

Article Review Instructions

You will write two article reviews for this course. Each review is worth 15 points. The review should be 1-2 single-spaced pages in a 12-point, Times New Roman font. It is in your best interest to submit your review before it is due so you may check your originality report and correct any spelling and grammatical errors identified by the software program.

The purpose of the review is to provide students knowledge of how research is conducted and reported. The main part of your review needs to include the following information. Please comment on these aspects of the article as part of your review. Provide only the briefest summary of content. What I am interested in is your critique.

Reference. Listed at the top of the paper in APA style.

Introduction. Read the introduction carefully. The introduction should contain:

- A thorough literature review that establishes the nature of the problem to be addressed in the present study (the literature review is specific to the problem)
- The literature review is current (generally, articles within the past 5 years)
- A logical sequence from what we know (the literature review) to what we don't know (the unanswered questions raised by the review and what this study intended to answer)
- The purpose of the present study
- The specific hypotheses/research questions to be addressed.
- State the overall purpose of the paper. What was the main theme of the paper?
- What new ideas or information were communicated in the paper?
- Why was it important to publish these ideas?

Methods. The methods section has three subsections. The methods sections should contain:

- The participants and the population they are intended to represent (are they described as well in terms of relevant demographic characteristics such as age, gender, ethnicity, education level, income level, etc?).
- The number of participants and how the participants were selected for the study
- A description of the tools/measures used and research design employed.
- A detailed description of the procedures of the study including participant instructions and whether incentives were given.

Results. The results section should contain a very thorough summary of results of all analyses. This section should include:

- Specific demographic characteristics of the sample
- A thorough narrative description of the results of all statistical tests that addressed specific hypotheses
- If there are tables and figures, are they also described in the text?
- If there are tables and figures, can they be interpreted "stand alone" (this means that they contain sufficient information in the title and footnotes so that a reader can understand what is being presented without having to go back to the text)?

Discussion. The discussion is where the author "wraps up the research". This section should include:

- A simple and easy to understand summary of what was found
- Where the hypotheses supported or refuted?
- A discussion of how the author's findings compares to those found in prior research
- The limitations of the study

COGNITIVE THERAPY FROM THE INSIDE: ENHANCING THERAPIST SKILLS THROUGH PRACTISING WHAT WE PREACH

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Abstract. Experiential training and personal therapy have rich traditions in various therapies as strategies to enhance self-awareness and therapist skills. However, personal experiential work has not traditionally been part of cognitive therapy (CT) training. The purpose of the present study is to map the impact of personal experiential work on CT skills in a group of CT practitioners. Fourteen cognitive therapists undertook training courses utilizing a structured approach to self-practice of CT techniques, known as self-practice/self-reflection (SP/SR). Six therapists from one training group engaged in 'co-therapy' sessions with a partner, while eight therapists from another training group practised CT techniques on their own. Both groups engaged in regular written reflections about their experience. Follow-up 1–5 months after the courses identified six areas of self-reported skill enhancement: Refinement of specific CT skills; Enhanced communication of the conceptual framework of CT; Increased attention to the therapeutic relationship; Empathic attunement; Therapist self-reflection; and Therapeutic flexibility. The results suggested that SP/SR enhances the 'professional artistry' of therapists, a finding consistent with literature suggesting that reflection is a key process in the development of therapist expertise. It is concluded that SP/SR represents a promising training strategy for cognitive therapists.

Keywords: Cognitive therapy training, experiential learning, self-reflection, therapist skills, adult learning.

Wright, Newman, & Liese, 1993; Linehan, 1993). As Willis and Sanders (1997, p. 21) have stated, being a cognitive therapist now demands "a high degree of self-knowledge — an awareness emphasised more readily in other therapies but now a necessary part of cognitive therapy."

