

## Clinical Section

# THE VALUE OF SELF-PRACTICE OF COGNITIVE THERAPY TECHNIQUES AND SELF-REFLECTION IN THE TRAINING OF COGNITIVE THERAPISTS

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**Abstract.** Recent publications have suggested that practising cognitive therapy (CT) techniques on oneself may be valuable in the development of cognitive therapists' clinical skills. The present study asks: Is this useful? If so, in what ways? We report a qualitative study of the experience of trainees undertaking a CT training course, which included an explicit self-practice (SP) and self-reflection (SR) component. Key features of the learning *process* were: (i) experiencing cognitive techniques from the client's perspective, and (ii) reflecting on this experience that led to (iii) a "deeper sense of knowing" of CT practices. The primary learning *outcome* was an enhancement of therapeutic understandings, which trainees reported to be both professionally and personally useful. Professionally, they reported deeper understanding of the therapist's role, the cognitive model and change processes. Personally, SP/SR led to greater understanding of themselves, and to the perception of CT as a useful tool for personal change. The data also suggested two other positive learning outcomes: an enhancement of therapist skills and therapist self-concept. We conclude that SP/SR may be a valuable component in CT training. Guidelines and recommendations for inclusion of SP/SR in training courses are discussed.

*Keywords:* Cognitive therapy training, self-practice, self-reflection, experiential learning.

## Introduction

Recently, several authors have suggested that practising cognitive therapy techniques on oneself is a valuable way to learn about cognitive therapy (Beck, 1995; Friedberg & Fidaleo, 1992; Padesky & Greenberger, 1995; Padesky, 1996). Padesky (1996, p. 288), for instance,

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has written: "To fully understand the process of the therapy, there is no substitute for using cognitive therapy methods on oneself". Padesky and Greenberger (1995, p. 250) suggest that a "way for workshop participants to practise and learn skills is to use *Mind over mood* worksheets during the workshop to apply cognitive methods to their own beliefs and symptoms".

Beck (1995, p. 312) advises readers "to gain experience with the basic techniques of cognitive therapy by practising them yourself before doing so with patients . . . trying the techniques yourself allows you to correct difficulties in application and putting yourself in the patient's role affords you the opportunity to identify obstacles (practical or psychological) that interfere with carrying out assignments". Within a growing literature on cognitive therapy training (e.g. Frieheit & Overholser, 1997; Kavanagh, 1994; Milne, Baker, Blackburn, James, & Reichelt, 1999; Williams, Moorey, & Cobb, 1991), we can find no study that has systematically examined the value of practising cognitive therapy techniques on oneself. This is the purpose of the present paper.

We have operationalized practising cognitive therapy techniques on oneself as Self-Practice (SP) and Self-Reflection (SR). "Self-Practice" (SP) refers to the actual practising of the techniques on oneself (e.g., completing thought records, behavioural experiments, goal setting, positive data logs, schema-focused approaches). "Self-Reflection" (SR) refers to the experience of reflecting on and evaluating self-practice.

Reflective thinking (SR) has had a long history in psychology from the time of William James (von Wright, 1992). SR is essentially a metacognitive skill that encompasses observation, interpretation and evaluation of one's own thoughts, emotions, feelings and actions. Boud, Keogh and Walker (1985, p. 19) define (self)-reflection as "those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations".

There are sound theoretical and practical reasons to suggest that SP/SR should be of value in the training of cognitive therapists. First, contemporary theories of adult education accord a key role to experiential learning and self-reflection in the acquisition of new skills (Burns, 1995; Kolb, 1984; Kemmis & McTaggart, 1988; Schön, 1987). In a seminal work, Schön (1983) focused on the role of SR in the training of professional practitioners. Schön suggested that the knowledge required for competence in the professions is of two kinds: technical-rational knowledge (e.g., in cognitive therapy, the learning of treatment protocols), and professional artistry (e.g., sensitivity to dynamics of relationship, timing of interventions etc.). He argued that while technical-rational knowledge can be (and usually is) conveyed by didactic means, the knowledge required for professional artistry is often tacit, the product of experience, and is best accessed by practitioner self-reflection. Recent work has highlighted the value of SR for professional training in the fields of medicine, social work, counselling, teaching and mediation (Fook, 1996; Kressel, 1997; Niemi, 1997; Schön, 1987; Zuber-Skerritt, 1996).

In addition, SP/SR may increase participants' self-awareness and self-knowledge, which may in turn impact positively on therapeutic competence. Recent developments in cognitive therapy have indicated the importance of interpersonal processes in the therapeutic process (Safran & Segal, 1990). When working with people who have complex long-standing personality difficulties, therapists must be particularly aware of their own schemas to avoid becoming enmeshed with the client (Layden, Newman, Freeman, & Morse, 1993). As Wills and Sanders (1997, p. 21) state, being a cognitive therapist now demands "a high degree

of self-knowledge – an awareness emphasized more readily in other therapies but now a necessary part of cognitive therapy’.

