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Exploring the Understanding and Application of Motivational Interviewing in Applied Sport Psychology

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Citation:

MACK, Rory, BRECKON, Jeff, BUTT, Joanne and MAYNARD, Ian (2017). Exploring the Understanding and Application of Motivational Interviewing in Applied Sport Psychology. The Sport Psychologist, 31 (4), 396-409. [Article]

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The Sport Psychologist
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Article Title: Exploring the Understanding and Application of Motivational Interviewing in Applied Sport Psychology

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Running Head: Motivational interviewing in sport psychology

Journal: *The Sport Psychologist*

Acceptance Date: July 1, 2017

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DOI: https://doi.org/10.1123/tsp.2016-0125

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Abstract

The purpose of this study was to explore how sport and exercise psychologists working in sport understand and use motivational interviewing (MI). Eleven practitioners participated in semi-structured interviews, and inductive thematic analysis identified themes linked to explicit use of MI, such as building engagement and exploring ambivalence to change; the value of MI, such as enhancing the relationship, rolling with resistance and integrating with other approaches; and barriers to the implementation of MI in sport psychology, such as a limited evidence-base in sport. Findings also indicated considerable implicit use of MI by participants, including taking an athlete-centred approach, supporting athlete autonomy, reflective listening, demonstrating accurate empathy, and taking a non-prescriptive, guiding role. This counselling style appears to have several tenets to enhance current practice in sport psychology, not least the enhancement of therapeutic alliance.

Key words: motivational interviewing; applied sport psychology; therapeutic alliance; integration

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The relationship between sport psychology practitioners and the athletes they work with is recognised as vital (Petitpas, Giges, & Danish, 1999; Poczwardowski, Sherman, & Henschen, 1998). 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).

Stemming from psychodynamic theory, the therapeutic or working alliance concerns the trust within the patient-therapist relationship, and relates to the nature and quality of collaborative, purposive work within the practitioner-client dyad (Hatcher & Barends, 2006). Therapist variability and contributions within the alliance, such as ability to be genuine, demonstrate accurate empathy and engage patients in collaborative work are widely recognised as consistent predictors of the outcome of psychotherapy, more so than either intervention type or recipient variability, and an essential component of any talking therapy (Baldwin, Wampold, & Imel, 2007). The therapist *as a person* is cited as being more critical than intervention type (Wampold, 2001), and a collaborative and empathic consultation style is critical for building rapport, and managing discord (or discrepancy) in the alliance (Moyers, Miller, & Hendrickson, 2005). A clear overlap can be seen in the relationship which exists between a therapist and a recipient, and that which exists between a sport psychologist and an athlete. 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.

It has been argued that sport psychology interventions typically place more emphasis on intervention content than on the processes of relationship-building and

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intervention delivery, and there is a need to better understand the mechanisms of action or mechanisms of change (Gardner & Moore, 2012; Poczwardowski et al., 1998) which lead to successful outcomes. What is perhaps missing from the sport psychology literature is specific detail on how to actually achieve these aims, beyond broad descriptions (e.g., Sharp, Hodge, & Danish, 2015). Despite this insight, it is clear that the relationship is of paramount importance in everything from therapy to mental skills coaching (Herzog & Hays, 2012). Further, Petitpas et al. (1999) proposed that the field of sport psychology would benefit from an interface with counselling psychology, due to its extensive research into adherence and positive outcomes based on the practitioner-client relationship. A decade later, it was suggested that while there is some recognition within the discipline that the professional relationship is the single most important aspect of service delivery, there had still not been the paradigm shift that Petitpas et al. (1999) intended, but rather 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). MI is composed of the following: (a) a relational component (MI spirit); (b) a technical component (microskills), which mobilises the relational component; (c) four processes (engage, focus, evoke, plan), within which the relational and technical components exist; and (d) sensitivity to the language of behavior change (change, sustain and resistance talk) (cf. Breckon, 2015 for full descriptions of these key elements of MI). The first application of MI was in the field of addictions (Miller, 1983), although its delivery is now widespread across both behavior cessation (e.g., addictions; Moyers & Houck, 2011) and behavior adoption (e.g., physical activity; Haase, Taylor, Fox, Thorp, & Lewis, 2010) contexts. In recent years, the evidence supporting the efficacy

