

ORIGINAL RESEARCH

# ‘Crossing the reflective bridge’: how therapists synthesise personal and professional development from self-practice/self-reflection during CBT training

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## Abstract

Over the last two decades, self-practice/self-reflection (SP/SR) has been advocated as a useful experiential teaching method on CBT training programmes. As part of this, theoretical positions point to the importance of there being an explicit process of ‘bridging’ between what is learnt about the self (personal development) and the implications of this for clinical practice (professional development). However, exactly how participants experience this synthesis as part of their engagement in SP/SR has not yet been clarified. As such, the present study set out to explicate trainee CBT therapists’ experiences of this process, in order to further our understanding of how they synthesise their personal and professional development during training. Nineteen trainees took part in the study, each consenting to a 1000-word written summary of their learning from SP/SR being entered into the dataset and analysed using thematic analysis. The analysis identified five interconnected themes, illustrating how trainees had (i) identified self-schemas, (ii) increased their awareness of personal context, and (iii) conceptualised the role of the self in the therapeutic process; they had then achieved (iv) personal–professional development via experiential change methods, resulting in (v) perceived benefits for their clinical practice. SP/SR may therefore be a useful vehicle to enhance personal and professional development during training by helping trainees to understand and address the role of the self in cognitive behavioural psychotherapy. Tentative implications for CBT training and practice have been offered.

## Key learning aims

- (1) To summarise key theoretical positions and research outcomes underpinning the use of SP/SR as a CBT training method to enhance personal and professional development.
- (2) To understand trainee experiences of synthesising personal and professional development from SP/SR during training.
- (3) To consider implications for CBT training and ongoing professional practice.

**Keywords:** CBT training; Self-practice/self-reflection; Therapist schemas

## Introduction

The concept of utilising personal therapy or personal practice of therapeutic techniques as a vehicle of self-development and professional learning during psychotherapy training is not a new one. For example, it has long been a standard expectation of psychoanalytic training (British Psychoanalytic Council, 2022), and features in the requirements for undertaking counselling

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psychology training (British Psychological Society, 2022). However, such practice has never been a mandatory requirement of the training of cognitive behavioural therapists. Traditionally, the practice and research of CBT has been focused on the application of theoretical conceptualisations and related treatment outcomes, with training mirroring this emphasis on the technical flair of implementing model-driven interventions (Leahy, 2008). That said, there has been a growing body of evidence over the past two decades pointing to the value of self-experiential pedagogical methods in CBT training.

The journey of developing competence as a CBT therapist has been theorised within the Declarative-Procedural-Reflective (DPR) model to encompass three interconnected systems of information processing (Bennett-Levy and Thwaites, 2007). The Declarative system processes and stores concrete information and knowledge about CBT that might come from didactic teaching sessions or accessing key texts as part of self-study. The Procedural system is concerned with applying this declarative knowledge in practice, translating theoretical ideas in the clinical setting. In addition to therapy-specific competencies, this system includes interpersonal skills, which rely upon the interaction of 'self-schemas' (personal beliefs that pre-date the therapist role) and 'self-as-therapist' schemas (beliefs derived from the training experience). Finally, the Reflective system is tasked with integrating knowledge from the other two systems, allowing the trainee to reflect upon how they might use declarative knowledge in practice, and similarly reflect upon how their clinical interactions might assimilate with, or update, existing knowledge.

The distinction in the DPR model between personal and professional schemas is an important one. Bennett-Levy and Thwaites (2007) proposed that self-schemas heavily influence the therapeutic process, and in particular the therapist's interpersonal skills. They suggested that the beliefs that therapists carry with them into the training arena, borne out of their own life experiences, may therefore directly impact upon their ability to work effectively within the therapeutic alliance. In support of this position, the importance of therapists identifying their own schemas and reflecting upon the potential impact on their therapeutic work with clients has been variously documented in the CBT literature. For example, authors have noted the potential impact of therapist perfectionism on the therapeutic relationship and client outcomes in treatment (Haarhoff, 2006; Leahy, 2001; Presley *et al.*, 2017). Similarly, the effect of therapist experiential avoidance on the execution of key CBT skills, interventions and interpersonal processes, has also been explored (Bell *et al.*, 2015; Haarhoff and Kazantzis, 2007; Leahy, 2015; Meyer *et al.*, 2014; Presley *et al.*, 2023; Scherr *et al.*, 2015; Waller and Turner, 2016). Self-reflection has therefore been advocated as a central strategy for mitigating this process during CBT training, and beyond.