Since the birth of psychoanalysis, personal experience of therapy techniques has been one of the cornerstones of therapist training. For instance, exploration of family-of-origin issues may play an important role in the training of family therapists (Beck & Munson, 1988; McDaniel & Landau-Stanton, 1991), and is valued by the trainees (Beck & Munson, 1988). In the training of group therapists, there seems to be little way to avoid some focus on personal issues (Feiner, 1998). Within most schools of thought, there is awareness that safeguards must be in place to minimize harm or unwarranted personal exposure (Feiner, 1998; McDaniel & Landau-Stanton, 1991).

Behaviour therapy and cognitive therapy have not traditionally included personally-focused work as part of training. With the recent broadening of cognitive therapy to include a more complex range of clients and emphasis on the therapeutic relationship (Wills & Sanders, 1997), it is arguable that this omission should be addressed.

The present study used a qualitative design as a first attempt to map systematically the value of SP/SR in the training of cognitive therapists. Our questions of interest were: Are SP and SR perceived as useful by trainees? If so, then what are the beneficial outcomes? What processes may explain its usefulness? What are the implications and recommendations for future training courses? Since the study was essentially exploratory, it was considered premature to compare the relative value of SP/SR with other training processes (e.g., role plays, didactic teaching, videotapes).

## Method

### *Participants*

The participants were 19 trainees (16 female, 3 male) in a postgraduate clinical psychology training program who undertook a one semester course in cognitive therapy. Seven were in the first year's cohort (Group 1) and 12 undertook the course the following year (Group 2). Eleven had previous or current experience working professionally as counsellors, seven of whom described using cognitive therapy as one of their main approaches. Three other group members had completed several months part-time work as volunteer counsellors in community agencies. Five had had no previous experience of delivering counselling or therapeutic interventions. Fourteen had completed counselling courses at undergraduate level. Eight reported no previous exposure to cognitive therapy.

### *The SP and SR requirements of the course*

The course for both Group 1 and 2 was comprised of 39 hours face-to-face teaching over 13 weeks, plus approximately 75 hours of reading, homework assignments, essay, videotape, reflective diary keeping and reflective assessment. A strong emphasis was placed on practical skills building. The approach to training was participative and experiential, with some didactic input; use was made of role-plays, videotapes, group discussion and short formal lectures.

SP/SR was a formal course requirement for both Group 1 and 2. Trainees were given the rationale that SP/SR should increase their understanding of cognitive therapy, as suggested

by Padesky (1996), Beck (1995), and others. In contrast to other aspects of the course, no grades were allocated for this work because of the inherently subjective nature of the material.

Group 1 trainees were required to submit a 1000-word paper termed a “Reflective Assessment”, summarizing what they had learned about CT from their personal experience. For this paper, trainees were required to do a minimum of five self-practice exercises, which needed to include thought records and behavioural experiments; in fact, most did considerably more than five. *Mind over mood* (Greenberger & Padesky, 1995) was used as one of the course texts, and together with the teaching and other reading, provided the basis for Group 1 trainees’ SP.

The precise form that SR took was left up to the trainee’s discretion. As a model, each trainee was provided with an unpublished manuscript that contained plenty of SR examples. In practice, trainees used the processes of SR for various purposes, including: reflecting on the utility of a particular technique in bringing about change; reflecting on one’s own cognitions or behaviour in diary format, informed by the cognitive model; and reflecting on overall personal experience of thought records, behavioural experiments or other cognitive techniques. The range of topics chosen by students for SR was considerable.

SP/SR course requirements for Group 2 were more structured. Group 2 had an SP/SR Workbook, developed by the course coordinator, which required self-practice and reflection on at least one cognitive therapy technique each week. Participants were required to send weekly SP/SR homework to the course coordinator via email. The coordinator, in turn, emailed participants with a weekly digest of the group’s SP/SR work (quotes were anonymous).

### *Methodology*

The theoretical underpinnings of the research were derived from three sources: grounded theory, practitioner-researcher self-study, and participative action research. Grounded theory is an inductive qualitative methodology developed by Glaser and Strauss (1967). In contrast to many qualitative methodologies, grounded theory provides a structured, rigorous approach to the analysis of qualitative data, articulated in a series of books and articles over the last 30 years (e.g., Glaser & Strauss, 1967; Henwood & Pidgeon, 1995; Pidgeon, 1996; Rennie, Phillips, & Quartaro, 1988; Strauss & Corbin, 1994). Glaser and Strauss (1967) saw the primary purpose of grounded theory as generating new theory, particularly in relatively unresearched areas. The focus is on participants’ own accounts of events and experience. Theory is “grounded”, because analysis proceeds inductively, so that theory emerges from and is grounded in the data. In the present study, the absence of any previous research in this area, and the subjective, experiential nature of the material lent itself well to the application of grounded theory methodology. In essence, this was a largely exploratory study.

Practitioner-researcher self-study has been advocated by Schön (1983). SR is a key component of this approach. Schön describes a process in which experienced practitioners reflect on their practice in pairs or groups, trying to identify tacit assumptions and behaviours associated with high professional competence. The present approach differs from Schön’s in that (i) the trainees were reflecting not on their experiences as therapists, but their experiences as self-practising “consumers” of cognitive therapy principles and techniques and

(ii) much of the self-reflection, at least initially, was done on their own (for reasons of confidentiality).