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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 behaviors and outcomes are becoming better defined. For example, Apodaca et al. (2016) demonstrated that client change talk increased following practitioner use of open questions, complex reflections and affirmations. Hardcastle, Fortier, Blake and Hagger (2016) identified 38 content and relational MI behavior 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 behaviors 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. Behavioral changes observed in patients included openness to setting goals, positive self-talk, perceived capacity to overcome obstacles and increased change talk.

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, Edler, Sjostrom, & Claeson, 2015; Passmore, 2011), but minimal exposure in the sport psychology literature. This is perhaps because there is an assumption that all athletes are motivated for change. Yet, recent research (Massey, Gnacinski, & Meyer, 2015) found

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that the largest portion of sampled athletes (37%) were considered 'precontemplators', and not ready to take part in psychological skills training. This finding offers support for the use of MI in sport, indicating that athletes' readiness to change should be taken into consideration by applied sport psychologists. In cases where MI has been reported in sport settings, there is a limited application of the relational and technical components which are fundamental to the MI approach, or assessment of practitioner competence and fidelity to the approach (e.g., Margarit, 2013).

Evidence suggests it is often just one aspect of MI being applied. For example, the use of 'scaling rulers' is advocated by Hays, Thomas, Butt and Maynard (2010) in relation to practitioners understanding athletes' perspectives, while Fader (2016) outlines the use of the 'value card sort' exercise, but these are specific tools which appear to have been used in isolation, and do not represent an approach underpinned by MI. Similarly, Morse (2013) briefly reports the use of MI techniques in sport psychiatry for athletes struggling with substance abuse, such as *rolling with resistance* and *pointing out pros and cons of substance use*, and refers to the stages of change from the transtheoretical model (TTM; Prochaska & DiClemente, 1983). Again, this represents erroneously singling-out certain techniques of MI, and perhaps not applying them an in MI-consistent manner. This also represents just one aspect of the transtheoretical model, upon which MI is not based. The issue here is perhaps not with blending aspects of different approaches into one's work, given the integrative nature of applied sport psychology (Poczwardowski et al., 1998), but rather a lack of structure for doing so in a way other than that which become known as "eclectic". 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

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goal for ongoing research. 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 et al., 2017; Hardcastle, 2016). A framework for integrating MI with cognitive-behavioral therapy is becoming well understood in the treatment of a range of disorders, the principal of which being generalised anxiety disorder (Aviram & Westra, 2011; Kertes, Westra, Angus, & Marcus, 2011), and this is perhaps what we should be striving for in applied sport psychology. Given that aspects of the cognitive-behavioral and humanistic approaches are prevalent in applied sport psychology (Brown, 2011; McArdle & Moore, 2012; Petitpas et al., 1999), and that MI has been outlined as an ideal addition for practitioners in sport making use of behavioral, cognitive, and humanistic interventions in their applied work (Passmore, 2011), this calls for exploration to identify best practice for using and integrating MI in sport psychology. Initially however, the aim of the current study was to report how sport psychologists understand and use MI in their applied work. Specifically, their understanding of MI theory and principles; if, and how, MI is being used in applied sport psychology; the perceived value of MI; barriers to learning and implementing MI; how MI might be integrated with other approaches.

Method

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. This type of

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informal interview permits the interviewer to use a conversational style and ask spontaneous questions while maintaining focus on a specific topic (Patton, 2002).

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.

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 research team contributed to the final interview guide (Appendix). 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*

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begin to build a relationship/alliance with them?" and *"Which specific communication skills do you employ to underpin your work?"*. Interviews were then conducted with participants, using the finalised interview guide.

Procedure

Participants were sent information sheets prior to their interviews, 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. 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.