Based on the assumptions of the DPR model and related research, there is a clear rationale for including experiential teaching and learning strategies within CBT training programmes that address personal development as a means of facilitating professional development. For the most part, this has been integrated into CBT training programmes using 'self-practice/self-reflection' (SP/SR; Bennett-Levy *et al.*, 2001). SP/SR, in general terms, refers to CBT trainees practising therapeutic techniques upon themselves, and then reflecting upon the experience and outcome of this. SP/SR studies have pointed to factors that may interfere with successfully engaging trainees in SP/SR as part of CBT training, for example emotional discomfort (Bennett-Levy *et al.*, 2001) fear of negative evaluation from others (Spendelow and Butler, 2016), lack of time (Haarhoff *et al.*, 2015) or insufficient feelings of safety in the process (Mackenzie and O'Mahony, 2021). However, research has otherwise elucidated clear and numerous benefits of the inclusion of SP/SR in CBT training. Participants who have engaged in this experiential learning strategy have reported greater empathic attunement with the client journey and a deeper understanding and belief in the CBT model (Bennett-Levy *et al.*, 2001; Spendelow and Butler, 2016), increased self-awareness (Bennett-Levy *et al.*, 2001; Scott *et al.*, 2020; Spendelow and Butler, 2016), self-help skill acquisition (Spendelow and Butler, 2016), improved technical and interpersonal skills (Davis *et al.*, 2015), greater confidence in their own therapeutic skills (Scott *et al.*, 2020) and improved case conceptualisation skills (Collard and Clarke, 2020; Haarhoff *et al.*, 2011).

It has been noted in the research that there are important factors which may help in understanding how trainees might maximise these benefits from engaging in SP/SR (Bennett-Levy and Lee, 2014; Chaddock *et al.*, 2014). One factor noted as being particularly important is the degree to which trainees are enabled to synthesise their personal and professional development (Chaddock *et al.*, 2014; Chigwedere *et al.*, 2021; Collard and Clarke, 2020). Bennett-Levy and Finlay-Jones (2018) built further upon the original DPR conceptualisation, outlining a model of Personal Practice (PP) which encapsulates the pertinence of this process. They suggested that whilst trainees might engage well with PP, achieving important personal development as part of this, there needs to be an explicit process of translating this into meaningful professional development. Bennett-Levy and Finlay-Jones (2018) term this process ‘crossing the reflective bridge’ (Bennett-Levy and Finlay-Jones, 2018; p. 191); that is, a process of making sense of how what a therapist has learnt about their personal self is important to their professional self. It is suggested that this process is facilitated by using ‘bridging questions’, for example: ‘what is the impact of my PP experience for my work with clients?’ or ‘what does my PP experience mean for my understanding of my therapy model?’ (Bennett-Levy, 2019; p. 137). Without these, a therapist cannot conceptualise how their personal self influences their professional self, and what this means for their therapeutic interactions with clients.

Whilst there is some research to support this notion (Chigwedere *et al.*, 2021; Collard and Clarke, 2020), there is a paucity of research which contextualises this process adequately. Much of the research that examines the implementation of SP/SR during CBT training has accounted for participants’ learning about the SP/SR process and about the practice of cognitive behavioural therapy, not what they have learned about *the self*. As such, we know very little about how SP/SR participants account for their personal development specifically, and their experiences of making sense of this in a professional context. Given the influence that the person of the therapist has according to the DPR and PP models and associated therapist schema research, this warrants further investigation. Therefore, the present exploratory study endeavoured to bring to life the journey of ‘crossing the reflective bridge’, with the aim of furthering our understanding of therapists’ experiences of synthesising their personal and professional development as part of SP/SR during CBT training.

