four (study two) that the MI core components (spirit, OARS, four + processes, CT) and auxiliary components (e.g., traps to avoid, communication continuum, elicit-provide-elicite) are essential ingredients for an introduction to MI training. Future training should continue to include the foundations of the MI approach.

Chapter four and chapter five have highlighted the need for a range of materials and methods in workshop content, and this should be maintained in future trainings. Questions have been raised about whether or not introductory material has to be sport specific. Participants in chapter three (study one) highlighted a lack of sport-specific evidence and resources as a barrier to learning and applying MI in sport. Participants in chapter four (study two) were adamant that training material for a sport context had to be sport-specific. And

yet, participants in chapter five (study three) requested video examples of gold standard practice, regardless of the context of the consultations, stating that key principles could be extrapolated. The answer is perhaps a balance of these: an introduction to the essential core and auxiliary components of MI which appear to be relevant regardless of context, presented with sport-specific examples, and skilful facilitation and debriefing of examples of gold standard MI practice by the training provider.

Having developed an introductory workshop series for sport psychology, there is scope to progress this with the development of intermediate and advanced workshops. These workshops might consider further adaptations to the approach specifically for the sport context, taking into account what is known from other contexts where MI is being applied, and the unique qualities of the sport environment (such as those outlined in chapter four), such as very brief contact and working with teams of athletes and multidisciplinary teams of coaches and sports science practitioners. For example, it has been shown that focusing on sustain talk and failure to elicit strong change talk is associated with poor outcome in brief MI interventions for problematic drinking (Apodaca et al., 2014; Gaume et al., 2016). Increased focus on change talk during MI training was a recommendation from participants in study three, and what is already known in the MI brief intervention literature could be used to inform future training for sport psychologists. Working with teams might be guided by the core MI text on MI in group therapy, if we consider sports teams as groups (Wagner & Ingersoll, 2012). Future training might also include development of MI-based single session or intake session workshops, given the notion of MI as a precursor to other therapies and the efficacy of MI for first sessions (Forman &

Moyers, 2019), and what is currently known about single session therapy in applied sport psychology (Pitt et al., 2015).

It is noteworthy that participants in study two generally described an 'MI in sport' approach, rather than a completely new sport-specific MI approach, while being mindful of challenges unique to working in sport. While consensus on this was not reached, it suggests that a grounding in MI pure is imperative, with scope to look for opportunities to adapt and apply the approach within the unique context and challenges of sport. MI pure should therefore underpin future trainings for sport psychologist, bearing in mind the recommendation that training materials be informed by sport language and examples. Nevertheless, a key finding of study three was that salient learning points can potentially be extrapolated from non-sport training materials. Taken together, these findings suggest that trainers do not need to reinvent the wheel when it comes to designing their workshops, and a balance of gold standard demonstrations coupled with sport-specific language and tasks can be delivered by a skilful trainer.

6.3.5 Implications for future research

In chapter three (study one) MI was perceived to be of particular value as an integrative approach which might enhance current practice in sport psychology. This notion was explored with participants in chapter four (study two), to gain an understanding of the processes of such an integration, and yielded a top and tail model (see Figure 5.1), and description of a utilitarian, pragmatic approach which may be employed once a practitioner is confident and competent in the approach. These findings were presented to participants in chapter five (study three), who could not reach consensus on what such an

integration might look like in applied sport psychology, despite discussion of several alternative models (see Figures 5.2-5.5), and despite some of these models appearing similar to examples of sport psychology service delivery processes presented elsewhere (e.g., Keegan, 2016, p. 5). This suggests that further research is required to determine these integration processes and to conceptualise a model that accurately captures these processes, likely through action research or a collection of single-case studies. Lessons may also be learned from outside sport psychology regarding levels and processes of integration (e.g., Boswell, 2016; Gold & Stricker, 2001; Naar & Safren, 2017; Norcross et al., 2005). Such research may also begin the process of identifying the active ingredients of treatment which influence athlete internal processes towards cognitive and behavioural change in sport psychology interventions.

