

INVITED CONTRIBUTION

Spontaneous Self-Practice of Cognitive Behavioural Therapy (CBT) by Aboriginal Counsellors During and Following CBT Training: A Retrospective Analysis of Facilitating Conditions and Impact

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Previous cognitive behavioural therapy (CBT) training studies have suggested that therapists who practice CBT strategies on themselves during training may experience professional and personal benefits. However, it has also been reported that some CBT trainees are reluctant to engage in self-practice. The present study reports an incidental finding from a CBT training study with Aboriginal counsellors: all five counsellors reported that they practiced CBT techniques on themselves without specific encouragement by the trainers to do so. This paper therefore posed three questions: (a) Why—in contrast to some other trainees—did this group choose to apply CBT to themselves? (b) How did they apply it—with what purpose, in what contexts, and which skills? (c) What was the impact of CBT self-practice? Data from the group’s reflections were qualitatively analysed by two of the researchers, and “member checked” by the remainder. Results indicated that the counsellors were motivated to practice CBT on themselves for two principal reasons: the value they placed on CBT, and their personal need resulting from the high number of crises experienced while living and working in their communities. The counsellors reported practicing CBT in a wide variety of contexts as part of their learning. As in previous studies, the impact of CBT self-practice was that it increased their confidence and competence as therapists. It also appeared to be a valuable burnout prevention strategy. If the results are generalisable, they suggest that self-experiential training in CBT may be a culturally responsive and adaptive way for Aboriginal counsellors to enhance their learning of CBT skills.

Key words: Aboriginal counsellors; burnout; CBT self-practice; CBT training; culturally responsive therapy; self-practice/self-reflection.

Introduction

Cognitive behavioural therapy (CBT) is a well-established evidence-based therapy for depression, anxiety disorders, and a range of other conditions (Butler, Chapman, Forman, & Beck, 2006; Tolin, 2010). Although the evidence base has largely been established in western countries with people of European American Heritage (Bennett & Babbage, 2014; Hays & Iwamasa, 2006), there is growing interest in making CBT culturally responsive for non-Westernised ethnically diverse communities (Hays & Iwamasa, 2006; Naeem & Kingdon, 2012; Wong, 2013), and some evidence that CBT can be effective in these contexts (Bennett, 2009; Bennett & Babbage, 2014; De Coteau, Anderson, & Hope, 2006; Grey & Young, 2008; Hays & Iwamasa, 2006).

In Australia, the efficacy of CBT has been endorsed by the Australian Psychological Society (Murphy & Mathews, 2010) and the Royal Australian and New Zealand College of Psychiatrists (Royal Australian and New Zealand College of

Psychiatrists Clinical Practice Guidelines Team for Depression, 2004), and is a treatment of choice under the government-sponsored Better Access programme (Department of Health and Ageing, 2011). However, until recently, there has been almost no literature evaluating the use of the CBT with Aboriginal and Torres Strait Islander Australians. Furthermore there has been a suggestion from some quarters (Day, 2003; Dudgeon & Kelly, 2014; Sydney South West Area Health Service, 2010), but not others (Davies, 2011; Laliberte et al., 2010), that CBT may be inappropriate for Aboriginal and Torres Strait Islander Australians. For instance, the Better Access programme recommends CBT as the principal treatment of choice for Australians, with the exception of Aboriginal Australians where a specific recommendation is made for narrative therapy (Department of Health and Ageing, 2011).

Recently, we undertook a study to determine whether a group of CBT-trained Aboriginal counsellors perceived CBT to be useful for Aboriginal clients (Bennett-Levy & Lee, 2014; Bennett-Levy et al., 2014; Nelson et al., 2014). These counsellors received 10 days training in high- and low-intensity CBT over 6 months in the context of a participative action research study lasting 1 year. They reported CBT to be useful in their work with clients in a number of ways; for instance, it provided structure and containment and a range of strategies that were valued by consumers. International commentators who were experienced in working with Indigenous clients from other

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cultures supported the value of CBT in their communities (Bennett & Babbage, 2014; Creed, 2014; Hays, 2014). However, a commentary by Australian researchers Dudgeon and Kelly (2014) was more circumspect.