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. For the process of member checking, 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

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transcript if any changes were necessary. No changes resulted from this process. It is important to note that member checking used in this way (i.e., validation of data) has recently been questioned because "it does not go beyond ensuring that the researcher got it right" (Tracy, 2010, p.884) and is therefore unlikely to generate new insights that can be used for further analysis (cf. Sparkes & Smith, 2013). 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). As outlined by Braun and Clarke (2006), the following six phases 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. A sample of the interview transcripts was then coded and triangulated within the research team to gain consensus on the findings. Any discrepancies within the research team were discussed until an agreement was reached. The number of participants that contributed to each sub-theme and theme was tracked throughout, to provide a detailed overview of the findings. The research team included two practitioners who

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are untrained in MI, whose analysis was therefore not influenced by prior knowledge of MI. This ensured a reduced bias in the data analysis.

Results

The findings related to participants' explicit use of MI in their applied practice are presented first (Figure 1), followed by the findings pertaining to participants' views on the value of MI in applied sport psychology (Figure 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 1 and 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 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 1 shows findings which illustrate implicit use of MI in applied practice, in accordance with components (global ratings and behavior counts) of the Motivational Interviewing Treatment Integrity code (MITI 3.1.1; Moyers, Martin, Manuel, Miller, & Ernst, 2010).

Approaches in sport psychology

The cognitive-behavioral 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),

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acceptance and commitment therapy (ACT), psychodynamic therapy, neuroscience, and a positive psychology approach.

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 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, behavior 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 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 behaviors 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.

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Behavior 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 behavioral change. Four participants contributed to this theme.

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 cognitive-behavioral therapy (CBT), ranging from a superficial level to using it as an intervention.

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, behaviors and emotions on performance, and exploring the extent to which athletes wish to discuss personal issues which are impacting on performance.

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 2 illustrates participant responses organised into five themes consisting of 13 sub-themes. These

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themes are spirit, technical skills, processes, role of MI in behavior 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. As shown in Figure 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:

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> 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.

Role of MI in behavior change. Similar to Figure 1, this theme refers to the behavior change process. But, where Figure 1 refers to explicit use of MI in the behavior change process, this theme refers to the potential role of MI for behavior change in sport settings, and presents a more detailed account of this than in Figure 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.

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 research base in comparison to other

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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.

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 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 behavior codes from the MITI code (MITI 3.1.1; Moyers, Martin, Manuel, Miller, & Ernst, 2010) were used as a framework for this, as this is the most recent version 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.

Discussion

The purpose of the current study was to explore the understanding and use of motivational interviewing by applied sport psychologists. The findings indicate that certain aspects of the MI approach are being used in sport psychology consultancy,

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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 it 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 behavioral change; and secondly, the 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. In the last few years, a body of research (e.g., Sharp et al., 2015; Sharp & Hodge, 2011) has emerged regarding key aspects and perspectives of the professional relationship in applied sport psychology. For example, Sharp and Hodge (2011) explored sport psychology practitioners' perspectives on how to build an effective consulting relationship between the practitioner and the athlete. Their participants identified several characteristics of effective practitioners, including the ability to create connections with athletes by building and maintaining informal relationships. This is achieved through communication skills such as mirroring, specific questioning, and showing interest in the athlete as a person, and other aspects of the counselling approach, such as demonstrating empathy and understanding, building rapport, and being non-judgemental. Further, practitioners felt that athletes need to be

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active participants in the relationship, through their openness, willingness and commitment to learn and try new things, and need to be working with the sport psychologist by their own choice. This study concluded that practitioners should undertake counselling skills training early in their careers in order to facilitate their development of consulting relationships.

While this study presents an in-depth exploration of practitioners' perspectives of what makes an effective consulting relationship, the findings represent the missing link of service delivery that exists in the discipline - the *how* of demonstrating engagement, empathy and acceptance, building rapport, and collaborating with the athlete, through effective 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 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 behaviors to build self-efficacy, or being conscious of evoking and reinforcing athlete change talk to create momentum towards change. Recent research (Hardcastle et al., 2017) identified 38 distinct MI behavior 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 traits like 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).