## Method

### Participants

A convenience sample of trainee therapists enrolled on the Postgraduate Diploma in Cognitive Behavioural Therapy across two consecutive cohorts at the authors’ employing university were recruited into the research; 63 trainees were invited to take part, with 19 (30.2%) agreeing to do so. Of the 19 trainees, four were male (mean age 42.3 years;  $SD = 7.97$ ) and 15 were female (mean age 35.4 years;  $SD = 11.37$ ). The trainees were from varied professional backgrounds; this included four Registered Mental Health Nurses, two Social Workers, three Counsellors and eight Psychological Wellbeing Practitioners. The remaining two trainees met the British Association for Behavioural and Cognitive Psychotherapies (BABCP) ‘Knowledge, Skills and Attitudes’ (KSA) criteria via other relevant vocational and training experiences.

### Measures

Exploratory analysis to investigate the how therapists synthesise their personal and professional development from SP/SR during CBT training was undertaken utilising a 1000-word written reflective summary submitted for assessment by each trainee as part of their training. Within this written summary, all trainees had been asked to convey (1) what they had learned about themselves personally from undertaking SP/SR, and (2) how they related this personal learning in

a professional development context to their clinical practice. Use of these written reflective accounts mirrored the autoethnographical approach utilised by Chigwedere (2019), allowing a rich and authentic dataset where SP/SR and autoethnography ‘potentially achieve more than the sum of their parts’ (Chigwedere, 2019; p. 3).

### Procedure

Participation in SP/SR is a mandatory experiential teaching and learning strategy integrated into the Postgraduate Diploma in CBT on which the trainees were enrolled. SP/SR is set up and undertaken in line with key guidance in the SP/SR literature (Bennett-Levy *et al.*, 2001; Bennett-Levy *et al.*, 2015; Thwaites *et al.*, 2015), and includes:

- An introductory session about SP/SR at the start of training attended by all trainees and all SP/SR facilitators (BABCP-accredited course staff), in which clear expectations about the process and its potential benefits are discussed.
- An opportunity for all trainees to voice both their hopes and fears for the SP/SR process, and to ask SP/SR facilitators any questions.
- The setting of clear ground rules for the SP/SR group meetings, which are undertaken in small groups of ~8 trainees.
- The instruction for all trainees to produce a personal safety plan and submit this to their SP/SR facilitator prior to commencing the process.
- The distribution of an established SP/SR text ‘*Experiencing CBT from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists*’ (Bennett-Levy *et al.*, 2015) to guide both trainees and facilitators through the process.
- The scheduling of 12 facilitated SP/SR group sessions which are integrated into the overall teaching timetable to aid engagement, and planned at the start of the training year.
- The submission of a 1000-word reflective summary of learning from the SP/SR process, as detailed above.

Ethical approval for the study was granted by the authors’ employing university (ref. 146764). Trainees were not made aware of the research study until after submission and return of their written reflective summary. At this point, all trainees were sent a copy of the Participant Information Sheet via email, and given the opportunity to provide consent for their written submission to be anonymously entered into the dataset. This process was intended to avoid any further censorship of their written reflections as a result of knowing that their work would be analysed for research purposes, thereby maximising the authenticity of the data.

### Data analysis

The 19 written reflective summaries were analysed using the six steps of thematic analysis outlined by Braun and Clark (2006). The research question was informed by theoretical models which highlight the potential links between personal and professional development. However, given this is an under-researched area, an inductive approach was adopted whereby themes in trainees’ experiences of this process were a product of the data itself, rather than constrained by prior theoretical notions. Analysis was performed from a critical realist perspective, with the intention of exploring the reality of the trainees’ experiences, and the meanings attributed to these. The initial steps of analysis (familiarisation with the data, generation of codes, identification of initial themes) were undertaken by both authors independently. Although Braun and Clark (2022) do not advocate for multi-independent coders as a means of ensuring ‘accurate’ analysis, this approach was utilised in order to deepen the reflexive engagement with the data. This was thought to be particularly important given that both authors are trained in different psychotherapy models

