

INVITED CONTRIBUTION

Invited Response to Commentaries: Self-Practice/Self-Reflection (SP/SR): Contexts, Challenges and Ways Forward

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McGinn (2015) and Fernández-Álvarez, Castañeiras, and Wyss (2015) make valuable suggestions in their commentaries on the three self-practice/self-reflection (SP/SR) articles in this issue of the *Australian Psychologist*. In our response, we use their commentaries as a springboard to highlight contextual influences and challenges for future SP/SR research, and suggest potential ways forward.

Key words: burnout; CBT training; metacompetence; reflection; self-practice/self-reflection (SP/SR); skill development.

Thank you to Dr. Fernández-Álvarez and colleagues and Dr. McGinn for their valuable commentaries. We are in agreement with almost all the points that they make. Rather than respond to their commentaries in a piecemeal way, we have built on them to illustrate the challenges for Self-Practice/Self-Reflection (SP/SR) research.

First, we briefly review the development of SP/SR research between 2001 and 2015, which we term “Phase 1” of SP/SR. The remainder of the article looks ahead to “Phase 2” of SP/SR, building on the suggestions of McGinn (2015) and Fernández-Álvarez, Castañeiras, and Wyss (2015), and incorporating some of our own. We highlight key issues to be addressed by researchers and trainers, identify future directions, and suggest a number of hypotheses that can be tested in Phase 2 of SP/SR research.

The Context of SP/SR Research: Phase 1: 2001–2015

The first SP/SR article based on an SP/SR workbook was published in 2001 (Bennett-Levy et al., 2001). Fourteen years later, an SP/SR workbook has been made publicly available for the first time (Bennett-Levy, Thwaites, Haarhoff, & Perry, 2015a). Why has it taken so long?

As McGinn’s (2015) and Fernández-Álvarez et al.’s (2015) commentaries illustrate, we have found ourselves caught in a frustrating dilemma: The vast majority of practitioners who engage with SP/SR programmes—whether experienced or inexperienced, high or low intensity CBT therapists, assistant psychologists, students, or CBT supervisors—report significant gains in skills (Bennett-Levy et al., 2015a; Gale & Schröder, 2014; Thwaites, Bennett-Levy, Davis, & Chaddock, 2014). These

gains appear to be consistent across cohorts and countries (Thwaites et al., 2014). However, another consistent finding has been that while those who engage well with SP/SR report consistent benefits, other therapists either decide not to do SP/SR in the first place (Haarhoff, Thwaites, & Bennett-Levy, 2015; Thwaites et al., 2015), drop out during the programme (Davis, Thwaites, Freeston, & Bennett-Levy, 2015), or, on occasions, experience unexpected psychological disturbance while doing SP/SR (Bennett-Levy et al., 2001, 2015a).

Over the last 14 years, it has been necessary to develop theory and evaluate different implementation practices to understand the impact of SP/SR programmes. First, there was a need to develop a model of therapist skill development to conceptualise the changes that therapists were reporting. Prior to the development of the Declarative-Procedural-Reflective (DPR) model of therapist skill development (Bennett-Levy, 2006; Bennett-Levy & Thwaites, 2007; Bennett-Levy, Thwaites, Chaddock, & Davis, 2009) and other work conceptualising the place of reflection in therapist skill development (Burgess, Rhodes, & Wilson, 2013; Haarhoff & Farrand, 2012; Sutton, Townend, & Wright, 2007; Ularntinon & Friedberg, in press; Wigg, Cushway, & Neal, 2011), such models were in short supply. Second, we needed to develop a model of engagement to enable us to predict what kinds of programme conditions might facilitate or prevent engagement with SP/SR (Bennett-Levy & Lee, 2014).

The accumulation of SP/SR studies—many undertaken in the context of post-graduate research—have allowed us gradually to map the territory: to determine the key impacts of SP/SR within the DPR model, and to develop a model of SP/SR engagement that can assist trainers in their design of future of SP/SR programmes.

In brief, the key findings have been:

1. SP/SR appears to develop competences—in particular enhanced interpersonal skills—and metacompetences—e.g., reflective skills, therapist flexibility—which more traditional CBT training procedures may struggle to address (Gale & Schröder, 2014; Schneider & Rees, 2012; Thwaites et al., 2014).