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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. 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.

More recently, Sharp and colleagues (2015) explored the components necessary for consulting relationships between sport psychologists and athletes, noting that the relationship was a partnership, where athletes have an input, particularly to agreed-upon goals. It was also concluded that practitioners are required to have counselling skills such as viewing the athlete as a whole, and not only listening to the athlete's story but *demonstrating* that the client is being listened to. Nevertheless, it is not made clear how a practitioner would go about demonstrating this, other than "not doing much of the talking" or "encouraging the athlete to speak" (p.363). Again, this is where MI can potentially add value to applied sport psychology through its underlying relational and technical components, such as accurate, empathic understanding to build effective client-practitioner partnerships (Miller & Rose, 2009), and this seems worthy of further investigation. It is clear from the behaviors identified in Table 1 that experienced practitioners are currently applying some of these components, and it is suggested here that applied practice can only be enhanced by making these MI-adherent behaviors more overt.

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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 3.1.1; Moyers, Martin, Manuel, Miller, & Ernst, 2010) as well as an assessment of efficacy of the intervention by the client (Client Evaluation of MI; 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 behavior 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',

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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 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, Patrick, Wenzel, & Williams, 2011), substance abuse (Moyers & Houck, 2011), eating disorders (Geller & Dunn, 2011), and in using physical activity as a treatment for 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-

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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 behavioral 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 and colleagues (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 et al., 2017; Hardcastle, 2016).

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Recommendations for future research

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 to fill these knowledge gaps. 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 adaptions to MI for working with different sporting populations, including groups (teams) and adolescents. Finally, an exploration of integrating MI with different action-orientated approaches in sport psychology (e.g., rational emotive behavior therapy (Wood, Barker, & Turner, 2017); solution focused therapy (Hoigaard & Johansen, 2004)) may further enhance professional practice.

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.

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The practitioners sampled are well established in the discipline and are currently working at the elite level. Therefore, their experiences are perhaps not representative of those who are just beginning their careers, regarding the level of athlete that they work with, and the nature of the work itself. At the elite level, practitioners are perhaps less likely to encounter disengagement and resistance, for example. When neophytes are beginning the training process, they may experience increased levels of ambivalence or disengagement, given that they are unlikely to be working with elite athletes. 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 resistant athletes and for adaptations for working with teams.

Conclusion

This study has begun the process of exploring the application of MI in sport psychology, and identified the need to clarify the system of integrating different approaches. 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.