(the first author is a BABCP-accredited cognitive-behavioural psychotherapist, whereas the second author is a UKCP-registered psychoanalyst) and therefore would likely bring different perspectives to the analysis. Additionally, whilst both authors are members of the core teaching team for the Postgraduate Diploma in CBT, the first author is routinely involved in the facilitation of SP/SR group sessions, whereas the second author is not. Independent engagement with the data in these initial stages was therefore intended to provide a more nuanced basis for reviewing and defining themes in the latter stages of analysis, which were completed together. Any differences noted in the initial coding and identification of themes were largely semantic or organisational, with there being clear convergence on the important findings which were then structured into a final set of themes and subthemes. All stages of the analysis were performed ‘by hand’, rather than via use of any qualitative analysis data tools or software. Data saturation was established following analysis of the 13th reflective summary, with no new codes being generated at this point. However, for completeness, all 19 summaries entered into the study were analysed to ensure other potential codes (and therefore themes) were not missed.

**Results**

Analysis of the 19 written accounts of trainees’ learning from SP/SR identified five main themes, two incorporating two sub-themes; a narrative summary of these is presented below. A summary of all themes along with trainees’ contribution to these is shown in Table 1. The aim of the analysis was to understand trainees’ experiences of synthesising their personal and professional development from engaging in SP/SR, not to develop a further theoretical model of this process. However, thematic analysis can facilitate the identification of potential links between themes (Anderson and Clarke, 2019), and these are hypothesised in Fig. 1.

**Table 1.** Individual trainee contributions to each theme/sub-theme

Theme/sub-theme	Participant number																		
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16	P17	P18	P19
1. Identification of self-schemas																			
1a. Fears about not being good enough	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓		✓	✓	✓
1b. Fears about experiencing and/or expressing difficult emotions	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	
2. Increased awareness of the role of personal context			✓	✓	✓		✓	✓	✓		✓		✓	✓	✓		✓	✓	
3. Conceptualisation of the impact of self-schemas/personal context on the therapy process	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓
4. Personal–professional development via experiential learning	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓			✓
5. Perceived benefits for clinical practice																			
5a. Enhanced therapeutic alliance skills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5b. Attending to emotional experiences (therapist and client)	✓	✓	✓		✓	✓	✓	✓	✓		✓		✓			✓	✓	✓	✓

**Theme 1: Identification of self-schemas**

Trainees reflected upon the identification of their own schemas as part of the SP/SR process; these were collated into two sub-themes.

*Sub-theme 1a: Fears about not being good enough*

Nearly all trainees reflected upon the identification and formulation of personal concerns about not being 'good enough'. This manifested in multiple ways, with trainees describing difficulties with self-criticism, self-doubt and a sense of being incompetent or inadequate. Trainees reported a fear of failure and of making mistakes, with some worrying that this would result in interpersonal rejection. Trainees noted that they engaged in a number of counterproductive behavioural strategies designed to compensate for these difficult self-oriented beliefs; these included perfectionism, approval seeking, and avoidance of situations where they may be judged negatively by others. Some trainees came to realise that their own schemas were negatively influencing the process of SP/SR itself: 'I found my core belief of "I am not good enough" presenting early on in the process by me engaging in what I thought was the "right" way so I wouldn't be perceived negatively' (P3), whilst others noted an impact upon their experience of training more generally: 'Other people have more experience than me, therefore I do not deserve to be on this course' (P18). Others noted a more pervasive influence: 'Nevertheless, once I had become aware of my schemas relating to perfectionism and anxiety through self-formulation, I was unable to avoid the presence of them in my everyday experiences' (P14).