Over the past decade, there has been a growing literature about how best to train CBT therapists (Beidas, Edmunds, Marcus, & Kendall, 2012; Bennett-Levy, McManus, Westling, & Fennell, 2009; Friedberg & Brelsford, 2013). One aspect of this literature has been a small but increasing evidence base that it is valuable for trainee therapists to practice CBT on themselves, and reflect on the experience as part of their training (e.g., Bennett-Levy et al., 2001, 2015; Farrand, Perry, & Linsley, 2010; Gale & Schröder, 2014; Haarhoff, Gibson, & Flett, 2011). Trainees report self-practice and self-reflection to be both professionally and personally useful. Typically, however, trainee therapists can be reluctant to try CBT on themselves, and may only do so in a workshop or extended training context when provided with a clear rationale and reassurances about safety (Bennett-Levy & Lee, 2014).

In the Bennett-Levy et al., (2014) study with Aboriginal counsellors, the trainers did not recommend or encourage the personal use of CBT as part of their training, nor were any procedures established that anticipated their personal use of CBT. Despite this, an incidental and surprising feature of this training group was that all the counsellors spontaneously and independently reported practicing CBT on themselves during and after the training programme. In contrast to other training groups where some participants readily take to self-practice, whereas others do not (Bennett-Levy & Lee, 2014; Haarhoff, Thwaites, & Bennett-Levy, 2015; Spafford & Haarhoff, 2015; Thwaites et al., 2015), this was the first time that we have encountered a group that of its own accord decided to practice CBT on themselves routinely in their daily life. All reported this practice to be valuable.

Accordingly, the present paper focuses on this incidental finding and asks three key questions about motivation, application, and impact:

1. *Motivation*: Can we understand why this group chose to apply CBT for themselves?
2. *Application*: How did they apply it—with what purpose, in what contexts, and which skills?
3. *Impact*: What was the impact of CBT self-practice?

Answers to these questions can potentially inform trainers and trainees about the parameters of self-practice, and their applicability and value in different contexts.

Method

Full details of the method are reported in the companion paper (Bennett-Levy et al., 2014). Here we summarise the key elements.

Methodology

The study used a participatory action research (PAR) approach (Kemmis & McTaggart, 2000; Kendall, Sunderland, Barnett, Nalder, & Matthews, 2011; Wallerstein & Duran, 2010). PAR is recommended by a number of authors as a methodology consistent with Indigenous practice and research values (Kendall

et al., 2011; Wilson, 2008) and culturally safe (Tsey et al., 2004). PAR is egalitarian in orientation and involves participants at all stages of the planning, action, observation, and evaluation process (Kemmis & McTaggart, 2000). Recommended criteria for publication of qualitative research in health-related journals were fulfilled, including feedback and review of data interpretation by group members to ensure validity (“member checking”) and critical reflexivity (Cohen & Crabtree, 2008; Kitto, Chesters, & Grbich, 2008).

Participants

The five Aboriginal counsellors (three male, two female) were identified through the senior Aboriginal executive with the Local Health District and through word of mouth. Selection criteria included: (a) being Aboriginal or Torres Strait Islander; (b) having relevant university qualifications in mental health (two psychologists, two counsellors, one mental health worker/nurse); (c) a minimum of 2 years clinical experience (range = 3–14 years); and (d) having a clinical caseload with appropriate clinical supervision. Recruiting Aboriginal clinicians ensured that cultural competence was not confounding the study. Appropriate supervision safeguarded the clinicians' clients from possible negative effects.

The rationale for selecting university-trained Aboriginal counsellors was the need for focused reflection as part of the PAR methodology: High-level reflective skills and capacity to learn and use CBT were central to the study's success. Previous counselling qualifications also helped to differentiate the effect of CBT training versus *any* form of therapy training, which we assume would be beneficial for untrained or inexperienced mental health workers.