Participatory action research is “research by particular people on their own work, to help them improve what they do, including how they work with and for others” (McTaggart, 1991, p. 181). Detailed description of participative action research methodology is beyond the scope of the present paper and the reader is referred to Carr and Kemmis (1986), Banister, Burman, Parker, Taylor and Tindall (1994), and McTaggart (1991) for discussion of its principles. For now, it should be noted that participatory action research indicates a research methodology that (i) proceeds in a series of plan-act-reflect cycles (ii) is “emergent” (research questions and strategies for the next cycle emerge from reflection on the last cycle) and (iii) abandons the distinction between the researcher and researched; all are researchers.

### *Data analysis*

The form of the data in this study is textual, not numeric. Data were derived from the following sources: (i) written 1000 word Reflection Assessments (Group 1) and weekly SP/SR homework (Group 2); (ii) approximately six hours of transcribed audiotape of group reflections on SP/SR experience (Group 1); and (iii) transcribed individual semi-structured interviews of approximately three-quarters of an hour with 10/12 Group 2 trainees. Data were entered on computer using the NUD\*IST program for qualitative analysis (Richards & Richards, 1991). In brief, NUD\*IST enables the researcher to impose structure on textual data by deriving a hierarchically-ordered tree structure. Categories and sub-categories are determined by the researcher, and can be re-arranged and re-categorized as new meanings emerge, which often occurs especially in the initial stages of analysis.

A second method of data analysis was the ToP (Technology of Participation) workshop method (Spencer, 1989). In the ToP method, idea units (in this case, from the written Reflective Assessments and group reflections) are individually written on sheets of paper. The researchers’ task is to form the most closely associated idea units into groups. Once agreement has been established, the researchers label each group by core theme. These groups may in turn be formed into higher order groups, thus again creating a hierarchical tree organized structure that shows further relationships between the data.

The theoretical underpinning of both the NUD\*IST and ToP analyses is grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The major categories that provided the frameworks for data analysis were derived from the following sources:

1. The distinction between the Process and Outcome categories emerged from two of our study questions: What are the beneficial *outcomes* of SP/SR? What *processes* of SP/SR may explain its value?
2. One of the major distinctions in the Outcome category between Professional Usefulness and Personal Usefulness emerged from an early Group 1 discussion.
3. All other categories emerged from the NUD\*IST and ToP method data analyses. To a large extent these analyses supplemented and corroborated one another, with the NUD\*IST analysis providing the fine-tuning that the more rudimentary ToP method could not deliver.

*Trustworthiness of the data and reporting*

The key quantitative research principles of reliability and validity sit uneasily within qualitative research paradigms that are founded on concepts of multiple realities, reflexivity, subjective meanings, and emergent researcher perspectives. In their place, the concept of trustworthiness has been proposed by various authors as a key construct by which to evaluate the rigour of data in qualitative studies (Agar, 1986; Lincoln & Guba, 1985; Krefting, 1991; Miles & Huberman, 1994). A key criterion by which to evaluate trustworthiness is ‘‘credibility’’, a not dissimilar concept to validity (Guba, 1981; Lincoln & Guba, 1985; Krefting, 1991). Credibility asks whether the researcher has established confidence in the truth of the findings for the subjects or informants, and the context in which the study was undertaken (Lincoln & Guba, 1985).

The present study has addressed credibility in various ways:

1. All Group 1 course participants, including the two who were not able to be part of the paper writing group, were intrinsic to the development of the study and the writing and reviewing of this paper. This process is known as ‘‘member validation’’. An example of member validation at an early stage in the group’s thinking (week eight of the course) was that the whole group endorsed the fundamental distinction between professional and personal usefulness of SP/SR. This became one of the key frames for data analysis.

2. All the major categories and findings derived from the Group 1 analysis were confirmed and validated in the Group 2 study. This enhances the credibility of the results very substantially, especially as this occurred despite some changes in course process and requirements.

3. The study has also been ‘‘triangulated’’ in a number of other ways. Triangulation refers to the use of combinations of data gathering, investigators, and data analysis to describe the range of experience of participants from multiple perspectives (Banister et al., 1994). Multiple perspectives make it more likely that results are accurate and representative. In the present study, there were three kinds of qualitative data (written reflections, group reflections and individual interviews); independent data analyses were undertaken by the first author (NUD\*IST) and three other authors (ToP Method), which, allowing for variations in the specificity of the data, indicated a substantial degree of overlap; there was ‘‘member validation’’ of findings by all Group 1 participants in the course, including those who were not part of writing the paper; and two separate groups of participants.

4. The study also utilized other strategies identified by Lincoln and Guba (1985) as increasing credibility. For instance: (i) Prolonged engagement: the authors have had prolonged engagement with the study material for some 18 months, which includes an initial 5 months data gathering and analysis; formulating and delivering two conference papers (Bennett-Levy et al., 1999; Turner et al., 1999); further analysis of the data and re-writing; and running a second course; and (ii) Negative case analysis: the authors have purposely sought out negative instances of events that challenge their conclusions. In some cases, this has led to modification of previous conclusions.