*Sub-theme 1b: Fears about experiencing and/or expressing difficult emotions*

Trainees reflected upon their own difficulties with experiencing or expressing uncomfortable emotions. Some experienced emotional discomfort in the early stages of SP/SR, describing apprehension and a reluctance to participate in the process. This was particularly apparent in reflections about self-disclosure in the group sessions, where (linked to theme 1a) fears about being judged negatively by others were in play. Difficulties with experiencing emotions became more apparent for trainees as the SP/SR process shifted towards self-interventions that required experiential engagement and a move towards change, where behavioural avoidance was noted by many:

'I flew through the problem formulation work and setting of goals, only to be halted by the practical element of the behavioural activation and experiment tasks. One of my reflections read "I am crap at applying knowledge to make actual changes. I 'know' what is best, but I put things off even though I know it will help.'" (P5)

Additionally, trainees noted a range of other strategies used to avoid experiencing uncomfortable emotions. These included self-denial ('I found it easier to avoid and tell myself I didn't have time' (P10)), suppression ('I found myself, wanting to push my emotions down' (P16)), and procrastination ('I noticed ... my instinct to avoid or procrastinate (my default behaviour) due to stress' (P17)).

**Theme 2: Increased awareness of the role of personal context**

Trainees began to make sense of their own schemas by considering the role of personal context in their development. Trainees reflected upon this from multiple perspectives, finding meaning and importance in their early experiences of cultural norms, their faith and spirituality, perceived



socioeconomic status and experienced familial interactions. For some, difficulties with experiencing uncomfortable emotions were seen to be culturally influenced:

‘... my emotional avoidance is rooted in something much deeper than I had thought about, culture. I grew up in Zimbabwe where people are forced to face problems head on, and little time is spent encouraging people to process things as “haugoni kuchema mukaka wadeuka” which is translated “you can’t cry over spilt milk”.’ (P9)

Similarly, others placed self-critical beliefs about the self as not being ‘good enough’ within a longitudinal framework: ‘From a young age, it was drummed into me that while I need not try *too* hard, I must always try hard enough. From my perspective, the emphasis seemed always more on “hard” than on “enough”’ (P19). Trainees pointed to a process of ‘becoming aware’ of these personal contexts, and a sense that they were now able to understand connections in their personal history that were previously unseen.

### **Theme 3: Conceptualisation of the impact of self-schemas/personal context on the therapy process**

Trainees reflected how they had come to understand the impact of their own schemas and personal context upon their therapeutic work with clients. Some described becoming frustrated with clients who were not ‘working hard enough’, noting a transference of their own standards onto the client. Some reflected on an unwillingness to move beyond a passive role in the therapeutic relationship due to fears around disapproval, conflict or rejection from the client; others noted the opposite: ‘I would also over compensate for these feelings and work really hard in sessions to ensure that I could “fix” my client and that they would like me’ (P2). Many trainees articulated how they had realised the impact of their own avoidance of difficult emotions upon client progress:

‘I recognised that that within my clinical practice, I was finding it difficult to sit with the client’s distress. This was mirroring the resistance I had towards my own emotion. It became apparent to me that I was colluding with the client. I noticed I would focus on tasks involving less emotion and catastrophising that I would cause the client additional or uncontrollable distress.’ (P16)

Trainees documented how they had circumvented emotional arousal in their work with clients, for example by offering excessive reassurance, avoiding emotive areas of discussion, or ‘rescuing’ the client from their distress. Some also noted the bi-directional relationship between their own schemas, and the behavioural manifestations of these in their clinical work.

### **Theme 4: Personal-professional development via experiential learning**

Trainees described how they had managed to facilitate their own personal and professional development by undertaking behavioural experiments to challenge unhelpful beliefs in both their personal and professional lives. Experiments focused on risking disapproval or conflict, prioritising self-care and sharing difficult emotions with others. Many trainees had also challenged themselves to let go of the avoidance and safety behaviours they were using in their clinical practice to negate feelings of incompetence and to avoid eliciting client distress:

‘Doing this course feels like one big behavioural experiment. Clients learn their new behaviour in session and then practise in between; I learn mine in between and then practise in session. I need to be able to negotiate and agree with myself – over and over again – that I am willing to tolerate the uncertainty of this experience.’ (P13)

Trainees reflected upon the emotional arousal involved as part of these experiential learning opportunities, describing the process as ‘frightening’ (P10) and ‘exposing’ (P14) and requiring a willingness to be ‘vulnerable’ (P6). However, all noted clear benefit in terms of re-evaluating their beliefs – particularly in terms of their relationship with emotions.