In an earlier study examining the impact of personal experiential work on the training of cognitive therapists, Bennett-Levy et al. (2001) devised a training strategy known as SP/SR (self-practice/self-reflection), based on the adult learning principles of experiential learning and self-reflection (Kolb, 1984; Schön, 1983; Boud, Keogh, & Walker, 1985). In SP/SR, trainees practise CT techniques on themselves (SP), either from workbooks on their own, or they do "co-therapy" with a training partner. Then they reflect in writing on the sessions (SR), looking at the implications for themselves, for their clients, and for cognitive theory. Bennett-Levy et al. (2001) found that trainee cognitive therapists in a university clinical psychology program, using SP/SR, reported a "deeper sense of knowing" of CT practices. Participant reports suggested that SP/SR impacted at a conceptual level on therapist understandings, at a practical level on therapist skills, and at an attitudinal level on therapist self-concept. For many, the value of SP/SR was personal as well as professional. However, as Bennett-Levy et al. (2001, p. 214) noted, most of the data related to changes in therapist *understandings*, with only a limited amount on changes in therapist *skills*:

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.

With novice trainees, since all aspects of CT are new — reading about theory, role-playing skills, observational learning via clinical demonstrations, SP/SR etc — it is reasonable to assume that the learning curve is steep, and that all teaching methods contribute in various ways to early skills development. When novice trainees comment on therapist skill development, it is extremely difficult to discern what proportion of the impact is caused by SP/SR, compared with other training techniques. However, the spontaneous comments of the more experienced therapists in the training program suggested that, amongst this group, it might be more possible to identify the specific impact of SP/SR on therapist skills, the assumption being that practitioners who have already learned basic therapy skills can more readily differentiate the impact of SP/SR from other learning processes.

Accordingly, the primary purpose of the study was to "map the territory": to determine which therapist skills may be affected by personal experiential work, in a group of practitioners who were already working professionally as cognitive therapists. "Mapping" was undertaken through a qualitative analysis of practitioners' self-reported changes in skill. No attempt has been made to measure actual changes in skill at this stage, since the present study, designed to identify the most relevant dimensions of SP/SR-induced change, is seen as the logical precursor to future skill measurement studies.

Method

Participants

The 14 participants whose observations have contributed to the present study were drawn from two different training groups: six were cognitive therapists from Brisbane (all female;

Smith, Harre, & Van Langenhove, 1995), and they have now reached a level of sophistication where verbal reports of participant experiences can be coded and classified in recognized, systematic ways.

4. The success of experiential learning programs (including SP/SR) is dependent on the development of trusting, engaged relationships between facilitator and participants (Robertson, 1996), and willingness to share experience. Hence, the traditional positivist detached relationship between researcher and "the researched" may often be unsympathetic to the context of SP/SR, unfeasible in practice, and pedagogically undesirable.

The research has been based on three qualitative methodologies: action research (Kemmis & McTaggart, 2000; Zuber-Skerritt, 1996), grounded theory (Glaser & Strauss, 1967; Pidgeon, 1996; Strauss & Corbin, 1994) and practitioner researcher self-study (Schön, 1983, 1987). Details of these are provided in Bennett-Levy et al. (2001) and the cited references. In brief, action research contributed the participatory, cooperative approach, and the cyclical process of the plan-act-observe-evaluate spiral, which structured the research process; grounded theory contributed the methodological framework and a systematic, rigorous set of methods to collect and analyse data; and practitioner-researcher self-study provided the focus on personal experience, and the reflective orientation of the study.

Research process

The Brisbane group was established with an explicit evaluative/research emphasis, based on action research principles. During the course, the principal research focus was on evaluation of automatic thought records and behavioural experiments as techniques for change (Bennett-Levy, 2003b). In meetings following the course, the present authors – four group members who wished to continue the research, and the facilitator – decided to evaluate formally the impact of SP/SR on therapist skills, since participants had noticed changes in their performance that they attributed to SP/SR.