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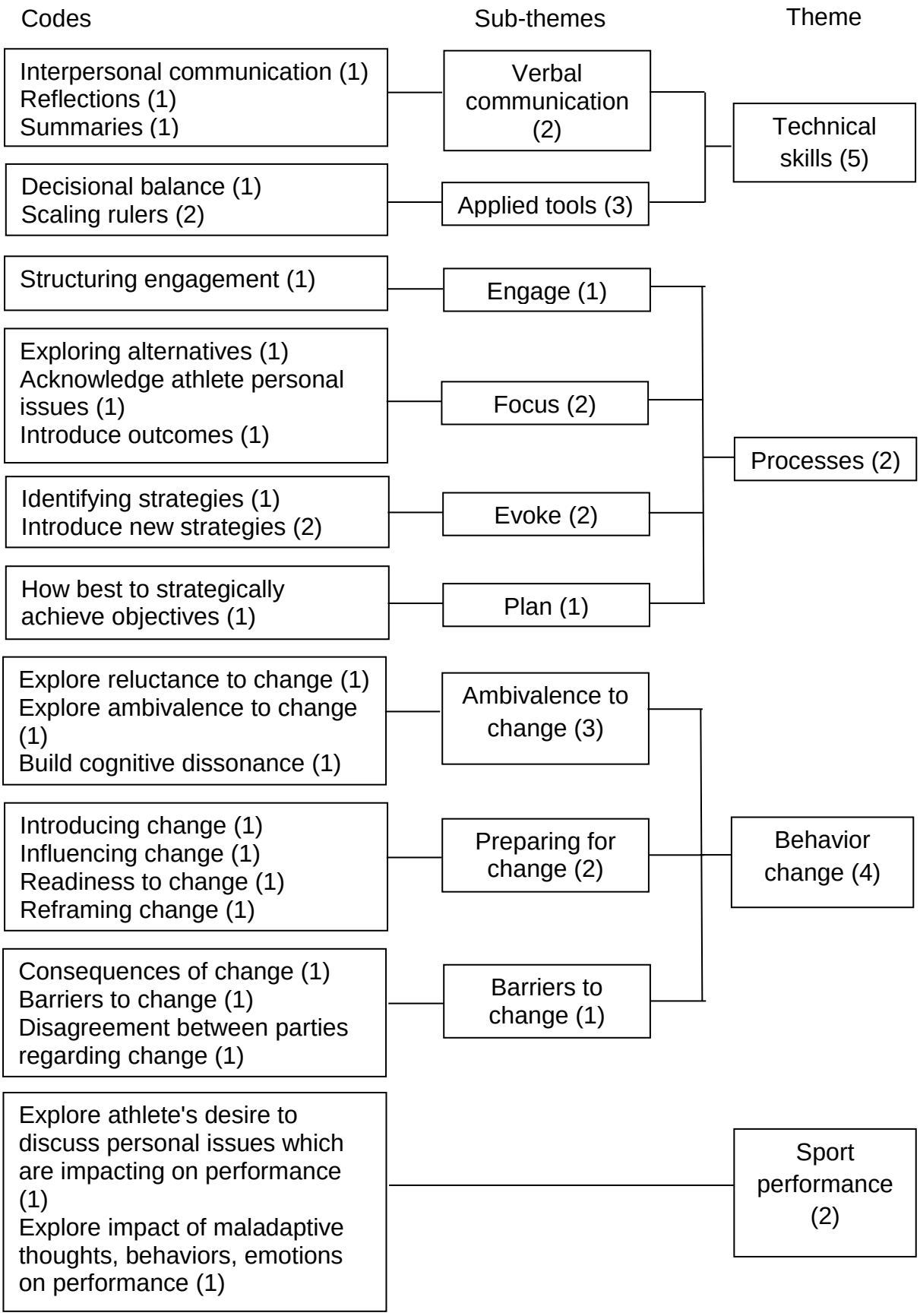

Figure 1: Explicit use of MI in applied sport psychology (7)

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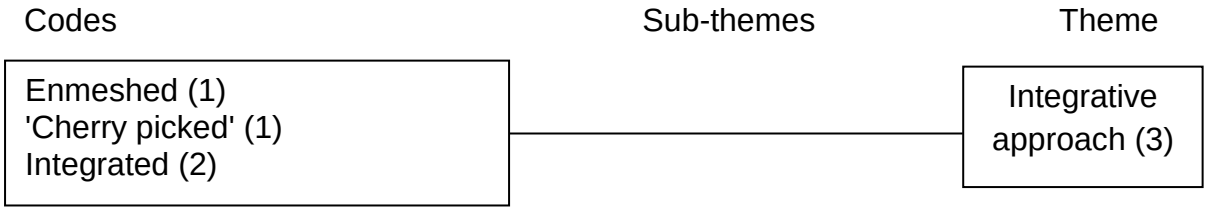

Figure 1. (Continued)