In their most recent review, Madson et al. (2019) outline key elements which need to be included in future studies on training in MI to strengthen research in this area. These elements are study methodology, training methods and evaluation. Specifically, these refer to details of workshop content and experiential activities, trainer qualifications, and frequency, duration and nature of follow-up coaching/feedback sessions. Madson et al. also cite the need for evaluation of participant competence/skill acquisition using evidence-based assessment tools for observation, and participant and/or client self-report measures. Although this review with these recommendations was published after the conclusion of the study three in chapter five, many of these recommendations were factored into the design of this study and have been provided here, for example training duration, training content (and the sources which inspired training content), and experience of the facilitator. Future studies

on training for MI in sport settings should pay close attention to these recommendations.

Future studies involving coding of applied practice might consider blinding the coder by not identifying recordings as pre- or post-training. In study three (chapter five), recordings were identified as such purely for logistic reasons, but in hindsight this may have biased the coder's assessment and interpretation of different aspects of the participants' practice in these consultancy sessions.

6.3.6 Thesis strengths

A primary strength of this thesis is the production of new knowledge which has the potential to enhance applied practice and contribute to discourse around therapeutic alliance development, facilitative conditions necessary for behaviour change, specific verbal communication skills, and athlete readiness, readiness and ambivalence towards intervention or behaviour change.

The range of sampling methods used, particularly in chapters four and five (studies two and three), may be considered a strength of this thesis. In chapter four, an exhaustive, global sample of experts in a niche field were recruited, which yielded rich, novel data regarding applications of MI in sport. In chapter five, several difficulties regarding identifying, contacting, recruiting and booking participants to attend the workshop series had to be overcome, and though small, this sample was again the result of an exhaustive recruitment process. This cohort of participants was the first ever to complete a three day, bespoke MI for sport training programme, including individualised coding and feedback on their consultancy with genuine athlete clients.

The creation of new material for training MI in sport is a strength of this thesis. In particular, the university-sanctioned video vignettes which have been requested and shared by MI trainers in several countries around the world, demonstrating a contribution to the training in MI of practitioners working in sport contexts globally.

6.3.7 Thesis limitations

A primary limitation of this thesis is the lack of measures of intervention outcome, athlete perception of MI use, strength of the therapeutic alliance, or sport performance outcome in chapter five (study three). These measures were beyond the scope of this study, and were not feasible. Nevertheless, these measures have been obtained and presented in a separate article, of which the current writer was a primary contributor (Wood et al., 2020). It is hoped this article, which built on the findings of this thesis, will have a positive impact on future applied practice and discourse in the discipline around outcome measures, therapeutic alliance and treatment fidelity. A larger sample size in study three would have enabled empirical data testing, and future research should aim to achieve this.

A broader limitation which has been highlighted by chapter five (study three) can also be here acknowledged for the discipline to consider. Namely, the financial cost of independent, ongoing fidelity coding and feedback, and obtaining peer supervision in multiple different therapies or methods a practitioner may adopt in their applied practice, may prove to be prohibitive for trainees, neophyte practitioners and unfunded researchers, as has recently been discovered elsewhere (Wood et al., 2020).