Accordingly, three to five months after the course, the four Brisbane participant-researchers undertook two specific assessments to determine the impact of SP/SR on therapist skills:

1. They wrote a general reflection indicating the various ways in which they thought their therapy skills had changed as a result of SP/SR.
2. They closely observed a suggested 8–10 of their therapy sessions with clients, and noted immediately after the session the perceived differences in their skills (tapes were not used). Later, they formally wrote up these reflections, commenting on the differences; comparing them with the past; and linking them, where appropriate, with their SP/SR experience.

These two methods provided the data for the four Brisbane participants. Macran and Shapiro (1998) proposed similar methods to evaluate the impact of personal therapy on therapist skills.

In order to increase the size and representativeness of the sample, the data set was expanded to include every recorded written or spoken reflection in the Brisbane and NQ groups, which linked changes in therapy skills to the practice of SP/SR. Hence data were

The data reported in the Results section are directly derived from the TOP analysis. Although there were differences in data collection methods between the four Brisbane practitioner-researchers, who directly focused their reflections on the research question, and the other 10 participants, for whom these were incidental observations, the results were pooled as the type of observations appeared broadly similar. Specific similarities and differences between the groups are reported below.

Results

Changes in therapist skills formed six principal categories, and 22 subcategories. Only the principal categories are reported here. These were: (1) Refining specific CT skills; (2) Communicating the conceptual framework of CT; (3) Attention to the therapeutic relationship; (4) Empathic attunement; (5) Therapist self-reflection; and (6) Therapist flexibility. For each category, there were many examples, but for reasons of space just one illustrative example is given. All names have been changed to preserve anonymity. Comparing the Brisbane and NQ groups, all 22 subcategories contained examples from the Brisbane therapists. The NQ group was represented in 16 subcategories: in all seven subcategories of (4), (5) and (6) above, 3/4 subcategories for (3), 5/8 subcategories for (1), and 1/3 subcategories for (2). Thus, while there was a large degree of overlap in the reported impact of SP/SR, the two groups appear to have differed to some degree in the extent to which they reported gains in the more specifically CT-oriented skills.

Refining specific cognitive therapy skills

Participants referred to a number of ways in which their technical CT skills had been refined through self-practice. The thrust of this refinement was towards making the delivery of CT more effective. Practitioners were using the formulation to greater effect by staying with it longer and using it to drive their selection of techniques. There was an increased focus on effective skills building for clients: existing skills were deliberately reinforced; homework was simplified, practised more within sessions, and anticipated difficulties prepared for more effectively. There was greater emphasis on behavioural experiments as a key component of therapy. The value of guided discovery and reflection, and testing and challenging cognitions, was reinforced, with an emphasis on the value of writing things down both in sessions and homework. For instance, Sue recognized the value of self-reflection and guided discovery in her own SP/SR process, and noted how this had impacted on her therapy work:

I think the main change for me is an increased awareness of the use of self-reflection as a therapy tool. I use much more Socratic questioning and guided reflection with clients now and my focus is on teaching them to reflect on their behaviour, thoughts etc. I give them a lot more reflection for homework. I spend much more time (more sessions) on increasing awareness of cognitions through reflection on behaviour. I use guided discovery much more and I think I'm better at it because I think about it and use it deliberately.

Communicating the conceptual framework of cognitive therapy

The emphasis in this category was on *communicating* the conceptual framework of CT with the client more effectively: for example, explaining the cognitive model, sharing the

for instance, by making use of "failures" in therapy, being more accepting of apparent resistance, and reinterpreting the meaning of resistance. Jane noted that she had changed her attitude and response to homework non-compliance as a result of her experience of SP/SR:

The other effect this exercise had for me was that I am more understanding of clients not doing their homework because I wasn't very good with it either and by the second week had a really hard time keeping up with the writing of thoughts. Somehow behavioural experiments seem a bit easier to complete than homework and so, I guess I changed what I give clients as homework too. If they don't record thoughts by the third session, the homework is behavioural and that seems to work pretty well. I give behavioural experiments as homework earlier in therapy.