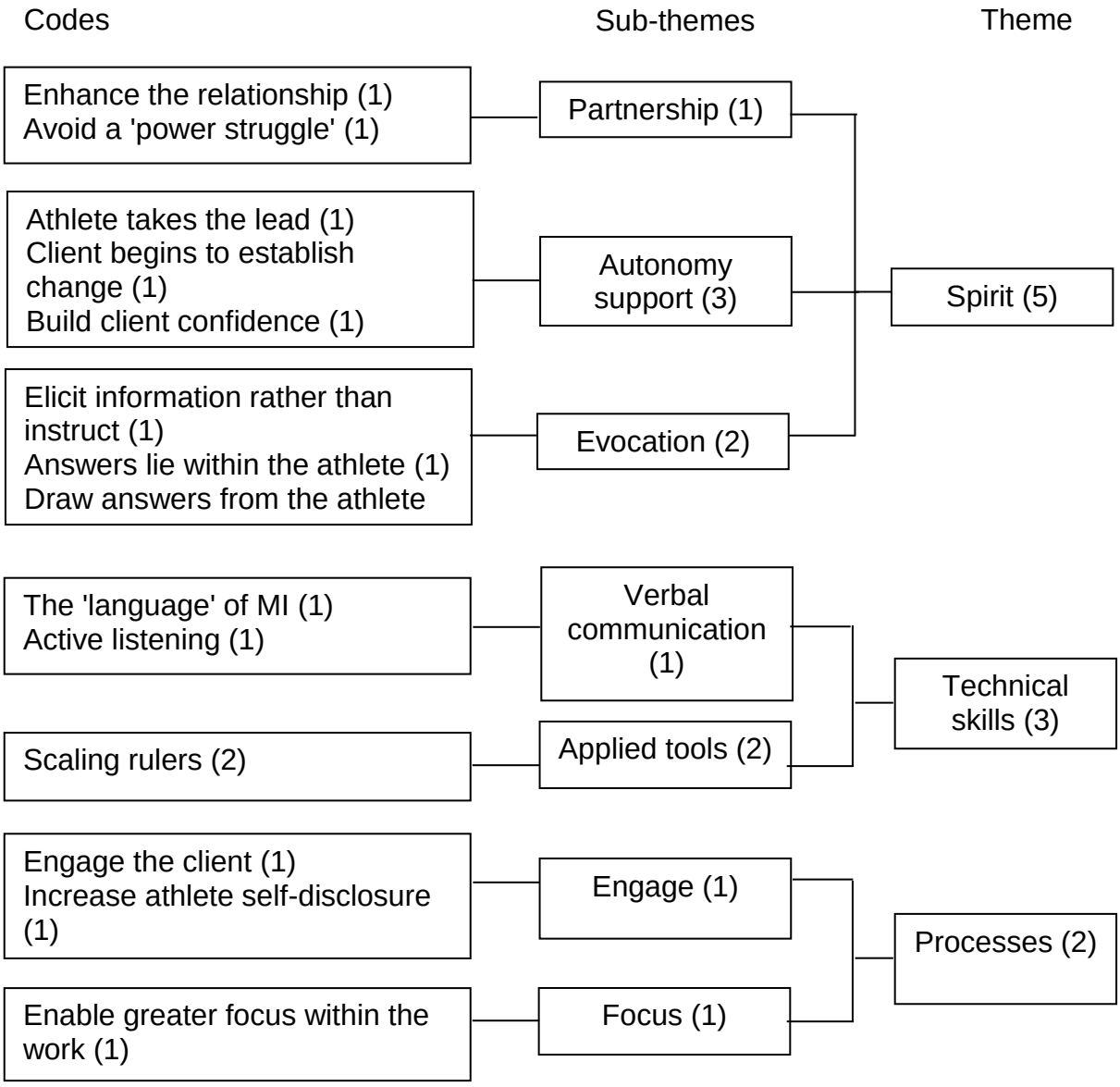

Figure 2: Perceived value of MI in applied sport psychology (8)