Training

The counsellors undertook 10 days of formal CBT training over a 6-month period: 2 days, assessment and formulation; 2 days, core CBT skills; 2 days, CBT for depression; 3 days, CBT for anxiety; and 1 day, low-intensity CBT. Counsellors practised CBT with clients over a 12-month period following the initial training. Ethics approval was obtained from the Southern Cross University Human Research Ethics Committee, approval number ECN-10-111.

Data Gathering and Analysis

In the initial group meetings during the training workshops, group members occasionally remarked on the potential value of self-practising CBT by participants. However, at the sixth meeting, 5 months after the first 4-day workshop on core CBT skills and 3 months after a 5-day workshop on CBT anxiety and depression, the group members chose to focus their reflections on the value that they had experienced from practising CBT in their personal lives. Data from this group meeting, and from one further group meeting, are the primary data for the present paper. Such a procedure is quite consistent within a PAR paradigm where incidental, unanticipated, or serendipitous findings may legitimately become the subject of research, in contrast to positivist or post-positivist paradigms where research questions and hypotheses are selected in advance.

These data were independently analysed and categorised by authors JBL and SW before combining their results. Once agreement was reached, a thematic analysis was undertaken (Kitto et al., 2008). This thematic analysis and interpretation were presented to and checked by members of the Action Research Group. Conflicting perspectives were identified by group members, resulting in some small adjustments to the analysis. These changes were endorsed by all participants, and it was agreed that further data were not needed. Finally, a draft of the overall results paper was circulated to all participating authors for comment.

Results

The primary finding from this study was the readiness and desire of participants to use CBT for themselves. A typical example is provided by one counsellor, who said:

CBT gave me that extra bit so I could actually sort through all of that stuff . . . that's what I do on the way back from community, is I travel alone, I sit in the coffee shops by myself and I process through that stuff . . . if I hit a trigger then I'll actually pull out my book and write something . . .

Figure 1 presents the key categories and labels resulting from the thematic analysis of the three questions:

1. Motivation:

Can we understand why this group chose to apply CBT for themselves?

Participants indicated that they were motivated to use CBT for themselves for two main reasons:

- I. Personal need, resulting from conditions in their own communities and the high number of crises;
- II. The perceived value of CBT as an empowering therapy that has a transparent structure that is easily applied, gets results, provides choices, and is containing, with the potential to decrease burnout.

For instance, one participant noted the differences between the typical conditions in which Aboriginal and non-Aboriginal counsellors work, and noted that the structure of CBT provides structure and safety in the context of difficult circumstances:

We basically have to work with people we know. This is something out of the ordinary with everybody else . . . We do it every week. We just need some structures and procedures . . . in how to keep us safe . . . (A colleague and I) were working on . . . a DOCS case and she rang me and said, 'Oh God, they might be moving in next door to me . . . What am I going to do?' And I said, 'Well just calm down.' I said, 'I haven't had any privacy for the last 10 years. This is welcome to my nightmare', is what I said . . .

2. Application: How did they apply it—with what purpose, in what contexts, and which skills?

Participants practiced CBT in a variety of contexts—with themselves, and with children, family, and friends—as part of their learning. Using CBT in the home environment proved particularly popular:

First of all I've . . . used a little bit on myself to learn it. And one of the ways I done it was around my mother-in-law . . . I just have some negative thoughts around my mother in law! I thought maybe it's time to address it . . . I'm a big believer in clean your own backyard up before you clean anyone else's up.