Therapist self-reflection

SP/SR enhanced therapist self-reflection, both during sessions (reflection-in-action) and after sessions (reflection-on-action). During sessions, some therapists reported that they were more aware of their own internal process, and two of them commented that this increased awareness enabled them to increase the separation between their own process and that of the client, allowing them to be more objective in their response. After sessions, therapists were more inclined to use self-reflection as a self-initiated learning tool to improve their therapy skills.

For Eve, who was still in her first year working professionally as a therapist, reflecting systematically on a therapy session was a new skill:

I also think, an important skill I have learned is self-reflection, for two reasons. One, for myself as a psychologist, to learn to look more into the therapeutic relationship and reflect on my sessions. Was my client trying to convey something to me through affect or something they said? Did I pick up on things that happened/were said in the session? I don't think I ever really did this before; I think I just assumed that therapy would work like a well-oiled machine. I plan the session, deliver the session — client leaves. I think I wrongly assumed that everything I did and taught my client would automatically work. How wrong was I!! This has definitely showed me to be more sensitive to what is happening within the session and to direct my attention to it.

Therapist flexibility

A number of practitioners commented that they were more flexible and adaptable in their use of CT techniques, and more inclined to experiment as a result of their SP/SR. For example, Henry said in his interview:

You lose this rigid thinking in therapy that you are not even aware of. With the self-reflection you start to dig deeper and then you realize that slight changes can have different results and you are more willing to experiment with clients and take it on a deeper level and you get more self-confidence by testing it out on yourself. And really it's like you can know something very well and it works but once you have applied it to yourself it has got a different meaning and you lose these pre-conceived ideas "if I do this, this should happen".

Schön's (1983, 1987) work on competence in the professions has made a distinction between two kinds of knowledge: rational-technical knowledge, and what he terms 'professional artistry'. This distinction may be helpful in conceptualizing the effects of SP/SR. He suggested that while rational-technical knowledge may be acquired through traditional teaching techniques such as didactic learning, professional artistry is acquired through reflection. A similar point has been made by Skovholt and Rønnestad in a series of studies of therapist development (Skovholt, 2001; Skovholt & Rønnestad, 1992; Skovholt, Rønnestad, & Jennings, 1997). They found that 'continuous professional reflection' is a key component in the development of therapeutic competence. Over the last 20 years, adult educationalists have consistently emphasized the importance of experiential learning and self-reflection in adult learning (Kolb, 1984; Bond et al., 1985; Schön, 1987). One of the conclusions from the present study is that these processes are also central to the development of 'professional artistry' (Schön, 1983, 1987) amongst therapists, enabling them to fine-tune their therapy skills. In essence, reflective practice is what distinguishes the expert therapist from the average therapist, and SP/SR directly facilitates this.

Therapists undertaking SP/SR in pairs (Brisbane), and on their own (NQ), reported broadly similar changes in skills, especially in the non-specific categories. However, there are indications in the data that suggest that changes in the CT-specific skills (Refining specific CT skills, and Communicating the conceptual framework of CT) may be greater in the pairs group. We hypothesize that this is because, for the pairs, there is the added component of being in the therapist's chair, which enables perceptions from the client's chair about the value of the therapeutic relationship to be integrated with the actual *delivery* of the specific CT skills to a 'real life' client. It is not that new CT skills are learned; it is that the existing ones are delivered with greater artistry, especially in the pairs group.

Are the results reported here consistent with the literature in the adjacent areas of personal therapy for therapists, and experiential training? The most consistent finding across both literatures is that personal experience with therapy techniques enhances empathy for clients (Beck & Munson, 1988; Greenberg & Goldman, 1988; Macrae & Shapiro, 1998; McDaniel & Landau-Stanton, 1991; Norcross et al., 1992; Rennie, Brewster, & Toukmanian, 1985), with the assumption that interpersonal and perceptual skills in therapy are thereby enhanced. In the present study, enhanced empathy was a common denominator underpinning changes in a number of categories (e.g. Empathic attunement, Communicating the conceptual framework of CT, Attention to the therapeutic relationship).