Accordingly, the author group consider that this report fulfils a key criterion of trustworthiness, credibility, and provides an accurate representation of their personal experience and the overall experience of SP/SR in the two groups.

### *Data presentation*

Whereas in quantitative studies results and interpretation are presented separately, in qualitative research interpretation of data starts with the first piece of coding or categorization by the researchers. Since qualitative data are complex, multifaceted, and bulky, it is not possible to present uncategorized, uninterpreted ‘‘raw data’’ within the framework of a journal paper. Therefore, to promote the readers’ understanding, it is common practice in qualitative reports to present a summary of the findings as a model at the start of the Results section, and give illustrative examples in the text (Miles & Huberman, 1994). This convention has been adopted in the present study.

The illustrative quotes we present below are from Group 1 only. This is (i) to make it easier for the reader by focusing on a small group of participants; and (ii) because five Group 1 participants are co-authors of this paper. However, we emphasize that we could draw on parallel quotes from Group 2 to support all the categories, and the model, that we propose.

## **Results<sup>1</sup>**

Figure 1 provides a diagrammatic representation of the data, and a tentative model. The model has two main components to describe the role of SP/SR in training: Processes and Outcomes. Processes are divided into Process Mechanisms and Core Process. Outcomes are divided into three categories: Therapeutic Understandings (the dominant category), Therapeutic Skills and Therapist Self-Concept. Arrows indicate hypothesized relationships. These labels have been assigned by the researchers to describe data categories derived directly from the experiential descriptions of the participants. In most instances, there were many examples for each category, but due to space restrictions, we have limited each category to one example. These are selected for their illustrative value.

In the model, it is assumed that Process Mechanisms (Experiencing from the Client’s Perspective, Reflecting on Experience) operate on the chosen self-practice tasks (e.g., thought records, behavioural experiments) to produce a Deeper Sense of Knowing (Core Process). This Deeper Sense of Knowing gives rise to enhanced Therapeutic Understandings (e.g., increased understanding of the cognitive model, increased understanding of self) and Therapist Skills. In turn, these may impact positively on Therapist Self-Concept. Each of these components will be described in turn, with examples.

