

**WHAT ROLE DOES 'THE PERSON OF THE THERAPIST' PLAY IN THERAPIST
SKILL DEVELOPMENT? EMPIRICAL AND THEORETICAL PERSPECTIVES**

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ABSTRACT

Personal therapy or personal experiential work has not traditionally been part of cognitive therapy training. Conversely, in many other schools of therapy, personal therapy is a prerequisite for accreditation. So what is the role of the 'person of the therapist' in the development of therapist competence? The present paper provides empirical and theoretical perspectives on this question. Empirically, it is suggested that there is a link between personal therapy/experiential work and the development of therapist interpersonal skills (e.g. Bennett-Levy et al., 2003). Theoretically, the author's recent model of therapist skill development suggests that the 'person of the therapist' cannot be divorced from therapist competence. Clearly such conclusions have considerable implications for training in cognitive therapy. Should trainers incorporate personal experiential work or personal therapy into training? If so, how?

KEYWORDS: Personal therapy; therapist skill development;

INTRODUCTION

The technological emphasis in cognitive-behavioural therapy (CBT), and its historical foundations in behaviour therapy have meant that cognitive-behavioural therapists have traditionally placed rather less emphasis on personal development than have therapists from other orientations. In the UK and Australia, cognitive-behavioural therapy is one of the few therapies not to have a personal development requirement. This paper addresses the following questions:

- Does personal development have an impact on therapist competence within CBT?
- If so, on what skills of the cognitive behaviour therapist?
- How can we understand this impact?
- What are the implications for therapist training, in cognitive therapy?

Empirical and Theoretical Perspectives

Schools of psychotherapy (e.g. psychodynamic) which advocate personal therapy tend to suggest two main reasons for its inclusion in training:

1. Personal development work will enhance therapy understanding and skills
2. Personal development work will help develop the *person of the therapist*, which should create a more adaptive therapeutic field in which therapy takes place.

However, the quality of research findings to support these assertions has been poor (Macran & Shapiro, 1998), partly because it is such an intrinsically difficult area to research – for instance, personal therapy happens over an extended period of time, during which many other learning processes (e.g. workshops, clinical experience, supervision) may be operative.

Over the past few years, some colleagues and I have looked in a systematic manner at what changes trainee and experienced cognitive-behavioural therapists report as a result of using an experiential training strategy known as self-practice/self-reflection (SP/SR) (Bennett-Levy et al., 2001; 2003). To summarise briefly:

1. Trainee and experienced therapists report positive changes in
 - Their understanding, both of the therapy and themselves
 - Specific skills (see below), and
 - Their confidence as therapists.
2. At a process level, they report a different quality of learning - what we have termed a 'deeper sense of knowing' of CBT practices (Bennett-Levy et al., 2001).

How can these participant reports of a 'deeper sense of knowing' be understood? To translate this notion into the language of memory theory, these reports suggest that learning from personal experiential work (e.g. SP/SR) may be more deeply encoded in memory than learning

from more traditional strategies (workshops, lectures etc). Theoretical support for this idea comes from at least two sources:

1. Psychological research over many years established that self-referenced information is more deeply encoded in memory than are any other kinds of material (Symons & Johnson, 1997). Therefore, knowledge and skills gained from personal therapy or SP/SR are likely to be particularly well-remembered.

2. The recent cognitive model of therapist skill development presented at this conference (see Bennett-Levy, 2005) predicts that self-referenced material is more richly encoded in procedural memory since it is dually represented in (i) the self-as-therapist schema system, which learns new therapy skills, and (ii) the self-schema, which stores knowledge about the *self*.

So at least at a theoretical level there are grounds for suggesting that personal development work may assist therapist skill learning.

A related issue is: Are we in a position to say which skills may be impacted? In a review article on personal therapy, Macran and Shapiro (1998) suggested that there was some evidence that personal therapy has a positive effect on empathy, warmth and genuineness, but there was little other objective evidence of changes.