6.4 Thesis conclusions

The purpose of this thesis was to explore MI as one potentially effective counselling approach to underpin applied sport psychology interventions. There is a clear need and important role for counselling principles and skills in applied sport psychology; principles put forward by Rosenzweig (1936), Bordin (1979), Rogers (1957), Gelso and Carter (1985) regarding person-centredness, necessary conditions for effective therapy, specific practitioner attributes and techniques, and the pan-theoretical construct that is the therapeutic alliance, regardless of the approach taken to therapy. Many of these concepts can be found within the MI approach, and the findings of this thesis demonstrate that MI appears to be a valuable counselling approach in which sport psychologists can immerse themselves to enhance their practice. Specifically, participants spoke of the importance of MI relational principles for developing a strong practitioner-athlete relationships and considering the necessary facilitative conditions for therapeutic change, MI technical skills of communication, sensitivity to the language of behaviour change, and a range of MI auxiliary tools and components. MI was also described as essential for considering athlete readiness for intervention and behaviour change, something which has previously been suggested as underappreciated in the discipline, with a significant influence on the success of interventions (Gardner, 2017; Orlick, 1989). The suitability of MI for integration with other approaches, specifically CBTs (e.g., Naar & Safren, 2017; Westra, 2012) which are dominant in applied sport psychology, adds further support for training practitioners in MI. There are other approaches where these principles and skills can be learnt (e.g., Egan, 1998; Ivey, 1994; Mahrer et al., 1994), but MI seems to present a viable package for student and neophyte practitioners to learn therapeutic alliance and

verbal communication skills, and an understanding of behaviour change. MI is also not suitable as the only approach a practitioner is trained in. While the relational principles and technical skills are therapeutic in themselves, a practitioner will need an action-orientated psychological therapy to integrate with MI when intervening with athletes (Turner et al., 2020; Wood et al., 2020)

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Appendices

Appendix 3.1 Study one (chapter three) interview guide

What is your educational and training background (the pathway that has led you to where you are)?

- Psychology (clinical?)/sport science?

Which theoretical orientation or perspective underpins your work with clients?

- For example: humanistic/psychodynamic/clinical/behavioural/cognitive
- Why have you chosen this approach?
- If CB - is it CBT? - CB strategies, or CB therapy?
- If a blend/mixture of approaches - is it an integration or are the approaches discrete?

Do you have experience or qualifications in psychotherapy or counselling?

- If yes - which type? Why did you get this? How is this valuable?
- If no - why not? Do you see any value in obtaining this?

Which therapeutic approach underpins your interventions with clients?

- For example: cognitive-behavioural; mindfulness and acceptance; positive/strengths-based;
- Prompt: Which specific type? (e.g. which type of CBT (REBT; NLP); ACT vs. MAC?)
- Why have you chosen this approach?
- Do you have a method for ensuring you are delivering this approach consistently?

What is your understanding of a therapeutic/working alliance?

When you first start working with a client, how do you begin to build a relationship/alliance with them?

- How do you demonstrate that you are engaged in what they are saying?
- How do you use your client as a resource?

- How do you identify what the target of your session or intervention might be?
- Do you employ any specific tools/techniques/approaches for doing this?

Which specific communication skills do you employ to underpin your work?

- Where did you learn these?

If your relationship gets stuck, or you begin to experience some incongruence or a disconnection in the relationship, how do you manage that?

- Do you employ any specific tools/techniques/approaches for doing this?
- Link back to the **alliance**

How do you decide which intervention to use with each client?

If you feel that a blend/integration of approaches would be appropriate/beneficial, how do you go about that?

When you feel like you have information/knowledge that you need to share with your client, how do you do that?

How do you work with a client who is in two minds about something or who has an issue and is unsure how to proceed?

- Do you employ any specific tools/techniques/approaches for doing this?

How do you work with a client who simply doesn't want to be there?

- Do you employ any specific tools/techniques/approaches for doing this?

Do you attempt to measure the quality or strength of the relationship you build with your clients?

- How do you do this?
- How do you judge whether or not you are working well with your clients?
- Link back to the **alliance**

How do you measure the progress/impact of the work you do with your clients?

How does your approach change when delivering a session to a team, such as a seminar or workshop, as opposed to a 1:1 consultation with an athlete?

Now, I'd like to ask you specifically about motivational interviewing:

What is your experience with motivational interviewing?

How do you use this with athletes?

Which aspects of MI do you use with athletes?

How do you measure the impact of this work?

Is it that MI is an efficacious intervention in its own right, or are the relational and technical aspects relevant in sport?

Where are these learnt if not through MI?

