

Reflection in CBT
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Introduction

Many years ago, Richard had a highly intelligent and proficient colleague (and later a good friend) who was also a clinical psychologist and CBT therapist. During a research meeting, Richard was in the position of advocating a piece of research which involved implementing a Self-Practice/Self-Reflection programme for therapists. This meant therapists practising elements of CBT on themselves and then reflecting on the implications for themselves as therapists, supervisors and human beings. Many in the group appeared unconvinced by his passionate arguments and finally his colleague, no doubt in frustration, fired back at him “*Why should therapists reflect? Plumbers don’t need to reflect!*” Richard did not believe for a moment that his colleague actually believed this; it was more an “invitation” to explain himself more clearly!

If you’ve picked this book off the shelf, there is a good chance that you already believe reflection is important for CBT therapists and you are interested in ways to improve your own reflective skills, or the reflective skills of your supervisees or students. On the other hand, you may be sceptical, or even curious, as to what reflection is and why it should be important to you as a CBT practitioner. This book aims to give a convincing and comprehensive answer to the question regarding the role of reflection posed all those years ago and show how reflection functions as a key metacompetence or higher order competency which is important in the continuing professional development of CBT trainees and experienced therapists.

WHY SHOULD CBT THERAPISTS REFLECT?

Returning to the question posed by Richard’s colleague, would you want a plumber fixing your waterworks who was only able to implement the specific techniques learnt during his or her training in a rote fashion? Imagine a plumber who had no ability to learn from new experiences and, when faced with similar situations, was unable to generalise from previous pieces of work and the successful solutions that were reached. Would you want a plumber who, faced with a blocked U-bend, kept repeating the same unsuccessful strategy again and again? Or, imagine a plumber who had no ability to deal with difficult customers or to understand how his or her

personal attitudes and behaviours contributed to the discussions or arguments about the project. The answer we are sure would be “On no account!”

Given the “plumber” analogy, how much more important is it for mental health practitioners and therapists to be able to reflect? We would hope that therapists are able to learn effectively from experience, notice what is happening, and on this basis, adapt future responses. We would also generally expect therapists to recognise the impact of therapist beliefs and behaviours on the therapeutic relationship. None of this can be achieved without reflection.

STRUCTURE OF THE BOOK

The first part of the book addresses the way in which reflective practice can be integrated and enhanced in those areas of clinical practice which have relevance to all CBT practitioners whether practising high or low intensity CBT, trainee, novice, experienced or expert. The first chapter introduces the Declarative Procedural Reflective model as the theoretical spine of the book and the subsequent chapters on self-reflection in supervision, self-supervision, the therapeutic relationship, the importance of utilising regular client feedback, and the influence of socio-cultural factors are all discussed in the context of reflective practice for all. Chapters 7, 8 and 9, however, each have a more specific focus and describe the role of reflection for specific groups of CBT practitioners, such as low intensity practitioners or therapists undergoing training (whether basic training or workshops later in their career). In this part of the book Self-Practice/Self-Reflection (SP/SR) as an experiential learning strategy is also presented as a unique process to guide and enhance therapist self-reflection. The final chapter emphasises reflection on therapist self-care as a fundamental activity relevant to all CBT therapists, whatever the context.

MASTERING THE BASICS: THE DECLARATIVE PROCEDURAL REFLECTIVE MODEL OF THERAPIST SKILL ACQUISITION

Imagine basic CBT skills being learned by rote and applied with robotic conformity, without the ability to reflect on the cues and new information received from the client. As we will discuss later in this book, some acquisition of “dry” knowledge might be possible without reflection, but how is the learner to turn this into an applicable set of skills and rules for practice? And how would CBT, delivered in this way, be experienced by the client? Would the client feel validated and understood by the therapist? Would the client’s individuality and uniqueness be respected? Chapter 1 lays out the theoretical and empirical framework that supports and underpins the importance of reflection for the acquisition of therapeutic skill and competency.

SUPERVISION AND SELF-SUPERVISION

Reflective skills are not just required when we are with our clients. It is likely that all supervisors could search their hearts and find examples of when their supervision was lacking in reflection, either when they failed to use their reflective skills as a supervisor or when their supervision was unsuccessful in evoking a useful amount of reflection in their supervisee. For most supervisors this is likely to be due to passing influences, such as tiredness, overload, worry about a risk issue, supervisory drift or even frustration with the supervisee. These are all normal and unavoidable, but what about a supervisor who *repeatedly* fails to help his or her supervisees reflect, perhaps due to lack of training or lack of understanding about the most helpful ways for supervisees to learn?

Whatever the cause, supervision without reflection is likely to feel over-safe, uninspiring, non-challenging and potentially simply a monitoring or supportive process, rather than a forum that develops the supervisee as a practitioner. Lack of reflection from supervisor *and* supervisee can even lead to comfortable collusion within the supervisory relationship that may support poor practices (Milne, Leck & Choudhri, 2009). We believe that high-quality supervision, with a strong emphasis on reflection as part of the learning process, is an essential element supporting optimum therapist development. In Chapter 2 we will explore the role of reflection in clinical supervision and suggest ways to improve the reflective content of your supervision as both a supervisee and supervisor. Chapter 3 examines the role of reflection in establishing your own effective self-supervision processes.

THE THERAPEUTIC RELATIONSHIP

The task of delivering psychological therapies is a complex one where interpersonal dynamics and abstract factors such as values and expectations have to be taken into account. An unreflective therapist would, at the very least, be limited to delivering therapy by rote, relying on a narrow set of interventions. Being able to adapt, adjust and tailor interventions to particular clients at particular times would be severely restricted and we would see little clinical artistry or creativity, the qualities identified time and time again in therapists considered most competent and effective. It is very likely that the unreflective therapist would be thrown off course by the inevitable misunderstandings that occur in the often intensely interpersonal context of therapy.

Even if someone had just enough reflective ability to learn and apply the basics of CBT after some initial training, what would happen during the first therapeutic rupture? If there was a misunderstanding and the therapist felt attacked or criticised, how would the unreflective therapist even start to make sense of his or her personal emotional and behavioural response? We would suggest that such a therapist would be unlikely to step back from the problematic situation long enough to “unhook” from automatic ways of responding, reflect on the current situation and be able to formulate the rupture in CBT terms, integrating relevant theory with actual practice.

The examples presented above are somewhat exaggerated to demonstrate worst case scenarios for the unreflective therapist. It is not, however, as black and white as this. Most therapists have areas of strength and weakness and this also applies to their ability to reflect. Some may be able to routinely reflect within therapy but have certain types of client where, for a range of reasons, they are unable to step back from and observe their own contribution to the interaction and, on this basis, behave differently. It can be a client that reminds us of a significant other in our lives, or expresses thoughts or feelings that are uncomfortable for us as individuals (e.g. some therapists may struggle with sadness and depression, others may struggle to cope with uncertainty). Our examples suggest that deficits in reflective skill can prevent therapists from behaving in optimal ways for clients. In Chapter 4 we will examine the role of reflection in formulating and appropriately responding in the therapeutic relationship, especially during the moments where a rupture is possible.

REFLECTION ON THE INFLUENCE OF SOCIO-CULTURAL FACTORS

As Western societies become increasingly culturally diverse, the possibility of cultural and social economic bias in the therapist has to be seriously entertained as a factor that can potentially interfere with therapy. In Chapter 5 we examine the role of social and cultural influences on us as therapists and ask how we can use reflection to understand these and ensure that our values do not insidiously impact on the therapy that we provide.

REFLECTING ON CLIENT FEEDBACK

An extremely important aspect of therapist reflection involves being open to learning from client feedback. While this is a truism, eliciting and responding appropriately to client feedback is often a blind spot in some CBT therapists. Learning to reflect on and respond to the routine use of sessional feedback is important for improving therapist effectiveness. Additionally, targeting supervision to focus on clients who are not improving at predicted rates is an area of considerable interest. Chapter 6 discusses the importance of eliciting and responding appropriately to client feedback.

MAXIMISING REFLECTION IN TRAINING PROGRAMMES

Some readers will deliver, or anticipate delivering, training as part of their role, whether brief sessions on a focused topic (e.g. training GPs how to do a basic CBT formulation) or as part of an advanced CBT training course. While most trainers would

be familiar with Kolb's learning cycle (Kolb, 1984), it is unlikely that the majority of trainers plan their training courses by identifying the key areas of knowledge and/or skills they want the trainee to develop and then tailor evidence-based training strategies more likely to lead to these desired outcomes. Although evidence-based literature regarding training remains sparse, there is some evidence that different training strategies are differentially effective in the acquisition of different types of knowledge and skills (Bennett-Levy, McManus, Westling & Fennell, 2009). Three types of systems relevant to the acquisition of knowledge and skills are identified, namely declarative or "book" knowledge, procedural knowledge (when... then... or if... then... rules built up over the course of clinical experience), and the reflective system. Procedural skills are particularly difficult to teach using traditional didactic methods and there is evidence to suggest that the ability to use reflection skilfully is one pathway to developing such skills. Bennett-Levy, McManus, Westling, and Fennell (2009) found that "reading, lectures/talks and modelling were perceived to be most useful for the acquisition of declarative knowledge, while enactive learning strategies (role-play, self-experiential work), together with modelling and reflective practice, were perceived to be most effective in enhancing procedural skills" (p. 571).

Reflection is key here, both on the part of the trainer in designing and implementing their training, but also as a component of training therapists in the sophisticated procedural skills so necessary for successful therapy interventions. The interaction of these three systems is conceptualised in the Declarative Procedural Reflective model, fully described in Chapter 1. In Chapter 7 we contextualise the role of reflection in training and ask how reflective processes can be integrated in different types of training, ranging from half-day workshops to postgraduate CBT Diploma courses.

SELF-PRACTICE/SELF-REFLECTION

Both authors have been involved in developing and researching a specific learning strategy called Self-Practice/Self-Reflection, in which therapists practise CBT techniques on themselves and reflect on this to improve their understanding of both the therapy and themselves as therapists and individuals (e.g. Bennett-Levy, Lee, Travers, Pohlman & Hamernik, 2003; Bennett-Levy, Turner, Beaty, Smith, Paterson & Farmer, 2001; Chaddock, Thwaites, Bennett-Levy & Freeston, 2014; Davis, 2008; Davis, Thwaites, Freeston, Bennett-Levy, 2014; Haarhoff, Gibson & Flett, 2011). Usually delivered in a workbook format, SP/SP is increasingly finding a place in CBT training and professional development. There is a growing body of evidence that SP/SR can help develop procedural skills (especially those of an interpersonal nature) and also lead to belief change (relating to therapist self or the personal self). The anecdotal feedback from SP/SR participants is that this is usually one of the most powerful learning experiences of their career, and that they truly feel that they have experienced CBT from the inside. Chapter 8 describes the use of SP/SR workbooks to support reflection in CBT, describing and providing examples taken from actual SP/SR training programmes.

LOW INTENSITY PRACTITIONERS

We have found that reflective practice is important for mental health practitioners practising in a variety of different roles and contexts. Low intensity CBT or Psychological Wellbeing Practitioners are a relatively recent addition to the National Health Service in England. This group of practitioners is currently spearheading a wider worldwide movement to address the treatment gap by improving access to evidence-based psychological therapies on a wider and more efficient basis through the delivery of high-volume specific interventions. Chapter 9 outlines ways in which the development of reflective skills in a workforce with variable levels of mental health experience on entry to training presents several challenges. Reflective practice is highly relevant to this group during training but, in addition, developing or enhancing the capacity to reflect offers a way to help further learning from experience and to maximise competency, and subsequent post-qualification artistry.

SELF-CARE

Mental health practitioners consistently report high levels of occupationally-related stress, resulting in physical and/or psychological problems for those affected in this way (Tyler & Cushway, 1998). These challenges include caring for vulnerable clients, needing to make decisions in situations that are often ambiguous, and sometimes coping with high levels of risk, for example, client self-harm and, in some instances, suicide (Kottler, 2012). In the final chapter, we consider the role reflection has in facilitating the CBT therapist's active choice to maintain optimum levels of self-care in professional situations. We have positioned this chapter at the end of the book to emphasise that all practitioners owe it to themselves and, more importantly, to their clients to reflect on how best to take care of themselves in their role as therapist.

CONCLUSION

Historically, reflection has been poorly defined in the evidence-based therapies and many CBT therapists may perceive reflective practice as navel-gazing or being too self-focused. We hope our initial arguments have supported the need for CBT therapists to engage in reflection for a variety of reasons and across a number of different contexts. The purpose of the book is to motivate CBT therapists to improve the way they use reflection in clinical practice and to make reflection manageable by providing a number of structures and frameworks for self-reflection across different

contexts. The ultimate aim of reflective practice, and indeed this book, is improved therapist competence and, most importantly, client care. We conclude by asking: “If you were a patient seeing a CBT therapist, would you prefer to see a therapist who had had: *‘twenty years of experience or one year of experience twenty times’*” (Skovholt, Rønnestad & Jennings, 1997, p. 365). We come down firmly in favour of 20 years of varied experience, and concur with these authors, who cite reflection as making the difference.