### *Theme 5: Perceived benefits for clinical practice*

All of the trainees reported that engaging in SP/SR had been beneficial for their clinical practice; the benefits reported fell into two main sub-themes.

#### *Sub-theme 5a: Enhanced therapeutic alliance skills*

Trainees concluded that their therapeutic alliance skills had improved as a result of taking part in SP/SR during their CBT training. Trainees reflected upon how emotionally challenging they had found their own process of self-formulation and implementation of change tasks. In addition to adding to their appreciation of these key therapeutic tools, they reported how this had fostered a deeper understanding and empathic attunement with the client’s therapeutic journey:

‘Having been through this personally, I have an increased degree of empathy towards clients who might initially display resistance or a demotivated demeanour when beginning therapy. They may be scared, like I was.’ (P1)

Trainees reported how this had facilitated greater patience and compassion within the therapeutic relationship, and a process of removing the ‘therapeutic clown suit’ (P16) in order to practice with newly found authenticity, ‘rather than being a robot and regurgitating CBT literature’ (P15).

#### *Sub-theme 5b: Attending to emotional experiences (therapist and client)*

Trainees reflected upon the benefits of attending to their own, and their clients’, emotional experiences, rather than seeking safety in avoidance. Some noted how this process had allowed them to lessen the impact of their own therapy-interfering schemas ‘playing out in the therapy space’ (P6), and how this had enabled them to work more explicitly and effectively with their client’s emotions:

‘I am now conscious of trying to stay with the client and their emotions rather than wanting to jump in and “Save them”. I also recognise that there may be a transference within the therapy session around feelings – when the client is feeling distressed, I may also feel anxious that I must save them.’ (P11)

Trainees noted a reciprocal relationship between their willingness to experience their own emotional discomfort, and their willingness to support their clients to do the same as a key part of the change process. In line with this, some noted they were ‘no longer shying away from encouraging behavioural changes with clients . . . as direct testing of underlying assumptions and predictions’ (P5). Overall, trainees’ written reflections articulated how they had come to understand the importance of experiential learning as part of CBT treatment through their own lived experience of the process, and a commitment not to let their own schemas undermine this.



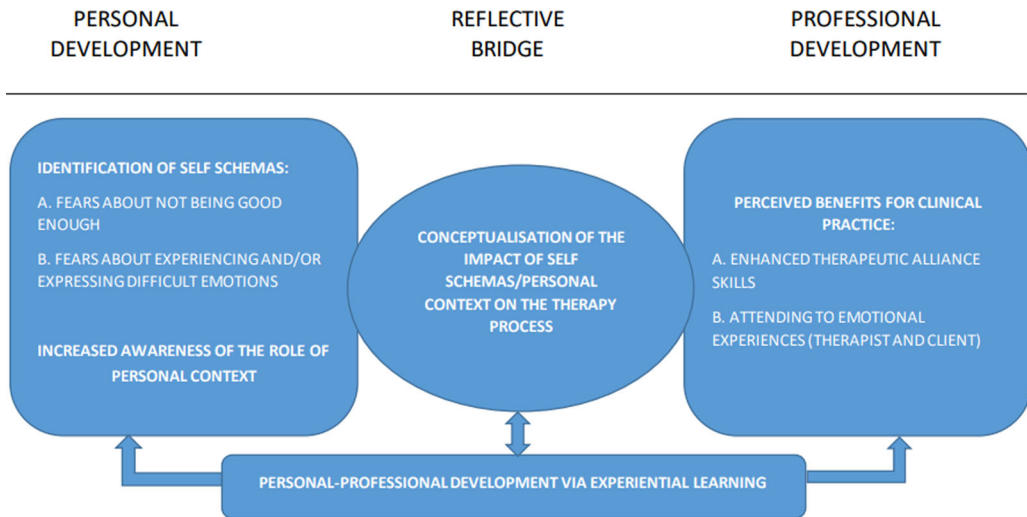


Figure 1. Trainee CBT therapist themes in the process of personal – professional development from SP/SR.