Appendix 3.2 Study one (chapter three) participant information form

	<i>Sheffield Hallam University</i>
Faculty of Health and Wellbeing Research Ethics Committee	
Sport and Exercise Research Ethics Review Group	
Participant Information Sheet	

Project Title	The Application of Motivational Interviewing in Sport Psychology
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Supervisor/Director of Studies	Dr. Jeff Breckon
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Principal Investigator	Rory Mack
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Principal Investigator telephone/mobile number	<div style="background-color: black; width: 100px; height: 1.2em;"></div>
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Purpose of Study and Brief Description of Procedures

(Not a legal explanation but a simple statement)

Due to the wide range of personal and performance issues that an athlete can experience, there is a need for sport psychologists to be equally knowledgeable and experienced in the parent disciplines of sport science and psychology.

There has been a surge in popularity of 'third wave' therapies (methods which emphasise values, spirituality and relationship). Among these is motivational interviewing (MI). Adaptations of these third wave therapies have begun to appear in sport psychology interventions, and so it is pertinent to investigate ways in which MI may be applied in this context.

This study will involve a recorded interview lasting 60-75 minutes. The interview must be recorded so your comments can be accurately transcribed and analysed. It is important to note your comments shall remain anonymous throughout the research process. Only the primary researcher and his supervisory team will have access to the recordings and transcripts of your interview. You will be asked to complete an Informed Consent form to take part in the study.

We will begin by collecting some information regarding your demographics, e.g. age, number of years practising, engagement in active research and continued professional development. The interview will then be divided into four main sections. The first section will look at your training background, and the theoretical and therapeutic approaches which underpin your applied work. The second section will specifically investigate the 'how' of your applied work - the methods and skills you use to work with your clients. The third section explores your experience with MI specifically. The final section is about the content and requirements of stage 1 (MSc) and stage 2 (BPS QSEP) for BPS chartership and HCPC registration. At the end of the interview, you will have the opportunity to talk about anything you feel is important which has been missed during the interview, and to ask any questions you may have.

There are no right or wrong answers to these interview questions; you are asked simply to give your honest thoughts and feelings. Participants are not required to answer any questions with which they are not comfortable. Participants may withdraw themselves, or their information, from the study at any point without prejudice.

It has been made clear to me that, should I feel that these Regulations are being infringed or that my interests are otherwise being ignored, neglected or denied, I should inform Mr David Binney, Chair of the Faculty of Health and Wellbeing Research Ethics Committee () who will undertake to investigate my complaint.

Appendix 3.3 Study one (chapter three) participant consent form

	<i>Sheffield Hallam University</i>
Faculty of Health and Wellbeing Research Ethics Committee	
Sport and Exercise Research Ethics Review Group	

INFORMED CONSENT FORM	
Please complete and return to the researcher by email or in person	
TITLE OF PROJECT: The Application of Motivational Interviewing in Sport Psychology	
The participant should complete the whole of this sheet himself/herself	
Have you read the Participant Information Sheet?	YES/NO
Have you had an opportunity to ask questions and discuss this study?	YES/NO
Have you received satisfactory answers to all of your questions?	YES/NO

Have you received enough information about the study?	YES/NO
<p>To whom have you spoken?</p> <p>.....</p> <p>Do you understand that you are free to withdraw from the study:</p> <ul style="list-style-type: none"> • at any time • without having to give a reason for withdrawing • and without affecting your future medical care 	YES/NO
Have you had sufficient time to consider the nature of this project?	YES/NO

Do you agree to take part in this study?	YES/NO
<p>Signed Date</p> <p>(NAME IN BLOCK LETTERS).....</p>	

Appendix 4.1 Study two (chapter 4) participant information form

	<i>Sheffield Hallam University</i>
Faculty of Health and Wellbeing Research Ethics Committee	
Sport and Exercise Research Ethics Review Group	
Participant Information Sheet	

Project Title	The Application of Motivational Interviewing in Sport Psychology
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Supervisor/Director of Studies	Dr. Jeff Breckon
---	------------------

Principal Investigator	Rory Mack
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Principal Investigator telephone/email	<div>██████████</div> <div>████████████████████</div>
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Purpose of Study and Brief Description of Procedures

(Not a legal explanation but a simple statement)

There has been a surge in popularity of 'third wave' therapies (methods which emphasise values, spirituality and relationships) in applied sport psychology. Among these third wave therapies is motivational interviewing (MI). Although it is becoming increasingly prevalent in sport settings, it is not yet clear how MI can be best applied when working with athletes. Therefore the aim of this study is to investigate how MI may be applied in this context.