Williams et al.'s (1999) study of personal therapy for therapists suggested that personal development, understanding the working alliance and understanding the therapeutic process are three of the principal gains, which were clearly mirrored in the current research. Norcross et al.'s (1992) list of the 10 most lasting lessons of therapy included: change is gradual and painful, albeit possible; there is need for patience and tolerance; therapist competence/

Since the paper was submitted, we have found a book chapter (Laird, 1998), referring to German research -- only published in German language journals -- on 'self-experience' of behaviour therapy and cognitive-behavioural therapy. According to Laird (1998), participants in these studies reported 'an improvement of their interpersonal skills and a higher empathy for and a better understanding of their clients' and 'higher self-awareness and self-reflection'. Furthermore, participants *and* clients reported 'a higher interpersonal sensitivity and better client-therapist relationship' after a weekend self-experience workshop. These data appear highly consistent with some of the categories from the present research.

are not the purpose of the present research. Here the purpose has been to map SP/SR-induced changes in therapist skills, as perceived by participants, which may then be used to generate hypotheses for future outcome studies using objective criteria.

A second area of caution is that two-thirds of the data were contributed by the four Brisbane participant-researchers, who undertook a systematic review of their changes in therapist skills; this is a high percentage of data from a small number of people. When compared with data from the NQ therapists, subcategory membership was very similar for four out of six categories, despite differences in form of SP/SR. Triangulation across groups enhances credibility of findings in qualitative research, and gives us some confidence that these four categories may hold good in other groups, while differences in form of presentation of SP/SR (on own vs. in pairs) may account for the relative differences in the two more specific CT skill categories. In retrospect, it would have been helpful either to have carried out the same systematic investigation (specific questions and self-observational data collection) with the other 10 therapists, or to have reinforced the data with data from a new SP/SR group of experienced therapists; however, this was beyond the scope of the present research.

Having gone some way towards mapping the impact of SP/SR on therapist skills, as well as therapist understandings and therapist self-concept (Bennett-Levy et al., 2001), future research should examine the impact of SP/SR, and other experiential training approaches (e.g. personal therapy) in larger samples, using quantitative measures. Existing measures (e.g. the Cognitive Therapy Scale) may need to be adapted for this purpose, since they do not adequately represent some dimensions of therapist performance impacted by SP/SR (e.g. therapist flexibility, therapist self-reflection, use of metaphors based on personal experience). Future research should also delineate conditions under which SP/SR may be most valuable, and conditions under which it is contraindicated. Bennett-Levy et al. (2001) made some preliminary suggestions (e.g. longer courses, clear agreements, choice to participate), but these dimensions need to be more fully articulated to provide a framework for trainers wishing to use an SP/SR-based approach in training courses.

There is also a need to develop theoretical underpinnings for SP/SR. Bennett-Levy et al. (2001) invoked Epstein's (1994) distinction between rational and experiential information processing systems as a framework to explain why participants reported SP/SR led to a "deeper sense of knowing" of CT practices than more traditional learning techniques. They suggested that the impact of SP/SR might lie in its strong representation in both systems. The development of a more articulated theoretical framework should lead to greater understanding of the potential value of SP/SR, and other experiential approaches.

We conclude that SP/SR represents a promising training strategy, with self-reported changes in therapist skill that are consistent with therapist qualities that previous research has demonstrated are associated with good outcomes. There are also good theoretical grounds from adult learning theory to suggest the potential value of SP/SR.

As a training technique, our experience suggests that SP/SR may represent a useful middle path between personal therapy and no experiential work, which is acceptable to institutions, practitioners and students. The purpose and focus of SP/SR is clearly on training. Confidentiality can be maintained, and dual relationships avoided between trainer and participants. Participants need to be provided with adequate safeguards, in case they do experience distress (see Bennett-Levy et al., 2001), and alternative options where SP/SR is contraindicated (e.g. concurrent stressful life events). Under these conditions, SP/SR may provide a safe,

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