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2. SP/SR appears to have an integrative function; it creates a “deeper sense of knowing” CBT through the integration of conceptual, technical, and interpersonal skills, both at the declarative (understanding) level and the procedural (skills-in-action) level (Bennett-Levy, Lee, Travers, Pohlman, & Hamernik, 2003; Thwaites *et al.*, 2014).
3. A subset of participants either decide not to engage with the programme or fail to do so optimally. Poor uptake rates occur predominantly in professional development workplace contexts where potential participants have a clear choice on whether or not to take part (see Haarhoff *et al.*, 2015 and Thwaites *et al.*, 2015, this issue). Here, the devil is in the detail: how SP/SR programmes are promoted, to whom, and under what circumstances; how demanding the SP/SR programme is; what is the level of other demands on participants; how safe they feel around issues of confidentiality and personal control; and whether the group process acts as a facilitator or barrier to their participation (Bennett-Levy & Lee, 2014; Bennett-Levy *et al.*, 2015a).

Of necessity, many SP/SR studies have been small-scale qualitative studies undertaken within a limited time and funding context. But over the last 5 years, SP/SR research has reached the point where enough new studies have been published (Chaddock, Thwaites, Bennett-Levy, & Freeston, 2014; Davis *et al.*, 2015; Farrand, Perry, & Linsley, 2010; Fraser & Wilson, 2010; Haarhoff, Gibson, & Flett, 2011; Schneider & Rees, 2012; Spafford & Haarhoff, 2015) to enable us to publish book chapters summarising the data (Haarhoff & Farrand, 2012; Thwaites *et al.*, 2014), a book on reflective practice in CBT (Haarhoff & Thwaites, 2016), and an SP/SR manual which includes both a 12-module SP/SR programme, and chapters on guidelines for SP/SR participants and for SP/SR facilitators (Bennett-Levy *et al.*, 2015a).

SP/SR Research: Phase 2: Challenges and the Way Forward

With these recent publications, it is our hope that over the next years, SP/SR can move into Phase 2: reaching a wider audience, finding a place in CBT and other therapy training programmes, and moving in the kind of research directions suggested by Fernández-Álvarez *et al.* (2015) and McGinn (2015). In this section, we focus on some key questions which future SP/SR programme developers and researchers will need to address, and set out a number of hypotheses. We address these questions in three sections:

- **What is SP/SR and what is it not?**
- **What outcomes of SP/SR should we be measuring, and how can we best measure them?**
- **Who should we be training, how, and when?**

A final section addresses other process issues raised by the commentaries.

What is SP/SR and What is It Not?

Since 1998, a number of SP/SR workbooks have been developed and trialled. Bennett-Levy *et al.* (2015a) is currently the only published SP/SR workbook. However, this—and other workbooks—should be tailored for particular audiences and

uses. The best SP/SR programme is the one that is most appropriate to a group’s learning needs (e.g., stage of development) and context (e.g., available time and resource).

Whittington and Grey (2014) have suggested a distinction between principles, tactics, and techniques in discussing CBT. Tactics and techniques in CBT might vary, but CBT should be guided by principles. We suggest that the same distinctions should be applied to the development of SP/SR programmes. SP/SR trainers and researchers should adhere closely to the principles of SP/SR (detailed below), but feel free to tailor tactics and technique to their particular audience.

Key SP/SR principles are discussed in detail elsewhere (Freeston, Thwaites, & Bennett-Levy, in preparation; Haarhoff & Thwaites, 2016). They include:

- Taking into account the Zone of Proximal Development (Vygotsky, 1978). Be clear about what the participants already know, need to know, and how to expand their knowledge and skills most effectively (plus how to manage any anxiety that occurs when being pushed and pulled outside of their comfort zone).
- Ensuring a match between the learning needs of the practitioners and the content of the self-practice.
- Ensuring that potential participants have full information about the content and process of the SP/SR programme, including commitment required, potential benefits, timing issues, and contraindications.
- Ensuring that appropriate safeguards are in place to maintain the safety of any individual who may have an adverse reaction to SP/SR.
- Understanding the likely change processes for individuals in an SP/SR programme (e.g., sometimes in the early stages of a programme participants may recognise that they are not as skilled as they thought, and experience de-skilling and self-criticism).
- Not making assumptions about initial reflective ability (e.g., not everyone is able to reflect in-depth).
- Using reflective questions to guide and structure reflections to maximise learning and its future behavioural implementation, both within the professional life of the participant and their personal life.