This study will involve a recorded interview lasting 60-75 minutes. The interview must be recorded so your comments can be accurately transcribed and analysed. It is important to note your comments shall remain anonymous throughout the research/publication process. Only the primary researcher and his supervisory team will have access to the recordings of your interview. Transcripts may be sent to you for member checking, prior to analysis. You will be asked to complete an Informed Consent and Demographics form to take part in this study. Upon submitting your consent to take part in this study, you will receive further instructions, explaining how the interview process shall run. You will also receive the interviewer's questions in advance.

For this interview, the emphasis will be on your *application* of MI in sport contexts, rather than theoretical understanding of MI. Questions from the interviewer will focus on; MI spirit, technical skills (OARS), four processes, and change talk. We will also explore other relevant areas, such as integration of MI with other approaches, and adaptations of MI for working with different populations in sport settings. At the end of your interview, you will have the opportunity to talk about anything you feel is important which has been missed, and to ask any questions you may have.

There are no right or wrong answers to these interview questions; you are asked simply to give your honest thoughts and feelings. Participants are not required to answer any questions with which they are not comfortable. Participants may withdraw themselves or their information from the study without prejudice, up to two weeks post-member checking.

It has been made clear to me that, should I feel that these Regulations are being infringed or that my interests are otherwise being ignored, neglected or denied, I should inform Mr David Binney, Chair of the Faculty of Health and Wellbeing Research Ethics Committee (Tel: [REDACTED]) who will undertake to investigate my complaint.

Appendix 4.2 Study two (chapter four) participant consent form

	<i>Sheffield Hallam University</i>
Faculty of Health and Wellbeing Research Ethics Committee	
Sport and Exercise Research Ethics Review Group	

INFORMED CONSENT FORM	
Please complete and return to the researcher by email or in person	
TITLE OF PROJECT: The Application of Motivational Interviewing in Sport Psychology	
The participant should complete the whole of this sheet himself/herself	
Have you read the Participant Information Sheet?	YES/NO
Have you had an opportunity to ask questions and discuss this study?	YES/NO

Have you received satisfactory answers to all of your questions?	YES/NO
Have you received enough information about the study?	YES/NO
<p>To whom have you spoken?</p> <p>.....</p> <p>Do you understand that you are free to withdraw from the study:</p> <ul style="list-style-type: none"> • at any time • without having to give a reason for withdrawing • and without affecting your future medical care 	YES/NO

Have you had sufficient time to consider the nature of this project?	YES/NO
Do you agree to take part in this study?	YES/NO
<p>Signed Date</p> <p>(NAME IN BLOCK LETTERS).....</p>	

Demographics	
Age	
Gender	
Nationality	
Ethnicity	

Professional body membership(s)	
Years practising	
Current role	
Sport(s) worked with	
Level of athlete worked with (e.g., professional, Olympic, amateur)	

Qualifications/experience with MI	
Ongoing Continued Professional Development (CPD) endeavours	

Please indicate your availability (dates and times) to take part in this study. Please be as flexible as possible.

Please indicate your location (country, city).

Can you recommend any practitioners from your professional network that are using MI in sport contexts, that may also be eligible to take part in this study? If so, please include their contact details below.