## Discussion

### *Synthesising personal and professional development*

Analysis of the trainees' written accounts of their learning from taking part in SP/SR elucidated their experiences of synthesising personal and professional development, furthering our understanding of this process. In line with previous research, trainees evidenced increased self-awareness (Scott *et al.*, 2020), and the identification of important self-schemas. Many trainees reported concerns about not being 'good enough', self-formulating their consequent engagement with compensatory strategies such as perfectionism, approval seeking and avoidance of potential criticism. Difficulties being in touch with uncomfortable emotions were also documented, with trainees identifying ways in which they circumvent this via avoidance, suppression, denial and procrastination. These reflections parallel earlier research reporting similar trainee therapist schemas relating to 'demanding standards' (Haarhoff, 2006) and experiential avoidance (Presley *et al.*, 2023). Trainees reported how SP/SR had enabled them to reflect upon the development of these self-schemas, facilitating exploration of their personal history in terms of their culture, faith, socioeconomic status or familial experiences. This is consistent with research that has pointed to reflective spaces in training such as SP/SR as being important opportunities for trainees to examine their own personal context, and the significance of this in their therapeutic work with clients (Chigwedere, 2019; Presley, 2023).

Having used SP/SR to increase their understanding of the self, trainees documented a process of conceptualising the role of their own schemas in the therapeutic space. Many noted behavioural manifestations of their own self-doubt and experiential avoidance that they concluded were negatively impacting upon the execution of CBT skills and the therapeutic relationship. This supports writings by other authors who have noted the potential impact of therapist perfectionism on the therapeutic alliance and client outcomes in CBT (Haarhoff, 2006; Leahy, 2001; Presley *et al.*, 2017). Similarly, many trainees noted that their own avoidance of experiencing difficult emotions was thwarting their ability to work effectively with their clients' distress (Leahy, 2015), resulting in avoidance of emotive interventions (Bell *et al.*, 2015; Scherr *et al.*, 2015), and thereby inhibiting the development of key competencies (Presley *et al.*, 2023).

This process of conceptualising the role of self-schemas and personal context in the therapeutic process appeared to be central to synthesising personal and professional development, bringing to life the notion of 'crossing the reflective bridge' (Bennett-Levy and Finlay-Jones, 2018). Whilst this

supports the existing research that illuminates the pertinence of applying personal learning from SP/SR to professional practice (Chaddock *et al.*, 2014; Chigwedere *et al.*, 2021; Collard and Clark, 2020), in the current study the main focus of trainees was on understanding the impact of their own beliefs, values and personal biases on their work with clients. This is congruent with Bennett-Levy and Thwaite's (2007) account of interpersonal skills within the Procedural system of the DPR model, which emphasises the importance of attending to the influence of self-schemas in the therapeutic relationship. Extending these ideas further, the results of this study show that personal and professional development appeared to be most meaningful when trainees 'stepped back off' the reflective bridge, and found the courage to engage in experiential learning activities designed to test some of their newly realised therapy-interfering schemas. In these moments, trainees recounted their felt experience of a range of difficult emotions, which mirrors fears about engaging in SP/SR as previously reported by Spindelowe and Butler (2016). However, all trainees reported that this has been beneficial for both their personal and professional development, supporting the notion that the most valuable learning can arise from the more emotive aspects of the work (Bennett-Levy *et al.*, 2001).

The benefits reported from engaging in SP/SR were largely congruent with the existing SP/SR literature, pointing to improved therapeutic alliance skills via their own lived experience of self-formulation and CBT interventions (Bennett-Levy *et al.*, 2001; Davis *et al.*, 2015; Spindelowe and Butler, 2016). Improvements in specific CBT skills were also reported by some trainees; however, in this study professional development was focused on the meta-competency of working more skilfully with client emotions as part of the change process. This paralleled trainees' evolving ability to attend more helpfully to their own emotional arousal and to engage in experiential learning as part of addressing personal schemas. As a result, trainees were able to distinguish their own intrapersonal processes from the interpersonal processes within the therapy room, simultaneously consolidating both their personal and professional development.