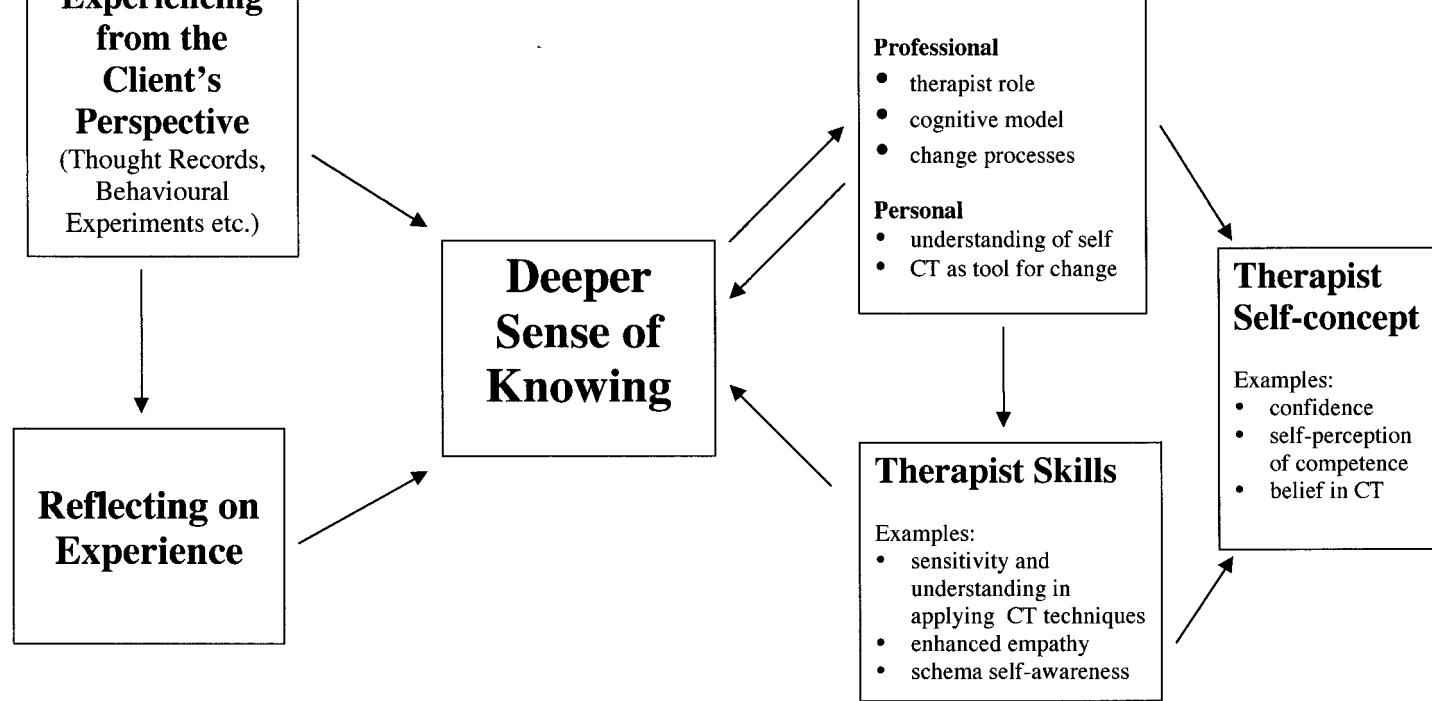
## **Process**

### *(1) Process mechanisms*

Participants described two major kinds of process mechanism: Experiencing from the Client’s Perspective, and Reflecting on Experience.

*Experiencing from the client’s perspective.* Most trainees noted the value of being in the client’s shoes (without a therapist). This led to various experiences that enabled them to get

<sup>1</sup> All names (and some genders) used in the text have been changed to preserve anonymity. However, the same name is always used to refer to comments by the same person.



**Figure 1.** Proposed model of impact of SP/SR

a feel for the strengths and weaknesses of CT techniques from the inside; deepened empathy for clients; and increased understanding of the difficulties clients may face. Anne for instance said:

I think knowing how to do it for yourself covers all the bases. If you know how to do it then you know how to track automatic thoughts, you know how to write and fill in a thought record, you know how to plan a behavioural experiment. If you know that then you can impart that knowledge to other people. Because you understand it for yourself, rather than having understood it from a book or something.

*Reflecting on experience.* The other process mechanism was Reflecting on Experience. Trainees noted the value of self-reflection in a number of ways; for example, in enabling them to achieve deeper understanding of cognitive techniques, and to value the process of writing things down in therapy. Helen said:

Reflecting on all of these processes reaches a deeper level of awareness than merely experiencing them allows. By further processing the information gained by experiencing these “mechanisms of change”, a greater understanding of CBT can be achieved.

At first, much of the SR work was carried out individually. However, as the group developed, individual SP/SR experiences began to be shared within the larger group, and this experience was deemed particularly beneficial in enabling personal experience to be placed within the broader context. For instance, the following interchange occurred between Sandra and John as part of a longer discussion about group processes:

Sandra: It actually normalized the experience then didn't it? When everybody else had similar issues.

John: And that's when I got the idea that these techniques work well differently for different people. And that came out from the group meetings as well.

## (2) *The core process*

*Deeper level of knowing.* Participants indicated that experiencing cognitive therapy “from the inside” and then reflecting on the process led to a different level of “knowing”. We believe this to be the core process that enhanced training outcomes in our group. In the following passage, John reflected on a difficult recent interaction and made the distinction about levels of knowing:

Although I already knew that emotions are a result of our interpretations of events, this situation gave me a good example of that from my own experience. So rather than just “knowing” about this phenomenon I “realised” it – the difference between understanding the concept at a head level and gaining an unquestionable, full-bodied experience of understanding.

## Outcomes

Outcomes were of three kinds: Therapeutic Understandings, Therapist Skills and changes in Therapist Self-Concept. The first of these categories provided over 90% of the data, and was clearly the dominant learning outcome at this stage in trainees' development.

(1) *Therapeutic understandings*

Therapeutic Understandings refer to trainees' perceptions that they gained enhanced understanding of the cognitive theory and the processes of therapy through SP/SR. At an early stage in the study, participants made a distinction between two specific ways in which SP/SR was useful: Professional Usefulness and Personal Usefulness. In practice, the two were also highly interlinked, and together formed the higher order category, Therapeutic Understandings.

*Professional usefulness.* Participants saw practising cognitive therapy techniques on oneself as Professionally Useful in three major areas of clinical skill acquisition:

1. Increasing understanding of the therapist's role in cognitive therapy.
2. Increasing understanding of the cognitive model.
3. Increasing understanding of processes of change in therapy.

*Increased understanding of the therapist's role* was indicated by three major themes: (a) recognising the value of the therapist as guide; for instance, some people noticed how much easier it was to design a behavioural experiment collaboratively, rather than on one's own; (b) the insight into the therapist/client process that SP/SR allowed, for example, into therapist expectations of homework and writing thoughts down; and (c) recognizing the importance of retaining an eclectic openness, and not to discount a technique just because it was not personally effective.

An example of experiential insight into the therapeutic process is provided by Graham, one of the trainees who was already using cognitive therapy in his professional practice:

In using the techniques myself, I was interested to find that, at least initially, I fell into the trap that some clients do, in that I was thinking through automatic thought records and planning behavioural experiments in my mind, without putting them to paper (quite embarrassing, given that I had reinforced to clients so regularly that writing things down is important!). Although of some use in my mind, I found that writing down provided something more concrete to work with, generated a collection of "evidence" for future use, and allowed a degree of distance for more objective evaluation.