In a recent study of experienced cognitive therapists with a strong grounding in CBT who undertook self-practice/self-reflection (SP/SR)-based training, my colleagues and I (Bennett-Levy et al., 2003) reported six main areas of therapist skill development. These were:

1. Perceptual skills e.g. the ability to tune into where the client is at;
2. Relational skills e.g. relationship building communications, communicating warmth, repairing therapy ruptures;
3. More refined specific CBT skills e.g. they set up behavioural experiments in a more sensitive, client-friendly way;
4. More effective communication of the rationale for CBT and for particular interventions;
5. More flexible use of techniques;
6. Enhanced reflection in their clinical practice;

While it should be emphasized that these results are based on self-report rather than objective measures, and therefore need further objective validation, they do suggest possible areas of impact, in particular on interpersonal skills.

Placing these findings in the context of the model of therapist skill development (see Figure 1, Bennett-Levy, 2005), the model predicts that individual development work should impact to the greatest extent on three areas:

1. Perceptual skills – that is the ability to tune into where the patient is at through such skills as empathy awareness, mindfulness & reflection;
2. Therapist attitudes, for instance, compassion and understanding;

3. Interpersonal relational skills, which reflect therapists' capacity to make warm, empathic, relationship building communications.

These enhanced interpersonal skills feed into the *when-then rules, plans, procedures and skills*, which determine what intervention is delivered under what conditions at what time. The model postulates that the impact of the enhanced interpersonal skills is to infuse the more technical skills (e.g. use of thought records, setting up behavioural experiments) with greater interpersonal sensitivity and awareness, so that patients are more likely to engage effectively with tasks. Furthermore, the effect is compounded because the therapist self-reflection, which is enhanced by personal development work, means that the whole system is constantly being evaluated and updated to produce progressively more sophisticated when-then rules and skills.

So, to conclude this section, the limited empirical research and theory development in this area suggests that the 'person of the therapist' may indeed be important in the development of therapist competence, as personal therapy or personal experiential work

- may lead to deeper learning of skills
- may impact on specific skills, in particular interpersonal skills.

Implications

Given these conclusions, should personal therapy or personal experiential work be part of cognitive therapy training? If so, what form should it take?

The answer to this question is by no means simple. On the one hand it is arguable that:

- These conclusions suggest that personal experiential work should enhance therapy skills and
- The particular focus of impact, interpersonal skills, is perhaps the area where cognitive therapy training tends to be at its weakest – observation of training courses would suggest that trainers place a strong emphasis on technical and conceptual skills, and rather weaker emphasis on interpersonal skills.

At this stage, while there is some work on the impact of self-practice/self-reflection (SP/SR) in the CBT training context, and a clear rationale for its value (Bennett-Levy et al., 2001), there have been no studies of the impact of personal *therapy* on cognitive therapy trainees. Until the value of personal therapy has been demonstrated, it may be prudent for those wishing to incorporate personal experiential work into CBT training to adopt an SP/SR-like approach.

However, there are ethical issues around insisting that trainees undertake personal experiential work. These include:

- The potential problem of trainees undertaking personal experiential work during at times of stress when they may have limited personal resources
- Issues around confidentiality and safety – for instance, will trainees be self-disclosing to one another, to the group, or the trainer?

- Potential issues around dual relationship of the trainer, if self-disclosure agreements are not clear

All these issues should be addressed before setting up courses including personal experiential work. Inclusion of trainees in preliminary discussions about process and outcomes is essential if such courses are to be successful. Some guidelines can be found in Bennett-Levy et al. (2001).

In conclusion, theoretical and empirical perspectives would suggest that, at the least, further empirical studies of personal experiential are worth carrying out, in particular using objective evaluation criteria. However trainers thinking of incorporating person of the therapist work into training courses should be aware that the issues are not just theoretical and empirical – there are some very practical and ethical issues which need to be addressed with the trainees themselves before such studies or such training should be undertaken.

REFERENCES

- Bennett-Levy, J. (2005). Therapy skills: A cognitive model of their acquisition and refinement. *Proceedings of the AACBT Conference*, Melbourne, April.
- Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy*, 29, 203-220.
- Bennett-Levy, J., Lee, N., Travers, K., Pohlman, S., & Hamernik, E. (2003). Cognitive therapy from the inside: Enhancing therapist skills through practising what we preach. *Behavioural and Cognitive Psychotherapy*, 31, 145-163.
- Macran, S., & Shapiro, D. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, 71, 13-25.
- Symons, C., & Johnson, B. T. (1997). The self-reference effect in memory: A meta-analysis. *Psychological Bulletin*, 121, 371-394.