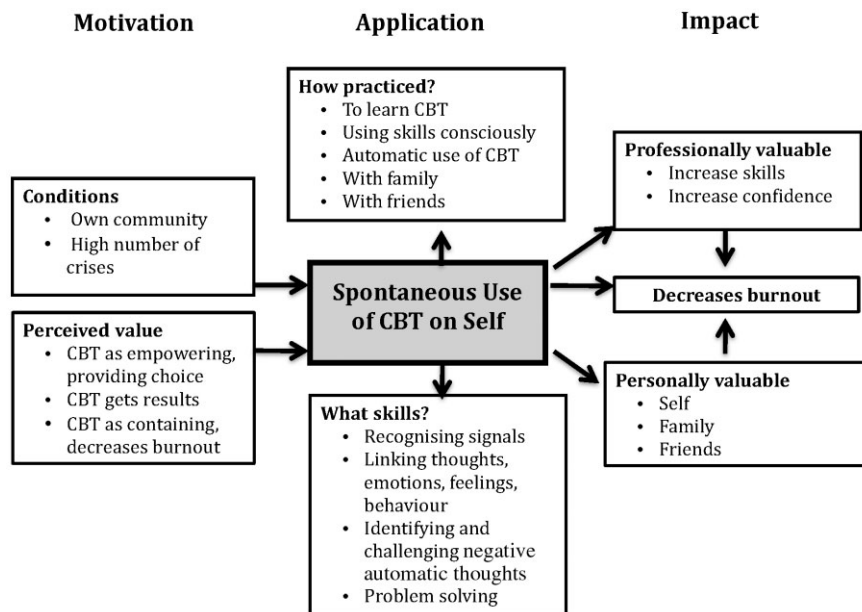


Figure 1 Diagrammatic Representation of the Thematic Analysis of Aboriginal Counsellors' Experiences of CBT Self-Practice.

Counsellors observed that this enhanced their capacity to recognise their own signals of distress (e.g., bodily signs); they were better able to link thoughts, emotions, feelings, and behaviour; they learned to identify and challenge negative automatic thoughts, and got better at problem solving. One counsellor noted the extent to which he had started to integrate CBT into his life:

I'm finding that . . . CBT become almost automatic to the point that you're using them all the time and you're not knowing that you're using them. And if you're working in a high impact, almost chronic environment, you need to use them all the time.

3. Impact: What was the impact of CBT self-practice?

Counsellors found CBT self-practice to be both professionally and personally valuable. In their professional roles, they found self-practice of CBT increased their skills and confidence as practitioners. This impact was strongly felt. One of the most experienced counsellors in the group noted:

I have less fear as a counsellor since doing CBT . . . when you're starting off counselling and you're in a new area or whatever, (at the) start there's thoughts, which CBT's helped me to realise that I have, thoughts of self-doubt. What if I don't know this? What if they present with this? . . . With CBT I'm becoming more confident with being able to deal with whatever walks through the door and be able to deal with it.

At a personal level, CBT was perceived as valuable, not only for dealing with family dynamics, but also at the interface of the personal and the professional: burnout prevention. One counsellor noted the high potential for burnout, caused by the conditions in which they worked:

Burnout—when you're working within your own community I believe you've got a higher chance of that . . . this is where your heart's at, this is where your pain was, childhood, all of that's there. And I think because we come into Aboriginal health with a passion and there's a—it's based on pain and trauma and abuse, you name it, that's what Aboriginal health, that's what we're working in. The history of that. Therefore to me it makes sense to me, we're going to be the first to burnout because our heart's involved.

This counsellor went on to say:

So, yeah, it's opened up my world and I think it's actually going to make me, not only a better worker, but I'll probably last longer [laugh]—I'll last longer in the industry. Even now, ever since doing the training . . . I'm getting less agitated with systems. I find myself thinking a lot more clearly [laugh]. I don't have too much catastrophic thinking [laugh], and yeah. So I'm finding I'm feeling a lot better because I'm feeling a lot safer, I think. More, yeah, supports you more.

Discussion

Consistent with the results of our previous study in which we reported that CBT was perceived as useful by Aboriginal counsellors who were working with Aboriginal clients (Bennett-Levy

et al., 2014), the present study demonstrates that this same group of counsellors also found the CBT approach very useful for themselves. Its value was seen on both a personal and professional level. Personally, they found themselves using CBT strategies in their everyday life and with their families (e.g., with their children). Professionally, they perceived that practicing CBT on themselves increased their skills and enhanced their confidence as therapists, as has been in previous studies where practitioners have engaged in self-practice (Bennett-Levy et al., 2001; Gale & Schröder, 2014; Haarhoff et al., 2011). Importantly, they also perceived CBT to be particularly useful at the personal/professional interface in preventing burnout. Not only did CBT give them some strategies for managing their own stress and enhancing their resilience, but, as we reported in Bennett-Levy et al. (2014), CBT strategies provided more of a sense of safety and containment in their work with clients.