*Increased understanding of the cognitive model* was indicated by three themes: (a) participants' SP/SR gave them greater understanding of the model itself, for instance in the relationships between thoughts, emotions and behaviours; (b) they learned some of the strengths and pitfalls of different CT techniques; (c) they gained an understanding that goodness of fit between the cognitive model and individuals' personal model of the world might be a major factor in clients' acceptance of the cognitive model, and their therapeutic outcome. The following exchange between John and David during a group reflection illustrates how SP/SR promoted insight into the practical difficulties of using CT techniques, and the need to devise strategies to overcome them:

John: The only thing is that in practice anyway I just found that I would never write them (Automatic Thoughts) down straight away. It was like "yeah I had that thought a couple of hours ago, what was that again?" And then I wrote it down later . . . It was just a matter of having some kind of cue to remind you to do it. That's what I found really hard was to set up some kind of way of remembering to do it. Remembering to remember.

David . . . To expect yourself to be able to have a piece of paper there every time a thought

pops into your head is not practical. So I guess that by doing it the other way you are learning about the difficulties, which is something you can take to clients.

*Increased understanding of change processes* was indicated by three more themes: (a) the awareness of different degrees of readiness to change; (b) the perception that participants were at different stages of change; (c) the possibility of negative experiences. For instance, while Helen actively used the SP/SR opportunity to challenge her core beliefs around incompetence, Anne kept a firm check on what she was willing to do:

My avoidance is quite protective. So all the things I did were up to the stage that I could handle it. I didn't thrust myself in, so I didn't do it. Only do what you can.

Although negative experiences of cognitive techniques were rare, they did occur for Sandra, who learned a valuable lesson about setting up behavioural experiments the hard way:

I would also like to comment on the issue of being prepared for the worst possible scenario that may evolve from a behavioural experiment. In one of the behavioural experiments that I attempted, I learnt that it is also necessary to be prepared to discover experiences or a new learning that you might not want to have, or expect to learn. Also, be prepared to see the humour in it as this might be an effective coping strategy for when things do go wrong.

Sandra's experiences indicate that it cannot be assumed that application of cognitive techniques in training or therapy is always going to produce change in a positive direction.

*Personal usefulness.* Practising cognitive techniques on oneself was seen not only as professionally, but also as personally useful. The perception of Personal Usefulness took two forms:

1. Greater understanding of self;
2. Experience of cognitive therapy as an effective tool for personal change.

Examples are provided by David and Helen's comments below:

*1. Greater understanding of self.* David wrote:

As I look back over my thought records, behavioural experiments and reflections of the last few months, I come to realise that I have learnt so much about myself during this time, that I feel like a new person.

*2. Experience of cognitive therapy as an effective tool for personal change.* Helen noted:

The whole process has taught me things about myself, the way I think, and the way I unconsciously sabotage the positive. I am now aware of Little Miss Nasty, who rears her ugly head whenever something positive happens.

## (2) *Therapist skills*

Trainees made some references to the effects or potential effects of SP/SR in enhancing therapist skills. Skill changes noted by trainees included: an increased sensitivity and understanding in the application of CT techniques; enthusiasm and belief in CT that was communicated to clients; greater empathy; use of personal metaphors indicating "knowing"; and increased awareness of the impact of one's own schemas. For instance, during the group reflections on their experiences of behavioural experiments David noted:

. . . with behavioural experiments (you) help them to set something up that they can deal with and handle, helping them to look at what the outcomes might be and if they can handle that situation . . . knowing and hearing other things from the group as well you realise how important that is to really do that with them.

Although such information certainly featured in the more didactic components of the course, we suspect that the SP/SR component will have played a key role in embedding this knowledge in memory, making it available for recall and thus impacting on their therapist behaviour.

### *(3) Therapist self-concept*

The effects of the learning outcomes on therapists' self-concept was to enhance their confidence and self-perception of competence. For some, but not all trainees, their belief in the efficacy of CBT was also enhanced. Anne expressed this in the following way:

What it has truly given me is a belief, a belief that cognitive therapy works, that I am capable of doing cognitive therapy and that I can help clients do cognitive therapy. Empirical and scientific grounding helped me to believe in the efficacy of cognitive therapy. Practice and reflection demonstrated I could do it. Reflection and my own experience of cognitive therapy techniques gave me confidence that I had what it took to help my clients use cognitive therapy.

## **Discussion**

Participants in both Group 1 and Group 2 were unanimously of the view that SP/SR added considerable value to their training in cognitive therapy. The major impact of SP/SR was on enhancing Therapeutic Understandings, which accounted for over 90% of the data. The reported value was both personal and professional. Professionally, trainees gained greater understanding of the role of the therapist, of the cognitive model, and of processes of change. Personally, SP/SR led to greater understanding of self and the perception of cognitive therapy as a useful tool for personal change. As one participant put it, SP/SR provided a three-dimensional view rather than a two-dimensional view of cognitive therapy.