While other self-practice experiences may be valuable (e.g., self-practice workshop or supervision exercises), the term SP/SR should be reserved for extended self-experiential programmes that specifically facilitate the personal use of therapy techniques and promote written reflections on the experience.

This leads to a further question around “dose effects”—how much SP/SR is needed for effective change? How extended should an “extended self-experiential programme” be? Most published SP/SR programmes have had 10–12 modules taking 1–2 hr each (e.g., Davis *et al.*, 2015; Haarhoff *et al.*, 2011; Thwaites *et al.*, 2015). However, some SP/SR programmes have been briefer and include more classroom discussion (Farrand *et al.*, 2010). At this stage, it is not known how many modules are needed or how many hours people need to put into it to gain benefit in skills and knowledge. This is an important avenue for future research.

Another area for future research is to examine the value of “booster SP/SR modules.” Potentially one or more follow-up modules could help to identify and consolidate gains (both

therapeutic gains and also knowledge and skill development) in the same way that this can help maximise post-therapy gains (Gearing, Schwalbe, Lee, & Hoagwood, 2013) or post-training gains (Bennett-Levy & Padesky, 2014).

Future studies might test the following hypotheses:

- There will be an optimum range of SP/SR sessions or modules, above or below which there will be a decline in the ratio of benefit received (both therapeutic and skill development) for time spent on the programme.
- The use of one or more booster modules will maintain and potentially increase therapeutic benefits (e.g., mood, beliefs, and behaviour change) and knowledge and skill development (e.g., procedural skills, therapist beliefs, and behaviours).

What Outcomes of SP/SR Should We Be Measuring, and How Can We Best Measure Them?

At this point it is pertinent to note the methodological challenge of measuring outcomes that are more downstream than SP/SR research has demonstrated to date. Most of the evidence so far is around participant perceived outcomes (e.g., self-ratings of beliefs, behaviours, skills, etc.; Thwaites et al., 2014). As emphasised by McGinn (2015), ideally future studies would investigate the impact on actual skills, the quality of therapy, and the strength of therapeutic relationships and clinical artistry, with the ultimate aim of demonstrating improved patient outcomes. However desirable it might be, this research strategy would encounter the same problems that researchers have faced in measuring the impact of clinical supervision or training—for instance, even measuring therapist competence is complex and requires multiple samples of clinical work to achieve reliability (Keen & Freeston, 2008). Demonstrating change due to a specific upstream intervention would require massive sample sizes and assessment of multiple clinical sessions to ascertain any reliable change that can be attributed to the intervention. Ascertaining the impact of SP/SR is also made more complex by the fact that evidence suggests that the primary impact is on skills implemented with challenging patients, rather than for the average patient (Davis et al., 2015; Thwaites et al., 2015).

Future SP/SR research might also focus on changes in reflective ability and on perceived work stress and burnout as suggested by Fernández-Álvarez et al. (2015). Anecdotal evidence suggests that greater well-being and resilience is achieved when therapists struggle less with their most challenging patients and make helpful professional and personal changes. In line with this, the 2015 workbook focuses on developing and embedding “new ways of being” rather than merely reducing problem areas (Bennett-Levy et al., 2015a). Evidence of SP/SR leading to a reduction in sick leave or signs of burnout would be useful in building an argument for work or course time to be utilised to allow therapists to take part in SP/SR, something that would be invaluable given that time is often cited as a barrier to uptake of SP/SR programmes (Haarhoff et al., 2015). Although not a formal SP/SR study, the positive report of spontaneous CBT self-practice in Aboriginal practitioners suggests the potential of SP/SR to address burnout (Bennett-Levy et al., 2015b).