### **Implications for CBT training, supervision and practice**

The present study lends further support for the use of SP/SR as an experiential learning strategy during CBT training, and one which may help trainees to work in a more authentic and emotionally connected way with their clients. The findings indicate that in addition to helping trainees understand key CBT techniques, SP/SR is an opportunity for them to develop insight into the role of the self in their therapeutic practice, and to address any personal schemas that may be inhibiting this. Without this synthesis of personal and professional development, CBT trainees may continue to unintentionally practise in ways that undermine the therapeutic process, and the potential for client progress therein. Whilst beneficial, it is clear that this process is not without emotional challenge; therefore SP/SR must be well integrated into CBT training courses using the existing guidance to prioritise trainee wellbeing, safety and support (Bennett-Levy *et al.*, 2001; Bennett-Levy *et al.*, 2015; Thwaites *et al.*, 2015). Finally, as evidenced in the existing literature, the impact of therapist schemata can continue beyond the training period (Bell *et al.*, 2015; Presley *et al.*, 2017; Scherr *et al.*, 2015), indicating that SP/SR may be useful as part of continuing professional development and supervisory activities for qualified therapists, as well as those in training.

### **Limitations and implications for further research**

Whilst helpfully contextualising the journey of 'crossing the reflective bridge', there are limitations to the findings. Firstly, the written reflective summaries were submitted as part of a formal course assessment process; the trainees' accounts of their learning may therefore have been shaped in part by the assignment instructions and the desire to achieve a pass grade for their submission. Secondly, for the training course on which the trainees in this study were enrolled, SP/SR does not

take place in a silo. The course has a longstanding ethos of reflective practice, incorporating two mandatory modules focusing on this aspect of psychotherapy, and several other assignments that evaluate their ability to attend to therapeutic alliance and process issues. The depth at which the trainees have worked as part of their SP/SR work would therefore likely be influenced by the wider course teaching, learning and assessment strategies. Thirdly, it is inescapable that the authors' own personal and professional experiences, their involvement in the training programme and their beliefs and values, will have impacted this study. Whilst this does not render the research outcomes as incorrect or inutile, it is important to note the inevitable influence of researcher schemata upon the data analysis and the conclusions drawn from this. Finally, whilst the themes observed in the trainees' journeys of personal–professional development were consistent across trainees, the study sample was both small and self-selecting; this points to potential bias in that those trainees who found less benefit from the process may have chosen not to participate. Further research to facilitate our understanding of how CBT trainees experience personal and professional development from SP/SR would therefore helpfully employ trainees from multiple courses, and endeavour to capture a greater range of experiences.

### Conclusion

In conclusion, the present study suggests that trainees may synthesise their personal and professional development from SP/SR by coming to understand how their 'personal self' impacts upon the therapeutic process with clients, *and* by taking steps to address this. For the trainees in this study, their development was about something more than simply experiencing cognitive behavioural therapy techniques. It was about using those techniques to find out who they are as a therapist, to bravely illuminate those parts of themselves that might be hindering the therapeutic process, and to seek personal and professional development by changing them. These CBT trainees have courageously entered into their training not only with their heads, but also with their hearts. Their eloquent, authentic and deeply personal written accounts have encapsulated the enmeshment of personal and professional development from SP/SR during CBT training. It is evident that they have reaped much benefit, which may ultimately enhance their clients' experiences of therapy too.

#### Key practice points

- (1) SP/SR may be a useful training method to help CBT trainees conceptualise the impact of their own schemas upon their work with clients, and take action to address this as part of personal and professional development.
- (2) SP/SR can be emotionally challenging; training courses therefore need to be fully resourced to support trainees through the process.
- (3) The person of the therapist may significantly influence professional practice during and beyond training; SP/SR may be a helpful vehicle to manage this both pre- and post-qualification.

### Further reading

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**Data availability statement.** The data that support the findings of this study are available upon reasonable request from the corresponding author. The data are not publicly available due to ethical/privacy restrictions related to the research participants.

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