There were indications that SP/SR may also have had an impact on Therapist Skills and Therapist Self-Concept. Of course, the ultimate value of SP/SR in training will be determined by its impact on clinical skills and client outcomes. Ways in which trainees suggested SP/SR might impact on therapist skills included: increased sensitivity and understanding in the application of CT techniques; enthusiasm and belief in CT which was communicated to clients; greater empathy; use of personal metaphors indicating "knowing"; and increased awareness of the impact of one's own schemas. Inspection of this list might suggest that SP/SR has its primary effect on what Schön (1983, 1987) terms "professional artistry". This would be consistent with his view that, while technical-rational knowledge can be learned by more traditional teaching approaches, professional artistry is best learned through practitioner self-reflection.

The fact that less than 10% of the data referred to impact on therapist skills, or therapist self-concept, is not surprising. The course was only 13 weeks long, and the majority of trainees were doing their first clinical placements, and thus had little chance or context to gauge possible changes. Our assumption would be that the first point of impact of SP/SR is

on Therapeutic Understandings, and that over the course of time, these understandings impact on Therapist Skills and changes in Therapist Self-Concept.

We suggest that the core process through which SP/SR may enhance understanding and skills was the Deeper Sense of Knowing that SP/SR afforded. This is a judgement about the quality of trainees' learning experience. Postgraduate students are in a good position to make such judgements. All have had extensive learning experiences in undergraduate and postgraduate courses over the previous years, and have had exposure to a wide variety of teaching techniques and learning situations. Plenty of other literature also supports the view that experiential learning and SR result in deeper levels of understanding (Kolb, 1984; Boud et al., 1985).

If SP/SR does have a facilitative effect, how might this be explained? Epstein (1994) provides one possible answer. His cognitive-experiential self theory posits the existence of two parallel interacting modes of information processing that he labelled a 'rational system' and an emotionally driven 'experiential system'. Epstein argues that these systems have different attributes. The former requires justification via logic and evidence, is analytic and reason-oriented. The latter is associated with emotion, is essentially nonrational and automatic, is apt to be experienced as more compelling and is more deeply encoded inasmuch as it is more difficult to change.

Training courses that do not include an SP/SR component may be more logical, evidential and analytical, and thus appeal predominantly to the rational system; consequently information may be less deeply embedded. In contrast, inclusion of an SP component may be associated with greater emotion that triggers the experiential system, and a deeper level of encoding (realization). As Epstein notes, for the experiential system experiencing is believing. Self-reflection, which incorporates both rational and experiential components, further reinforces the learning, enabling the experience to be related to existing cognitive therapy conceptual frameworks, thus integrating the learning in the two modes of processing. We hypothesize that SP/SR gives rise to a deeper level of knowing by enriching both the rational system and, perhaps especially, the experiential system.

Initial reaction of both groups to inclusion of the SP/SR component was resistance. At the first course meeting the issues were discussed, principally about boundaries and self-disclosure, and a set of guidelines for written reflections were formulated and agreed. In Group 1, for at least the first half of the course, SP/SR work was undertaken individually, apart from one group of three who worked together. Later in the course, and in the writing of the paper, group time was used to reflect on individuals' SP/SR experiences. In Group 2, SP/SR work was done individually and then emailed to the Course Coordinator who emailed out a Digest of Group Reflections each week.

In both groups, sharing reflections with the other group members, in person or via email, added significantly to the experience of participants. For instance, participants could see that techniques that had not worked for them might work for somebody else. The opportunity to explore common experiences (e.g. avoidance) deepened their personal understandings, as well as normalizing their experience.

The value of group reflection will to some extent be dependent on willingness to self-disclose. As soon as SP/SR processes are moved from the private to the public domain, ethical issues about privacy, vulnerability and boundaries are raised (Aponte, 1994; Beck & Munson, 1988; Feiner, 1998). Both groups addressed these issues by making a distinction between reflection on *content* (e.g., 'I felt really down because of a huge argument with

my girlfriend’), and reflection on *process* (e.g., ‘my thought record made me aware of an emotion that I had not previously recognized’). Once this distinction had been made, trainees were willing to share reflections on process. The degree to which individuals were willing to reflect publicly on content varied over time and between individuals. Different training groups will form their own norms and rules for self-disclosure depending upon the nature and purpose of the group, pre-existing relationships, group leadership, concurrent pressures and so on. What is apparent is that course leaders must discuss SP/SR process with trainees at the outset, explain the rationale well, and agree a process that makes it safe enough for participants, otherwise SP/SR is likely to be perceived as threatening and rejected.

If other studies support our conclusion that SP/SR adds value and depth to cognitive therapy training, then the question naturally arises: Should personal experiential work with cognitive therapy techniques be a requisite part of the training of cognitive therapists? If so, what form should this take?

Writing the paper and the need to fulfil course requirements almost certainly exerted a positive impact on trainees’ level of engagement with SP/SR. To what extent is difficult to determine. It should be noted that Group 1’s decision to devote added hours to writing the paper without any guarantees of outcome was as much a reflection of positive experience of SP/SR as it was a cause for further engagement; and Group 2, who were not involved in writing the paper, reported similar benefits. Our experience suggests that a certain level of engagement over a period of time, which the course structure provided, is necessary to derive benefit from SP/SR.