The potential for burnout among Aboriginal counsellors working with Aboriginal clients is very high. One of the reasons that the counsellors gave for their engagement in self-practice was that they live and work in their own communities where their clients might be people they know, including friends, relatives, or friends of friends. Furthermore, as the boundaries between “work” and “home” are much more permeable, counsellors are often perceived by their communities to be on duty 24/7. These issues would be instantly recognisable for any therapist working in rural or remote settings regardless of the demographic profile, but are particularly salient for Aboriginal counsellors. The need for tools that can be useful in avoiding burnout is quite evident. The counsellors in this study perceived CBT as empowering, providing choice and getting results; and as one of the counsellors said, CBT tools might “*make me, not only a better worker, but I'll probably . . . last longer in the industry.*” We assume that this benefit would be transferable to other therapists in similar environmental conditions of working with their own community and with high numbers of crises.

This group of Aboriginal counsellors was the first group of CBT trainees in our experience who all, of their own accord, decided to use CBT on themselves without a formal self-practice/self-reflection programme, or encouragement and prompting by the trainers. The suggestion from the data is that the challenging environments in which they work was the primary reason. Once they perceived CBT's potential value, they determined that it could be helpful personally under the conditions in which they work.

However, there may be other factors contributing to their personal use of CBT. A recent study has suggested that practitioners are more likely to engage in self-practice and self-reflection if they expect benefit from CBT, feel safe with the process, are part of a supportive group, have available personal resources, and it is part of course requirements (Bennett-Levy & Lee, 2014). Although in the present case, self-practice was not part of the course requirement, all the other factors seem relevant. Members of the group were very supportive of one another and built considerable safety over the 1-year training, which may have helped them to try CBT strategies and feel safe to communicate about them. They were also a group with considerable personal resources—survivors who had histories of working in difficult environments. There is a growing evidence base on the value of self-experiential learning for CBT therapists

(Bennett-Levy, Thwaites, Haarhoff, & Perry, 2015; Schneider & Rees, 2012; Thwaites, Bennett-Levy, Davis, & Chaddock, 2014). What the present data suggest is that Aboriginal mental health practitioners are responsive to self-experiential learning approaches, and experience both personal and professional benefits. Furthermore, if the results are generalisable, the implication is that self-practice of CBT might be a culturally acceptable and useful training strategy for Aboriginal counsellors.

However, it should be acknowledged that this is a small-scale pilot study and as such has a number of limitations. First, any conclusions about the value of self-practice for Aboriginal counsellors are necessarily tentative. The sample is small, and these university-trained counsellors were specifically selected for their capacity to reflect on the value of CBT for Aboriginal people. Second, as discussed, the extended nature of the training, which promoted group safety and embedded reflective practice, may have encouraged self-practice to a greater extent than would normally be the case. Third, the counsellors had made a considerable investment of their time in learning CBT, so were more motivated to use it than other trainees might be. And fourth, although self-practice outside of the training context was not encouraged or promoted by the trainers, there were self-experiential exercises during the training, which may have primed the trainees to discuss their value among themselves, and fermented the idea of using CBT for themselves outside of the training context.

Notwithstanding these limitations, the present study adds to a small but growing literature that CBT may be a useful therapy for Aboriginal and Torres Strait Islander Australians, as it is for Indigenous peoples in other countries (Bennett & Babbage, 2014; Hays, 2014; Naeem & Kingdon, 2012; Wong, 2013). Furthermore, trainees in this study perceived the value of CBT for themselves, and in the absence of specific encouragement from the trainers, used it in their daily lives, as a means both to enhance their well-being and to deepen their learning of the therapy. This suggests the potential value of self-experiential approaches in the training of Aboriginal counsellors and health workers and others working in similar environmental conditions. A particularly important finding was their reflection that CBT might decrease the chances of burnout. Future studies should follow this up to determine what elements of CBT are most effective in this regard.

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