Appendix 4.3 Study two (chapter four) interview guide

Research purpose: to explore how experts in MI are applying MI in sport settings, to determine best practice and to inform training curricula in this area

Study 2 Semi-structured interview guide

Setup:

Thanks

If you get disconnected, you should be able to re-join the conversation by opening the URL in the email you were sent. If you don't reappear, I'll resend the link to you by email.

This interview should last approximately 60 minutes. If you need to withdraw from the interview at any time, please feel free to do so.

We won't be using webcams in case it interferes with call quality.

This conversation is being recorded by both the software provider and on a Dictaphone. You will all receive a copy of the transcription prior to data analysis, so that you can check that the recording has been accurately transcribed.

For this study, it is being assumed that you have a sound understanding of the core elements of MI and its underpinning theories. Therefore the emphasis will be on your **application** of MI in your work in sport settings.

How does the SPIRIT of MI apply to your work in sport?

- Partnership

- Acceptance (Absolute worth/Accurate empathy/Autonomy support/Affirmation)
- Compassion
- Evocation
- What's the value of having the spirit underpin your work?

How do you use the TECHNICAL SKILLS/TOOLS in your work in sport?

- OARS
- Different types of complex reflection or summary reflection?
- Agenda setting/Scaling rulers/Decisional balance/Values matching

How do the PROCESSES of MI apply to your work?

- Engage
- Focus
- Evoke
- Plan
- Maintain?
- 1:1 vs. team? Group MI/therapy? What skills are you using as a group facilitator?

How much are you listening for CHANGE TALK from your athletes or coaches?

- What form does change talk usually take in sport contexts?
- How much are you working to reduce RESISTANCE or SUSTAIN talk from your athletes or coaches?

How do you manage AMBIVALENCE from your clients towards learning new skills or changing behaviours?

- Stigma attached to sport psychology
- Mandated attendance (by the coach?)

How do you manage DISCORD in the relationship between you and an athlete or coach?

Other:

- Affirmation vs. praise

- Equipoise (maintaining *neutrality* - not influencing a client's choice)
- Continuum of styles (Direct-Guide-Follow)
- Righting reflex
- Traps to avoid (premature focus; expert; question-answer; labelling; blaming; confronting)
- Information sharing/Advice giving

How do you INTEGRATE MI with other approaches in your work in sport?

How does using MI in sport differ from using it in other contexts?

- Results-driven environment
- Short conversations/brief contact

How does MI fit with directive, instruction-based or skills-teaching approaches?

Are we applying MI in a new context or developing sport-specific MI?

How have you ADAPTED MI for working with specific groups (e.g., adolescents, teams, athlete support providers)?

When/how do you choose NOT to use MI in your work in sport?

How do you measure the STRENGTH of your relationship or the IMPACT/OUTCOME of your work with your athletes or coaches?

If you were designing a CURRICULUM for training those working in sport to use MI, what would that curriculum contain?

Ending questions:

The purpose of this study is to identify how MI practitioners are using MI in sport, to develop a curriculum for training sport psychologists to use MI in their work.

Is there anything important which you feel has been missed during this discussion?

This process has to be repeated with at least one other group - do you have any advice for me?

**PLEASE COMPLETE AND RETURN THE CONSENT/DEMOGRAPHICS
FORM**

Appendix 5.1 Study three (chapter five) participant information form

My name is Rory Mack, and I'm a PhD student at Sheffield Hallam University, exploring applications of motivational interviewing (MI) in sport psychology.

MI is a counselling approach which advocates collaboration and autonomy support, for strengthening an individual's commitment towards behaviour change. MI has a large evidence base in clinical and health psychologies, and we are now investigating its application in sport psychology.

We are looking for sport psychology practitioners who have recently completed, or are about to complete, the BPS Stage 2 pathway to take part in some workshops for the final study of my PhD. Our workshops will take place on the 10th and 11th of July, with a third follow-up day approximately one month later. These workshops will be free of charge to you, but you would have to be willing to travel to Sheffield to take part. The material in these workshops is the result of collaborating with MI experts based around the world, who are applying MI in sport settings.