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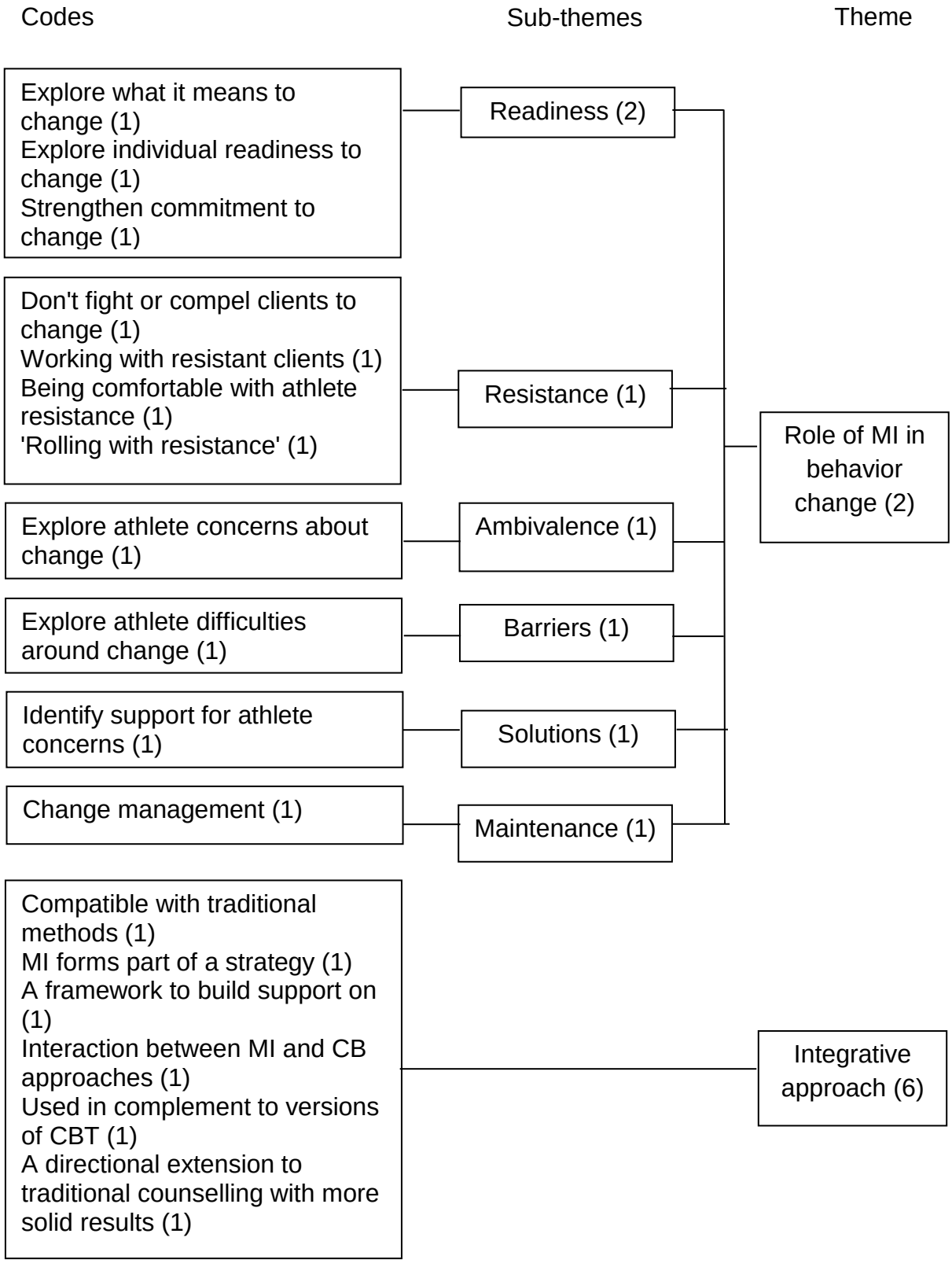

Figure 2. (Continued)

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Table 1: Motivational Interviewing Treatment Integrity (MITI) 3.1.1. components (global ratings, behavior counts) compared to practitioner implicit use of MI (11)

MITI component	Practitioner behaviors
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)

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Appendix

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/behavioral/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-behavioral; 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?

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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?

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