As SP/SR becomes incorporated more widely into university or workplace programmes, future research should continue to note any resistance to SP/SR or adverse effects

(Fernández-Álvarez et al., 2015), as we have consistently done (Bennett-Levy et al., 2001; Chaddock et al., 2014; Spafford & Haarhoff, 2015). Any intervention that is effective in producing change also has the potential to cause harm. The guidelines for safe and effective SP/SR, and strong engagement, are now clearer (Bennett-Levy & Lee, 2014; Bennett-Levy et al., 2015a), but may still be improved (Haarhoff et al., 2015; Spafford & Haarhoff, 2015).

Future studies of SP/SR outcomes might test the following hypotheses:

- SP/SR may increase well-being and reduce the risk of burnout for therapists.
- SP/SR may increase the reflective skills of therapists, e.g., will help them to reconstruct situations, identify their own thoughts, feelings, and behaviours, and then formulate different ways of viewing the situation or responding.
- SP/SR may enhance clinical artistry and skills in challenging clinical interactions.
- SP/SR may be an effective learning method for psychological therapies other than CBT.

Who Should We Be Training, How, and When?

As we have stated, SP/SR has been shown to benefit a range of practitioners from trainee low-intensity practitioners (Chellingsworth & Farrand, 2013) to highly experienced CBT therapists with a mean of 9 years post-CBT training (Davis et al., 2015). As McGinn (2015) observes, what we don't know is whether they all experience similar benefits or whether there are differential patterns in benefits based on therapist characteristics (e.g., therapist role, level of experience, caseload size, patient complexity, etc.).

Although empirical evidence is lacking, we have observed that less experienced therapists appear to report greater increases in declarative knowledge, whereas it is likely that there are ceiling effects for gains in declarative knowledge for experienced therapists who embark on SP/SR with higher initial levels of knowledge. Experienced therapists often report greater development in professional artistry—for example, they already know how to use a thought record—but their experience of SP/SR gives them a deeper understanding of the subtle nuances in both patient experience and therapist behaviours around what may have previously appeared to be a very simple and straightforward task (Bennett-Levy et al., 2003).

When SP/SR is offered in university training programmes, it can be hard to fully separate the impact of the “academic course as usual” from any additional benefits of engaging in SP/SR (Bennett-Levy et al., 2003; McGinn, 2015). Some studies do suggest additional benefits (e.g., Chaddock et al., 2014), although McGinn (2015) rightly suggests that these could be due to various factors (e.g., additional discussions around CBT). Future research to isolate the critical ingredients of SP/SR would benefit from more robust control groups (e.g., equivalent case discussion time or training in CBT) to fully clarify the specific impact of SP/SR. In addition, a study dismantling the components of SP/SR using three groups (e.g., relevant self-practice tasks vs relevant self-reflective tasks vs the combined SP/SR programme) would help increase understanding of the key components of SP/SR. Desirable though such studies might be,

the practicalities of creating comparison groups represent a formidable challenge when trainees and practitioners are time-poor and understandably want the best opportunities that are available to them.

McGinn (2015) raises the question of sequencing effects and whether there is an optimum sequence of events in SP/SR. For example, is it better to practise SP/SR on oneself and then post-SP/SR apply any learning in clinical work, or to do both at the same time? We hypothesise (based on anecdotal examples) that practitioners benefit most from working clinically with patients at the same time as undertaking the SP/SR programme (to be able to transfer and apply learning). It would be of great interest to see this put to empirical test to provide a more definitive answer.

Future studies might test the following hypotheses:

- All groups of therapists and trainees may benefit from SP/SR. However, the type of benefit may vary according to their level of experience.
- Practitioners with less CBT experience will primarily benefit from gains in declarative knowledge and procedural skills (conceptual, technical, and interpersonal).
- Practitioners with high levels of CBT experience will report primary benefits in sophisticated interpersonal skills, enhanced professional artistry, and metacompetences (e.g., reflective skills, therapist flexibility).
- Participants will gain most benefit from applying SP/SR to themselves and then applying learning in their clinical work during the same period.
- Individuals taking part in SP/SR without a clinical practice in which to implement new learning might benefit from increases in self-knowledge and self-reflective skills but would be unlikely to achieve significant changes in therapist skills.