In these workshops, you will be introduced to:

- The underpinning philosophy of MI, and how that can complement your professional philosophy
- The microskills of communication, to enhance your conversations with athletes and coaches
- Increased sensitivity to the language people use around making behaviour change
- Structuring ongoing support with an athlete, using the MI four processes model
- Applying tools from MI in sport-specific situations
- Recommendations for integrating MI with other approaches in sport psychology, such as cognitive-behavioural strategies
- Adapting MI to use in brief contact situations which can arise in sport

The workshops will be facilitated using a variety of methods, including interactive presentations, experiential exercises, demonstrations, and observation/feedback from MI trainers. You will receive ongoing support through the training and intervention phases and beyond. Day three will include a period of reflection where we learn from progress made and opportunities missed during your work since days one and two.

This is also an opportunity for you to create connections with fellow practitioners who have recently completed Stage 2, or whose completion is imminent.

The aim of this study is to write up some case studies on how MI was used to underpin sport psychology interventions with athletes. Therefore, what we require from you in exchange for taking part is:

- provide an audio recording of a consultation between you and an athlete both pre and post MI training, to be independently coded for MI competence and fidelity
- some feedback from you on the training you receive
- audio recordings of sessions from the intervention phase
- detailed field notes and reflections on how you used MI in your work with an athlete
- some feedback from the athlete you worked with

It is hoped that you will view this as a great opportunity to enhance your practice by engaging with an exciting new area of research in applied sport psychology. Please register your interest to take part to the email address below, as soon as possible. Please also let me know any questions you may have.

Kind regards,

Rory Mack



**Appendix 5.2 Study three (chapter five) participant consent form
(practitioner)**



Sheffield Hallam University

Faculty of Health and Wellbeing Research Ethics Committee

Sport and Exercise Research Ethics Review Group

Project title: Applications of Motivational Interviewing in Sport Psychology

My name is Rory Mack and I am a PhD student at Sheffield Hallam University.

You recently gave consent to take part in my research by audio recording a consultation that you carried out with one of your athletes, and attending several workshop days in 'MI in sport psychology'. We are now requesting your permission to use extracts from these audio recordings when we publish this research. It is important to note that:

- These audio files (in their entirety) shall not be shared outside my PhD supervisory team
- These audio files will be stored securely
- Your identity (and that of the athlete(s) in the audio recorded session) will be kept anonymous in any published or presented outputs
- These files will be destroyed once the research has been published

Declaration:

By signing this document, you acknowledge that:

- You are free to withdraw from this study without giving a reason for withdrawing
- You are free to ask any questions you may have about the research
- You agree to take part in this research
- You give permission for extracts of your recorded session to be used in publication of this research.

Signed

Date

(NAME IN BLOCK

LETTERS).....

Appendix 5.3 Study three (chapter five) participant consent form (athlete)



Sheffield Hallam University

Faculty of Health and Wellbeing Research Ethics Committee

Sport and Exercise Research Ethics Review Group

Project title: Applications of Motivational Interviewing in Sport Psychology

My name is Rory Mack and I am a PhD student at Sheffield Hallam University.

You recently gave consent to take part in my research by having a consultation with your sport psychologist audio recorded. We are now requesting your permission to use extracts from these audio recordings when we publish this research in an academic journal related to sport psychology. It is important to note that:

- These audio files shall not be shared outside my PhD supervisory team
- These audio files will be stored securely
- Your identity will be kept anonymous in any published material
- These files will be destroyed once the research has been published

Declaration:

By signing this document, you acknowledge that:

- You are free to withdraw from this study without giving a reason for withdrawing
- You are free to ask any questions you may have about the research
- You agree to take part in this research
- You give permission for extracts of your recorded session to be used in publication of this research.

Signed Date

(NAME IN BLOCK LETTERS).....