We also took care to ensure that course requirements, and writing the paper, did not lead to an inherent bias to report only positive experiences. Trainees were encouraged to be critical, and did report negative experiences of cognitive therapy techniques as well as positive ones. A couple of trainees also noted that during periods of intense stress they derived little benefit from SP/SR. Self-reflective work seems to need a minimum requirement of time and absorption, which periods of high stress do not allow. Reporting bias was also reduced by not grading SP/SR work and by collecting much of the data after the conclusion of the two courses (e.g. Group 2 interviews, and Group 1 group reflections). We conclude that writing the paper, the need to fulfil course requirements, acceptance of the rationale and having an agreed process all served to increase trainees’ level of engagement with SP/SR, and engagement led to deeper processing. However, safeguards mitigated potential effects of any inherent reporting bias.

An interesting element in both groups was the degree to which the limits of individually-driven personal development work were exposed; and, correspondingly, the value and respect for the role of therapist that was revealed. Therapists were seen as playing a variety of important roles, central to the facilitation of personal change. A good example of this, cited by several participants, was the role of therapists in the design and monitoring of behavioural experiments. Setting up a useful behavioural experiment is a complex task. There is also considerable anxiety often associated with behavioural experiments. Anne was not able to go through with hers, and Sandra got into difficulties with hers. On the other hand, other participants found the behavioural experiments to be the most effective of all techniques in producing behavioural and cognitive change. Having a therapist to brainstorm possibilities, anticipate and work through possible consequences, and assist evaluation amongst various other tasks provides an alternative perspective and support that is not other-

wise available in SP. This difficulty, experienced by relatively sophisticated course participants studying cognitive therapy, suggests that even a self-help book as well designed as *Mind over mood* (Greenberger & Padesky, 1995) requires therapist back-up if it is to be truly effective.

As with any qualitative study in a specific environment, we cannot say to what extent the categories we derived will generalize to other training courses or situations. Of necessity, the particular experiences and insights that trainees on a cognitive therapy course have will be a function of a number of factors: for example, style, content and length of training course; its function and setting; ‘‘safety’’ within the group; trainer facilitation skills; personal background and level of experience and expertise of the participants; current life circumstances; previous self-exploration experience; group dynamics and so on. However, we are confident about the central conclusion of the study: that well-facilitated courses that encourage SP/SR will add personal and professional value to the trainees’ experience.

The design of the study also did not allow us to determine whether the inclusion of SP/SR objectively made a difference to the development of therapist skills; nor whether SP/SR were more or less important components of training than other learning processes such as role playing, observation, didactic teaching and so on. Future studies should address these questions. For now, we can only conclude that, subjectively, the trainees believed that SP/SR considerably enriched their development as cognitive therapists for the reasons indicated.

Two cautionary notes: first, a minority of trainees had SP/SR experiences that gave rise to strong negative emotions. Although discomforted in the short term, almost all said that they had found these experiences to have been amongst their most valuable learning. What they do highlight is the need for good guidelines for SP/SR practice, back-up support and/or counselling options. Second, another issue is whether SP/SR may be contraindicated for some participants on training courses. While our experience here is limited, we do suggest that participants should be diverted away from SP/SR using significant personal material under any of the following conditions: previous history of serious psychological disturbance, current major life stresses, and absence of outside social support. Additionally, focus on a major life issue (e.g., divorce) is inappropriate in this context.

Accordingly, our recommendations for future courses are:

1. Given our experience reported here, and the suggestions of others (Beck, 1995; Padesky, 1996), we would recommend inclusion of a SP/SR component and group reflection in training courses that extend over a few sessions.

2. The value and benefits of including such a component should be carefully explained to trainees (this paper could be helpful as background material). In particular, it should be noted that the inclusion of SP/SR in a formal CT course is for training and learning purposes, not therapy.

3. The group must have the opportunity to express and discuss reservations, otherwise resistance is likely to be encountered.

4. The group should be allowed to determine its own process once the purpose and practice of SP/SR has been established. This may change with time, and any agreements should not be so rigid that they do not allow for development as group dynamics change.

5. Differences in individuals’ willingness to self-explore and self-disclose should be explicitly recognized and validated. No implicit or explicit pressure should be applied to self-disclose.

6. Contraindications to SP/SR should be stated at the outset, as suggested above.

7. A regular 10-minute update at the beginning of each session with the same group member might be helpful to review any issues with home-based SP/SR since the last session.

8. In case any group member experiences major problems, support and/or counselling options should be explicitly indicated at the outset of a course. If these options are inappropriate for some participants (e.g. because of distance), or not regarded as suitable, they should be required to create their own written safeguard strategy.

9. Processes should be devised to enable the group to share SP/SR experiences. Face-to-face contact, email, and internet chatrooms are amongst the possibilities.

10. The option of practising cognitive therapy outside the training situation in duos or trios using real (but low level) personal issues should be suggested for those participants who want to deepen their experience of SP/SR.

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