Other Process Issues

Although space does not permit discussion of all relevant SP/SR process issues, four key themes are highlighted below. Each of these needs consideration for those planning an SP/SR programme, and further investigation is required to fully understand their impact on the effectiveness of SP/SR.

Uptake Rates and Completion Rates

One of the main challenges for SP/SR programmes, noted by McGinn (2015) and Fernández-Álvarez *et al.* (2015), is the low uptake rate of SP/SR when offered in workplaces (Haarhoff *et al.*, 2015; Thwaites *et al.*, 2015), despite the growing evidence base for personal and professional benefits. Elsewhere we have suggested how best to engage individual in SP/SR programmes (Bennett-Levy & Lee, 2014; Bennett-Levy *et al.*, 2015a). Important elements include providing relevant information at a pre-programme meeting; the opportunity to create a feeling of safety with the process by addressing participant concerns around confidentiality and control; and demonstrating the value of the programme by articulating its potential benefits (ideally with the chance to hear from previous SP/SR completers).

Individual Versus Group

SP/SR programmes have been mostly implemented in groups. This is not just because it is more efficient. Research indicates that a “learning community” that is created is one of the most powerful factors enhancing engagement with SP/SR (Bennett-Levy & Lee, 2014; Farrand *et al.*, 2010). Individuals (especially novice therapists), who have a powerful experience of SP/SR without a wider group for sharing and exchanging reflections, might erroneously jump to the conclusion that their experience is the only possible experience. When SP/SR is undertaken in group format, the multiplicity of experiences helps participants to avoid this thinking and become aware that individuals react very differently to aspects of CBT, finding some interventions more or less useful or more or less challenging.

Competences and Metacompetences Needed for Facilitation of SP/SR Programmes

As discussed elsewhere (Bennett-Levy *et al.*, 2015a), facilitating an SP/SR programme is different from teaching or supervising, requiring a different skill set. Participants often comment on the crucial role of the facilitator in SP/SR programmes. Further definition of the role and required competencies would be beneficial to be able to train and develop SP/SR facilitators.

Building Initial Reflective Capacity

With experience, we now make fewer assumptions about the initial reflective abilities of therapists, whether trainees or highly qualified. The new workbook (Bennett-Levy *et al.*, 2015a) includes both initial guidance and tips for creating the conditions for reflection, and also questions about the process of reflection itself to help participants become increasingly aware of the best ways to engage their reflective capacities, as well as the barriers. Future research could measure participants’ reflective ability and internal procedural rules around reflection to establish how these change over the course of the programme.

Future studies might test the following hypotheses:

- Certain procedures (e.g., pre-programme meetings, addressing questions around safety and confidentiality, articulating benefits of the programme, facilitating online forums and group meetings) will reliably enhance engagement with SP/SR programmes.
- The knowledge and skills of the facilitator will influence completion rates and the benefit experienced by participants.

Final Words

We have had many professionally rewarding experiences facilitating SP/SR programmes and seeing the benefits that students and colleagues have experienced for themselves. Although the research base has grown over the last 14 years, there is still much further work required to fully understand the nuts and bolts of developing and facilitating SP/SR programmes across different populations.

We are aware of an increasing number of university training programmes starting to integrate SP/SR into their core curriculum. Others are in the process of considering how best to implement SP/SR alongside more traditional training methods. The

main challenge for SP/SR implementation as a workplace professional development activity is finding a way to increase uptake and completion rates so that qualified or experienced staff can reap the reported benefits.

While many CBT therapists embrace SP/SR, how does the CBT community shift attitudes from:

I don't see the need for a great deal of self-analysis in the type of work we do . . . We deliver therapy to large numbers of clients . . . The system mitigates against self-reflection and analysis on the part of therapists.

(SP/SR decliner, UK)

to attitudes such as this?

What it has truly given me is a belief, a belief that CBT works, that I am capable of doing CBT and that I can help clients do CBT. Empirical and scientific grounding helped me to believe in the efficacy of CBT (here is proof for my logical rational mind). Practice and reflection demonstrated I could do it (it's not so hard after all). Reflection and my own experience of CBT gave me confidence that I had what it took to help my clients use CBT.

(SP/SR participant, Australia)

This is the challenge!

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