**Appendix 5.4 Study three (chapter five) participant information form
(video vignette athlete)**



Sheffield Hallam University

Faculty of Health and Wellbeing Research Ethics Committee

Sport and Exercise Research Ethics Review Group

Project title: Applications of Motivational Interviewing in Sport Psychology

My name is Rory Mack and I am a PhD student at Sheffield Hallam University.

I am creating some audio/video materials to use as part of my PhD, and for use once my PhD is completed. This involves training sport scientists and coaches in the use of motivational interviewing, a counselling technique, with athletes.

As well as using this material in workshop-type settings, we may also like to publish these video clips online, on a private YouTube channel, to allow workshop attendees to access these clips after they have completed these workshops.

The material you are going to help create therefore has to be viewed by these professionals, and it will not be possible to hide your identity, given that the material is being filmed. Additionally, while these files shall be stored securely, it is possible for files to be extracted from YouTube, and so we cannot guarantee that they will not be downloaded and broadcasted.

The content of these video clips is the context of an athlete and a sport psychologist having conversations about different aspects of life as an elite athlete. Examples may include competition preparation, training progress, performance review, performance issues, lifestyle challenges etc. It is up to you whether you choose to discuss a real or an imagined scenario. If you choose to discuss a real scenario, we ask that you choose something you are comfortable sharing, and to be shared as outlined above.

If, as a result of taking part in this research, you feel the need to see a sport psychologist or other professional, you can make this request and we shall facilitate this.

If you decide you would prefer not to have your contributions used/published as outlined above, you can make this request without reason, and it shall be withdrawn immediately, and the files destroyed.

Appendix 5.5 Study three (chapter five) participant consent form (video vignette athlete)



Sheffield Hallam University

Faculty of Health and Wellbeing Research Ethics Committee

Sport and Exercise Research Ethics Review Group

Project title: Applications of Motivational Interviewing in Sport Psychology

My name is Rory Mack and I am a PhD student at Sheffield Hallam University.

I am creating some audio/video materials to use as part of my PhD, and for use once my PhD is completed. This will involve professionals working in sport viewing this material, for training purposes. This material may be used as part of publications in academic journals related to sport psychology, and may be published online in a **private** YouTube channel. It is important to note that while these files will be stored securely, it is possible for files to be extracted from YouTube, and so we cannot guarantee that they will not be downloaded and broadcasted.

Declaration:

By signing this document, you acknowledge that:

- You agree to take part in this research

- You are free to ask any questions you may have about the research
- You give permission for your contribution to be published in the manner outlined above
- You are free to request that your contribution to this research be withdrawn at any time, without giving a reason for withdrawing
- It is not possible to keep your identity anonymous
- If you wish to, you can request access to a sport psychologist as a result of taking part in this research, and this will be facilitated

Signed Date

(NAME IN BLOCK LETTERS).....

Appendix 5.6 Motivational Interviewing Treatment Integrity 4.2 (blank)

MI Coding

MITI 4.2 Coding Sheet

Name: Coder: Date:

Target Change: Segment coded(mins):

Global ratings

Technical Components					
Cultivating Change Talk	1	2	3	4	5
Softening Sustain Talk	1	2	3	4	5
Relational Components					
Partnership	1	2	3	4	5
Empathy	1	2	3	4	5

Behaviour Counts

Total

Giving Information (GI)		
Persuade (P)		
Persuade with Permission (Pw)		
Question (Q)		
Simple Reflection (SR)		
Complex Reflection (CR)		
Affirm (AF)		
Seeking Collaboration (Seek)		
Emphasising Autonomy (Emph)		
Confront (Conf)		

Thresholds

	Fair	Good	This tape
Relational	4	5	
Technical	3	4	
% CR	40%	50%	
R:Q	1:1	2:1	
Total Mia	-	-	
Total Mina	-	-	

Appendix 5.7 Study three (chapter five) social validation evaluation

MI in sport psychology workshops

Which ideas or concepts did you like or find most helpful?

How might the training be improved?

What would you like more of/less of?

How could the presenter skills or training material be improved?

What will you do differently as a result of this training?

Additional comments: