Experiences of self-practice/self-reflection in cognitive behavioural therapy: A meta-synthesis of qualitative studies

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Background. Self-practice/self-reflection is a valuable training strategy which involves therapists applying therapeutic techniques to themselves, and reflecting on the process.

Purpose. To undertake a meta-synthesis of qualitative studies exploring therapists’ experiences of self-practice/self-reflection in cognitive behavioural therapy (CBT). This would integrate, and interpret, the current literature in order to develop a new understanding, and contribute to the development of CBT training programmes.

Methods. The meta-synthesis encompassed three distinct phases: undertaking a comprehensive and systematic literature search; critically appraising the papers; and synthesising the data using the meta-ethnographic method.

Results. The literature search identified 378 papers, ten met the criteria for inclusion. After critical appraisal, all were included in the synthesis. The synthesis identified 14 constructs, which fell into three broad categories: ‘experience of self-practice/self-reflection’; ‘outcomes of self-practice/self-reflection’; and ‘implications for training’. This synthesis found that self-practice allows therapists to put themselves into their clients’ shoes, experiencing the benefits that therapy can bring but also the problems that clients can run into. This experience increases therapists’ empathy for their clients, allowing them to draw on their own experiences in therapy. As a result, therapists tend to feel both more confident in themselves and more competent as a therapist. The self-practice/self-reflection process was facilitated by reflective writing and working with others, particularly peers.

Conclusions. Self-practice/self-reflection is a valuable training strategy in CBT, which has a range of beneficial outcomes. It can also be used as a means of continuing personal and professional development.

Practitioner points
- Self-practice of CBT techniques, and reflecting on the process, can be a useful training strategy and helpful for ongoing development.
- Therapists could consider developing a ‘self-case’ study, rather than using the exercises as one-off techniques, recording reflections in writing, and sharing reflections with peers.
- Self-practice/self-reflection can be particularly helpful for increasing empathy for clients, highlighting the difficulties they may encounter.

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Psychotherapy training draws on a range of learning methods, each contribute to the development of different skills. Bennett-Levy (2006) described a model for understanding skill development, differentiating between three information processing systems: declarative (linked to intellectual understanding of the therapy and theoretical models); procedural (related to declarative knowledge being applied in practice); and reflective (linked to reflecting on practice which allows for refinement of the other systems and on-going skill development). Each of these has been found to be stimulated by different learning strategies, with declarative knowledge normally obtained through reading, lectures and modelling; procedural skills developed through reflective practice, self-experiential work, modelling and role play; and reflection facilitated by reflective practice and self-experiential work (Bennett-Levy, McManus, Westling & Fennell, 2009).

This declarative-procedural-reflective (DPR) model highlights the importance of self-experiential work, and reflective practice, which contribute to the development of both the procedural and reflective systems. The latter is considered to be the ‘engine of lifelong learning’ and crucial for on-going development as a therapist (Bennett-Levy, Thwaites, Chaddock & Davis, 2009). Experiential learning tends to be rated by trainees as the third most important component of therapy training programmes, after therapeutic practice and supervision, but above didactic training and theoretical lectures (Laireiter & Willutzki, 2003).

Experiential learning has been an integral part of the development and training of practitioners since the inception of formal psychotherapy at the turn of the last century. Its early emphasis on self-reflection parallels the prominence of introspection in the initial development of modern psychology. Freud wrote ‘The Interpretation of Dreams’ after several years of self-analysis, a practice he continued daily until the end of his life (Ellenberger, 1970). Informal analysis between peers, principally of dreams and parapraxes, was practised in Freud’s ‘inner circle’ (Grosskurth, 1991), eventually developing into the requirement for undergoing analysis as part of psycho-analytic training, which became formalised in the early 1920s. With the rise of humanistic therapies, ‘personal development’ became a central concept, for both the training and continuing practice of therapists (Rogers, 1961, 1969).

One form of experiential learning, which has been receiving increasing attention over the past 20 years, involves trainees applying psychotherapy techniques to themselves. Key figures in the field of cognitive behavioural therapy (CBT) recommend this approach. For instance, Beck (1995, 2011) states that ‘your growth as a cognitive behavioural therapist will be enhanced if you start applying the tools described... to yourself’ (p. 14). Similarly, Padesky (1996) recommends that ‘to fully understand the process of therapy, there is no substitute for using cognitive therapy methods on oneself’ (p. 288). A decade ago, a review of the literature on experiential learning in psychotherapy found that this approach was generally well accepted by trainees (Laireiter & Willutzki, 2003). However, it also highlighted the dearth of research in the area, particularly outside of German-speaking countries. In addition, most of the research focused on self-reflective work rather than self-application of the techniques, with only one study exploring this area (Bennett-Levy et al., 2001). The review also emphasised the lack of consistent terminology for this form of experiential leaning, which has been referred to as self-directed experience, personal sensitivity work or self-experiential work, among other terms (Laireiter & Willutzki, 2003). The term ‘self-practice/self-reflection’ was originally coined by Bennett-Levy et al. (2001) and reflects the two aspects of this form of experiential learning –
self-application of the technique and reflecting on the process. This term has been adopted by most articles describing this approach and will therefore be used in this review.

The first study exploring therapists’ experiences of self-practice/self-reflection found that it increased their empathy for the client, enhanced therapeutic understanding and therapist skills, and improved their self-concept (Bennett-Levy et al., 2001). Since the publication of this study, which included the development of a self-practice/self-reflection workbook, there has been an increase in research in this area. The majority of these studies have qualitatively explored therapist experiences and perceived benefits of self-practice/self-reflection. Alongside this, self-practice/self-reflection has been introduced into a number of CBT training courses (Bennett-Levy et al., 2009). Thus it is timely to undertake a systematic review of the literature, which was mainly based on qualitative research. Therefore the aim of this study was to undertake a meta-synthesis of qualitative studies focused on self-practice/self-reflection in CBT. This would integrate, and interpret, the current literature in order to develop a new understanding, which could contribute to the development of CBT training programmes.

Methods

A meta-synthesis integrates and interprets qualitative research, aiming to identify overarching constructs, which are ‘more substantive than those resulting from individual investigations’ (p894, Finfgeld, 2003). Meta-ethnography is the most commonly used method of meta-synthesis (Dixon-Woods, Booth & Sutton, 2007) and provides structured guidelines for conducting the synthesis (Noblit & Hare, 1988). These are set out in seven steps (Box 1), which have recently been updated and expanded (Atkins et al., 2008; Britten et al., 2002; Malpass et al., 2009).

| Box 1 |
| Seven steps for meta-ethnography  |
| (Noblit and Hare, 1988) |

Step 1: Getting started  
Step 2: Deciding what is relevant to the initial interest  
Step 3: Reading the studies  
Step 4: Determining how the studies are related  
Step 5: Translating the studies into each other  
Step 6: Synthesising translations  
Step 7: Expressing the synthesis

Getting started (Step 1) involved deciding upon a topic for the synthesis and determining the research question (Noblit & Hare, 1988). The research question was: What are therapists’ experiences of self-practice/self-reflection in CBT? The study then encompassed three distinct phases: identifying the literature (Step 2); critical appraisal; and meta-synthesis (Steps 3–6).
Identifying the literature
A comprehensive and systematic literature search was carried out using three strategies: an online search of bibliographic databases; checking reference lists and citations; and contacting researchers.

First, seven electronic databases were searched: PschINFO, Medline, PubMed, Web of Knowledge, Embase, Proquest Dissertations, and CINAHL. The search terms used were: cognitive therapy, behavio(u)r therapy, or psychotherapy, AND self-practice, self-reflection, self-experiential, experiential learning, personal experiential, personal sensitivity, or personally focused. No limits were imposed on year of publication.

Abstracts were reviewed and papers included if they were published in English in a peer-reviewed journal and reported qualitative research focused on self-practice/self-reflection (Step 2). Papers were excluded if they did not meet these criteria. Full text articles of the shortlisted papers were obtained and reference lists examined for relevant documents. Papers citing the shortlisted articles were also searched to identify any relevant studies. Finally, the authors of the shortlisted articles were contacted to request any relevant published or unpublished studies.

Critical appraisal
The quality of the shortlisted articles was assessed using the qualitative methodology checklist developed by the National Institute for Health and Clinical Excellence (NICE, 2007), based upon the qualitative checklist from the Critical Appraisal Skills Programme (CASP, 2002) and the criteria from the Qualitative Research and Health Working Group (2002). The checklist included 13 questions around six areas: aims; study design; recruitment/data collection; analysis; findings/interpretation; and research implications (NICE, 2007). The checklist also included a rating based on whether the study met all or most of the criteria (++), some of the criteria (+), or few or no criteria (−).

Meta-synthesis
The meta-synthesis drew on meta-ethnography methods (Noblit & Hare, 1988), this involved treating the studies in a similar way to the primary data which they report (Malpass et al., 2009). The primary data from the studies, the participants’ views or beliefs, are analysed and interpreted by the authors of the original studies to form themes and concepts. Schutz (1962) described these as first- and second-order constructs. The meta-synthesis integrates and interprets the second-order constructs to build third-order constructs, which advance the concepts of the original studies (Atkins et al., 2008; Malpass et al., 2009).

Step 3 of Noblit and Hare’s (1988) meta-ethnography method involved iteratively reading the papers to identify the main concepts or themes (second-order constructs). In order to determine how the studies were related (Step 4), the second-order constructs were entered into a spreadsheet, with each row representing a different construct. These were labelled using either the authors’ own words or an appropriate paraphrase. Each paper was then entered into a separate column, with a description of the relevant constructs added into the appropriate cell.

To translate the studies into each other (Step 5), two forms of synthesis were drawn upon: reciprocal (where the constructs of one study could encompass the constructs of another); and refutational (where contradictions are examined and explained) (Noblit & Hare, 1988). Reading across the rows of the spreadsheet it was possible to check that each
cell fit with the construct label, and constructs were merged where appropriate. The spreadsheet was then reorganised to cluster related constructs.

The final stage of the meta-ethnography method (Step 6) involved synthesising the translations. This entailed reading the constructs and interpretations from the spreadsheet and establishing relationships between the papers, identifying the third-order constructs (Malpass et al., 2009). The aim of this step was to build a line of argument, drawing together the different constructs to develop a new model or understanding (Atkins et al., 2008; Noblit & Hare, 1988).

Results

A total of 367 papers were identified from the electronic databases (Figure 1). After screening titles and abstracts, and removing duplications, 17 papers were shortlisted and the full articles obtained. Five of these met the criteria for the review. Five further studies were identified from references, however, screening the abstracts identified only one that met the review criteria. Four additional relevant papers cited the articles, two of which met the inclusion criteria. Finally, two further studies were recommended by authors. In total, ten articles were identified which met the criteria for the meta-synthesis.

Nine articles met all or most of the critical appraisal criteria (++)1. One lacked detail in the methodology and analysis sections as it was included in conference proceedings rather than a peer-reviewed journal (Bennett-Levy, 2003). As a standalone paper this would not have been included, however, the methodology and analysis for the study were reported in earlier papers which were included in the synthesis (Bennett-Levy, Lee, Travers, Pohlman & Hamernik, 2003; Bennett-Levy et al., 2001). Thus all ten articles were included in the meta-synthesis.

![Figure 1. Study selection (PRISMA flowchart; Liberati et al., 2009).](image-url)
Table 1. Characteristics of the included papers

<table>
<thead>
<tr>
<th>Paper</th>
<th>Country</th>
<th>Aim</th>
<th>Participants</th>
<th>Self-practice/self-reflection format</th>
<th>Data collection</th>
<th>Data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennett-Levy et al. (2001)</td>
<td>Australia</td>
<td>To systematically map the value of self-practice/self-reflection in the training of cognitive therapists</td>
<td>Group 1: n = 7 (female = 6, male = 1; mean age = 26 years) clinical psychology trainees studying a one-semester (13 week) cognitive therapy course</td>
<td>Group 1: Essay summarising reflections on at least five self-practice exercises based on Mind over Mood</td>
<td>Group 1: Reflective essay and group reflections</td>
<td>Grounded theory and technologies of participation</td>
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<td></td>
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<td>Group 2: n = 12 (female = 10, male = 2; mean age = 32.8 years) clinical psychology trainees studying a one-semester (13 week) cognitive therapy course</td>
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<tr>
<td>Bennett-Levy et al. (2003)</td>
<td>Australia</td>
<td>To map the impact of self-practice/self-reflection on a group of cognitive therapists</td>
<td>Group 3: n = 6 (female = 6; mean age = 38.3 years) cognitive therapists attending a self-practice/self-reflection (six-session) training group</td>
<td>Group 3: Co-therapy sessions alternating roles, reflections emailed to the coordinator and circulated around group</td>
<td>Group 3: Emailed reflections, written reflections on completion of the course and group reflections</td>
<td>Technologies of participation</td>
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<td>Group 4: n = 8 (female = 7, male = 1; mean age = 34.5 years) clinical psychologists studying a one-semester course</td>
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<table>
<thead>
<tr>
<th>Paper</th>
<th>Country</th>
<th>Aim</th>
<th>Participants</th>
<th>Self-practice/self-reflection format</th>
<th>Data collection</th>
<th>Data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennett-Levy (2003)</td>
<td>Australia</td>
<td>To reflect on the experience of using automatic thought records and behavioural experiments&lt;sup&gt;a&lt;/sup&gt;</td>
<td>n = 27 (from Groups 1-3 in above studies)&lt;sup&gt;b&lt;/sup&gt;</td>
<td>As above</td>
<td>As above</td>
<td>Grounded theory</td>
</tr>
<tr>
<td>Bennett-Levy (2003)</td>
<td>Australia</td>
<td>To derive theoretical underpinnings which may explain the self-reported impact of self-practice/self-reflection</td>
<td>n = 27 (as above)</td>
<td>As above</td>
<td>As above</td>
<td>Grounded theory</td>
</tr>
<tr>
<td>Bennett-Levy and Lee (2014)</td>
<td>Australia</td>
<td>To develop a model of trainees' engagement and their experience of benefit from self-practice/self-reflection</td>
<td>n = 46 (as above) plus 19 allied health professionals completing an introductory (six-session) CBT course</td>
<td>As above</td>
<td>As above plus course feedback questionnaires and observations from the trainers</td>
<td>Grounded theory</td>
</tr>
<tr>
<td>Farrand et al. (2010)</td>
<td>UK</td>
<td>To examine the benefits and limitations of using reflective blogs to support self-practice/self-reflection approach towards CBT training</td>
<td>n = 19 (female = 15, male = 4) allied health professionals completing a CBT (five-session) module</td>
<td>Self-practice of five core techniques then reflection on a blog and in group supervision</td>
<td>Focus group at the end of the module</td>
<td>Inductive thematic analysis</td>
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<tr>
<td>Paper</td>
<td>Country</td>
<td>Aim</td>
<td>Participants</td>
<td>Self-practice/self-reflection format</td>
<td>Data collection</td>
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<tr>
<td>Fraser and Wilson (2010)</td>
<td>New Zealand</td>
<td>To explore cognitive therapy students’ experiences of self-case study</td>
<td>n = 7 (female = 6, male = 1) undergraduate counselling students completing a cognitive therapy (15 week) module</td>
<td>Completion of a self-case study (including assessment, formulation and treatment plan) with written reflections</td>
<td>Individual interviews 1–3 years post completion</td>
<td>Narrative analysis</td>
</tr>
<tr>
<td>Fraser and Wilson (2011)</td>
<td>New Zealand</td>
<td>To develop an in-depth understanding of students’ experiences of learning cognitive therapy, including a self-case study</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
<td>As above</td>
</tr>
<tr>
<td>Haarhoff et al. (2011)</td>
<td>New Zealand</td>
<td>To explore how the self-practice/self-reflection training intervention on case conceptualisation was experienced by novice CBT clinicians</td>
<td>n = 16 (female = 10, male = 6; mean age = 44 years) allied health professionals completing a CBT diploma</td>
<td>Workbook focused on developing a case conceptualisation with written reflections</td>
<td>Written reflections</td>
<td>Inductive thematic analysis</td>
</tr>
<tr>
<td>Schneider and Rees (2012)</td>
<td>Australia</td>
<td>To establish trainees’ perceptions of the group and if, and how, the training impacted on their current practice</td>
<td>n = 9 (female = 7, male = 2; aged 25–55 years) clinical psychology trainees studying a one-semester (12 week) CBT course</td>
<td>Self-practice of core techniques then in an interpersonal group</td>
<td>Individual interviews 1–2 years post completion</td>
<td>Inductive thematic analysis</td>
</tr>
</tbody>
</table>

Note. CBT, cognitive behavioural therapy.

aData from two additional male participants were added to Group 3.

bMixed methods study, only the qualitative data were included in the analysis.
**Characteristics of the studies**

The characteristics of the articles are provided in Table 1. There was some overlap, with ten articles reporting six studies. However, all articles reported different elements of the qualitative analyses and, as Finfgeld (2003) notes, meta-syntheses can include several articles from a single study. The six studies included a total of 105 different participants, the majority of whom (79%) were female. Five articles reported participants’ ages, and only one article reported participants’ ethnicity (Fraser & Wilson, 2011). The studies were undertaken in three countries: three in Australia, two in New Zealand, and one in the UK.

Participants were qualified or trainee therapists and ranged in experience from undergraduate counselling students completing a 15-week introductory module in cognitive therapy to qualified health professionals completing a five- or six-session module or full diploma in CBT. One study (discussed in four articles) also included qualified cognitive therapists attending an experiential practice group. To simplify reporting, the term ‘therapist’ is used to refer to participants in the studies, both trainees and qualified practitioners.

All papers focused on therapists’ experiences of varying formats of self-practice/self-reflection. However, all included core CBT techniques, such as problem level formulation, thought records, cognitive restructuring, or behavioural experiments. Many of the studies based their self-practice on exercises described in ‘Mind over Mood’ (Greenberger & Padesky, 1995). The self-reflection components included both written reflections (e.g., essays, emails, or blogs) and verbal reflections (in pairs or in a group). Data were obtained from a range of sources: written reflections; transcribed group reflections; and individual interviews. One group provided less complete data (course feedback questionnaires and observations from the course facilitators), but as their data were analysed alongside data from three other groups in one paper their data were included in this synthesis (Bennett-Levy & Lee, 2014).

**Results of the synthesis**

Reading the papers (Step 3), and determining how they were related (Step 4), identified 22 second-order constructs, falling into three broad categories: ‘experience of self-practice/self-reflection’; ‘outcomes of self-practice/self-reflection’; and ‘implications for training’. These were used to organise the constructs but do not themselves constitute second- or third-order constructs. The translation (Step 5) and synthesis (Step 6) of the second-order constructs identified reciprocal relationships between the constructs in the papers, with no refutations. The reciprocal synthesis led to some constructs being merged and resulted in 14 third-order concepts (Table 2), described below (Step 7).

**Experience of self-practice/self-reflection**

The first category concerned the therapists’ experiences of self-practice/self-reflection. Within this, five third-order constructs were identified (see Table 2).

**Being in the client’s shoes**

This overarching construct appeared to encompass the other constructs in this category. It was originally identified and described by Bennett-Levy *et al.* (2001), and was repeatedly found in the other studies. Even when not explicitly mentioned, all articles allude to the value of this approach as a training strategy due to the unique perspective it
### Table 2. Third-order constructs

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<tbody>
<tr>
<td>Being in the client’s shoes</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>r</td>
<td>x</td>
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<tr>
<td>Increased self-awareness</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Therapy can be life changing</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Experiencing difficulties with the techniques</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Appreciating the potential for negative experiences</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Outcome of self-practice/self-reflection</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
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<tr>
<td>Increased empathy for clients</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Transfer 'knowing' to therapy</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Understanding and explaining the model</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>The therapist as a guide</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Increased confidence and competence</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Implications for training</td>
<td>r</td>
<td>r</td>
<td>r</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Self-practice/self-reflection as a learning method</td>
<td>r</td>
<td>r</td>
<td>r</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>The importance of other people</td>
<td>x</td>
<td>r</td>
<td>r</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Written reflections are crucial</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td>r</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Self-practice/self-reflection can be lifelong</td>
<td>x</td>
<td></td>
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<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
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</tbody>
</table>

**Note.** x, construct appeared in the article as a second-order construct, concept or theme; r, referred to in the article’s discussion.
offered. It allowed therapists to be ‘in the client’s shoes’ (Bennett-Levy et al., 2003), to ‘understand what it might be like for the client’ (Haarhoff, Gibson & Flett, 2011), which leads to a ‘deeper sense of knowing’ (Bennett-Levy et al., 2001).

Increased self-awareness
In addition to gaining insight into the client’s experience, therapists found that they became more self-aware through both self-practice of the techniques and reflecting on the process. They described being more able to ‘observe their thoughts, emotions, physiological, and behavioural triggers’ (Haarhoff et al., 2011). Undertaking self-practice of CBT techniques helped therapists to understand their own problems and coping mechanisms, leading to a ‘deepened self-knowledge’ (Fraser & Wilson, 2010). One study involved therapists reflecting in the group setting, this was particularly helpful for developing their awareness of ‘how they are generally viewed by others and how they respond in particular contexts’ (Schneider & Rees, 2012). Generally the therapists found this process both ‘interesting and revealing’ (Haarhoff et al., 2011).

Therapy can be life changing
Most articles discussed longer term benefits for therapists from self-practice/self-reflection. For some, increased self-awareness led to self-acceptance and psychological growth (Haarhoff et al., 2011). Therapists saw it as ‘an effective tool for personal change’ (Bennett-Levy et al., 2001). Others described the process as a ‘life changing personal transformation’ (Fraser & Wilson, 2010) and one therapist ‘underwent a powerful process of shedding past trauma’ (Fraser & Wilson, 2011). Even though self-practice/self-reflection is designed as a learning process, not as personal therapy, it appeared that many therapists experienced lasting benefits from using this approach. The strongest impact for therapists appeared to come from studies where they used themselves as a case study (Fraser & Wilson, 2010, 2011; Haarhoff et al., 2011).

Experiencing difficulties with the techniques
Therapists encountered a range of difficulties when using CBT techniques. Some articles phrased this as difficulties the therapists experienced, while others discussed it in terms of implications (i.e., better appreciation of difficulties clients may have). However, as the latter were based on the therapists’ self-practice they were combined in one construct. Often the difficulties related to practical problems. For instance, second-order constructs from one article included: ‘being equipped’, which referred to ensuring that they had pen and paper available to record automatic thoughts, and ‘forgetting’, where therapists emphasised the importance of writing things down immediately, lest they forget (Bennett-Levy, 2003). Related to this was the therapists’ increased ‘empathy for homework non-compliance...as a result of their own experience’ (Bennett-Levy et al., 2003).

One study involved the use of reflective blogs. Many therapists experienced difficulties accessing the online blog, either due to limited experience of using websites and passwords, or because the website was blocked through employers’ internet restrictions (Farrand, Perry & Linsley, 2010). While these difficulties appear specific to the method of self-reflection used, it is plausible that they could help therapists appreciate the difficulties some clients face. Indeed, this related to a construct from a different study which found
that therapists ‘made fewer assumptions about the client’s level of knowledge or skills’ (Bennett-Levy et al., 2003).

Therapists also found difficulties with individual techniques, for instance, ‘eliciting the different levels of thought, finding alternative evidence for negative thoughts...’ (Haarhoff et al., 2011). Similarly, some therapists struggled to generate alternative thoughts when experiencing intense emotions (Bennett-Levy, 2003). Therapists also experienced difficulties designing and conducting behavioural experiments by themselves (Bennett-Levy, 2003; Bennett-Levy et al., 2001).

Appreciating the potential for negative experiences
In addition to allowing therapists to experience the difficulties clients might encounter, self-practice also helped them to appreciate that the techniques can lead to negative experiences (Bennett-Levy et al., 2001). Although self-practice led to increased self-awareness for many, some found this ‘unsettling’ and ‘personally challenging’ (Fraser & Wilson, 2010), particularly when confronted with their own thoughts and beliefs (Bennett-Levy, 2003; Haarhoff et al., 2011). Alongside this was the potential to uncover painful memories (Haarhoff et al., 2011), for some this included childhood trauma (Fraser & Wilson, 2010).

Self-practice also led therapists to experience anxiety about self-disclosure or exposure (Bennett-Levy & Lee, 2014; Haarhoff et al., 2011), particularly within a group setting (Schneider & Rees, 2012). The group also elicited anxiety about being expected to contribute and not knowing what to expect (Schneider & Rees, 2012). Engaging with techniques, especially behavioural experiments, also led to anxiety, and some therapists noticed that they consequently avoided these techniques (Bennett-Levy, 2003).

Overall, these third-order constructs suggest that therapists found the experience of self-practice generally useful. It helped them to understand what clients go through, experiencing increased self-awareness and personal change, facing difficulties with techniques, and some negative emotions. The impact of these experiences is explored in the next category.

Outcomes of self-practice/self-reflection
The second broad category concerned outcomes of the self-practice/self-reflection experience, comprising five third-order constructs (see Table 2).

Increased empathy for clients
Again, an overarching construct appeared to encompass the other constructs within this category: self-practice/self-reflection led to increased empathy for clients. Therapists ‘commented that their empathy for their clients had increased as a result of the [self-practice/self-reflection], and recognised this as a positive effect’, helping them to recognise the ‘courage involved in undertaking therapy’ (Haarhoff et al., 2011). This was felt to lead to therapists ‘showing respect for courage and bravery, building rapport, being patient...being more accepting of apparent resistance’ (Bennett-Levy et al., 2003). Generally, self-practice and self-reflection helped therapists to develop ‘an appreciation for how challenging this process might be for clients’ (Schneider & Rees, 2012) and ‘increased understanding of the difficulties clients may face’ (Bennett-Levy et al., 2001).
**Transfer ‘knowing’ to therapy**

The ‘deeper level of knowing’ (Bennett-Levy *et al.*, 2001) afforded by experiencing the techniques themselves left therapists better equipped to pre-empt difficulties. Therapists talked about becoming more aware of the ‘strengths and pitfalls of different cognitive therapy techniques’ (Bennett-Levy *et al.*, 2001) and they were able to draw upon their own experience to develop a ‘better understanding of how to implement CBT techniques’ (Schneider & Rees, 2012). They focused on building clients’ skills, for instance, ‘existing skills were deliberately reinforced; homework was simplified, practised more within sessions, and anticipated difficulties prepared for more effectively’ (Bennett-Levy *et al.*, 2003). Therapists found that they valued ‘the process of writing things down in therapy’ (Bennett-Levy *et al.*, 2001) having found that ‘emotional processing was catalysed through the writing process’ (Fraser & Wilson, 2010). They also developed strategies to deal with ‘worst possible outcomes’ (Bennett-Levy, 2003). Two articles referred to therapists’ self-disclosure in therapy (Bennett-Levy *et al.*, 2003), and using ‘personal metaphors indicating “knowing”’ (Bennett-Levy *et al.*, 2001).

Therapists appreciated the importance of the formulation, ‘sharing it at the right time and eliciting feedback’ (Haarhoff *et al.*, 2011) and ‘using it to drive their selection of techniques’ (Bennett-Levy *et al.*, 2003). They recognised the ‘importance of retaining an eclectic openness’, as their own experience demonstrated that different techniques work for different people (Bennett-Levy *et al.*, 2001). Therapists found they were more sensitive to the emotional impact of certain techniques, such as thought records and assessment measures (Haarhoff *et al.*, 2011), and appreciated that some clients may not be ready to face their emotions and can be at different stages of change. This led to therapists understanding ‘where the client was at’ (Bennett-Levy *et al.*, 2001, 2003) and introducing techniques more flexibly. They also experienced the different level of understanding associated with techniques. For instance, thought records impacted on intellectual understanding, providing clarity on ‘links between thought, emotion, mood’, whereas behavioural experiments provided ‘more compelling evidence of change’ (Bennett-Levy, 2003).

**Understanding and explaining the model**

In addition to improving their therapy skills, most of the papers found that self-practice/self-reflection helped therapists to better understand and communicate the CBT model. Increasing their self-awareness allowed them to transfer ‘their deepened conceptual understanding of their own behaviour to their clients’ behaviour’ (Fraser & Wilson, 2010). Having experienced personal changes as a result of self-practice/self-reflection, therapists were more convinced of the value of the approach. They were more enthusiastic about CBT and better at ‘selling the model’ to their clients, helping them to communicate it and provide ‘a stronger rationale for cognitive therapy’ (Bennett-Levy *et al.*, 2003).

**The therapist as a guide**

All but one of the articles found that self-practice/self-reflection increased therapists’ understanding of their role, ‘recognising the value of the therapist as guide’ (Bennett-Levy *et al.*, 2001). In particular, they understood the importance of collaboratively designing behavioural experiments (Bennett-Levy *et al.*, 2001), which were ‘hard to design and conduct on one’s own’ (Bennett-Levy, 2003). The therapists increased their appreciation of the therapeutic relationship (Bennett-Levy, 2003), ‘acknowledging and understanding
the therapist contribution’ (Haarhoff et al., 2011), and ‘the importance of the facilitator’s role in managing group processes’ (Schneider & Rees, 2012). Therapists felt that these experiences improved their relationship skills (Bennett-Levy, 2003; Bennett-Levy et al., 2003).

**Increased confidence and competence**

Therapists reported that self-practice/self-reflection increased both their confidence and their perception of competence (Bennett-Levy, 2003; Bennett-Levy et al., 2001). This was reflected in ‘more flexible and adaptable’ use of techniques and being ‘more inclined to experiment as a result’ (Bennett-Levy et al., 2003). Participants felt they had developed a ‘sense of mastery’, particularly with challenging unhelpful thoughts, and saw themselves as an ‘agent of an effective therapy’ (Bennett-Levy, 2003).

Therapists reported that the increased self-awareness resulting from self-practice/self-reflection also contributed to their development as competent therapists (Schneider & Rees, 2012), enabling them to be ‘more aware of their own internal process... allowing them to be more objective’ (Bennett-Levy et al., 2003) and increasing their awareness of their own schemas and the impact of these on the therapeutic relationship (Bennett-Levy et al., 2001; Haarhoff et al., 2011). Developing self-reflective skills also improved therapists’ reflection during sessions, helping them to monitor and regulate their behaviour with clients, and improving their self-reflection after sessions (Bennett-Levy et al., 2003; Haarhoff et al., 2011).

Overall, the third-order constructs within this category suggest that self-practice/self-reflection increased therapists’ empathy for clients. They drew on their own experiences to implement techniques more effectively, explain the model to clients more clearly, and better understand their role in the therapeutic relationship. Both the self-practice/self-reflection experience and the subsequent impact on therapeutic skills appeared to increase their confidence and sense of competence.

**Implications for training**

The third broad category concerned the implications for training from therapists’ experiences of self-practice/self-reflection. Within this category, four third-order constructs were identified (see Table 2).

**Self-practice/self-reflection as a learning method**

Self-practice/self-reflection was felt to be equally as important as teaching and supervision (Schneider & Rees, 2012). Indeed, therapists suggested that ‘learning is deeper when comparing self-practice/self-reflection to other training techniques’ (Bennett-Levy, 2003). It was often experienced as an ‘interesting, exciting and engaging form of learning’ (Bennett-Levy & Lee, 2014). However, in line with earlier constructs around the distress some therapists experienced, the articles highlighted the importance of carefully setting up the self-practice/self-reflection exercises, clarifying expectations and boundaries around disclosure, and providing opportunities for debriefing (Bennett-Levy et al., 2001; Schneider & Rees, 2012). Bennett-Levy and Lee (2014) describe ways of addressing these issues.

The self-practice/self-reflection workbook was found to be a particularly ‘positive learning experience’ (Haarhoff et al., 2011). However, as the next construct highlights,
other people were important to this process. Written reflections were particularly important, as described later. Self-practice/self-reflection also had implications for other learning methods; for instance, one of the studies used an online blog, which set the agenda for group supervision, ensuring it was relevant and beneficial (Farrand et al., 2010).

The importance of other people

Many articles acknowledged the importance of others in facilitating both self-practice and self-reflection. One study found that working with a tutor enabled therapists to engage with self-practice/self-reflection at a deeper level (Fraser & Wilson, 2010, 2011). Sharing reflections with peers was found to be especially beneficial. For example, ‘the reading and sharing of trainees’ reflective posts helped to establish a sense of support from within the teaching group and normalise the learning experience’ (Farrand et al., 2010). Some therapists also found that ‘sharing reflections enhanced group bonds, which, in turn, enabled them to feel safer about sharing’ (Bennett-Levy & Lee, 2014). It also allowed therapists to see that techniques that had not worked for them could work for others (Bennett-Levy et al., 2001). Working within a group encouraged therapists to participate, particularly with an online reflective blog when they could see that others had contributed (Farrand et al., 2010). Being required to undertake the self-practice/self-reflection as part of a course, rather than the ‘homework’ being voluntary, also seemed to help participants engage with the experience (Bennett-Levy & Lee, 2014).

Undertaking self-practice exercises in pairs appeared to help many therapists, particularly when designing and conducting behavioural experiments (Bennett-Levy, 2003; Bennett-Levy et al., 2001). Indeed, studies where self-practice was undertaken individually acknowledged that the therapists could have benefited from working in pairs (Bennett-Levy, 2003; Haarhoff et al., 2011). Therapist skills might be further improved when self-practice/self-reflection is undertaken in pairs as each takes on the role of the ‘therapist’ (Bennett-Levy et al., 2003).

Written reflections are crucial

All but one of the articles included an element of writing to facilitate self-reflection, which helped therapists to appreciate the value of ‘writing things down in therapy’ (Bennett-Levy et al., 2001), both within therapy sessions and for homework (Bennett-Levy et al., 2003). Therapists developed greater self-awareness through reflective writing (Fraser & Wilson, 2010), as participants ‘could not avoid their own feelings as they saw them recorded’ (Fraser & Wilson, 2011). Reviewing written reflections served as a ‘reflective record that demonstrated increased understanding and competence with increased practice’ (Farrand et al., 2010). Sharing written reflections with peers also helped to improve therapists’ reflective writing style and enhanced their willingness to engage as it came to be seen as an enjoyable shared experience (Bennett-Levy & Lee, 2014; Farrand et al., 2010).

Self-practice/self-reflection can be lifelong

Although only mentioned in three articles, it is important to note that self-practice/self-reflection can continue to be beneficial after training has finished. Indeed, as one
study found, ‘after sessions, therapists were more inclined to use self-reflection as a self-initiated learning tool to improve their therapy skills’ (Bennett-Levy et al., 2003). This appeared to apply to people who were particularly engaged with, and benefited from, the approach: ‘participants described a sense of mastery with the skill of challenging unhelpful thinking’ (Fraser & Wilson, 2010). Later the authors went on to comment that ‘participants described continued personal benefit from using [CBT techniques]. They attributed their success to the simplicity of the cognitive model and positive experiential learning’ (Fraser & Wilson, 2010).

In summary, these third-order constructs highlight the value of self-practice/self-reflection as a learning method, and its potential for future personal and professional development. Other people, especially peers, played an important role in both the self-practice and the self-reflection elements, and writing was acknowledged as crucial in facilitating the reflective process.

**Line of argument**

The final stage of the synthesis brings together the third-order constructs to develop a ‘line of argument’, illustrated in Figure 2. Self-practice/self-reflection is a valuable learning method, drawing on support from others and written reflections. Self-practice allows therapists to put themselves into their clients’ shoes, experiencing the benefits that therapy can bring (such as increased self-awareness and personal change) but also the problems that clients can run into. This can include practical difficulties with the exercises and emotional difficulties, such as reluctance to disclose, anxiety about exercises or distress experienced in confronting memories.

As a result, this experience is reported to increase therapists’ empathy for their clients, allowing them to draw on their own experiences in therapy to apply the techniques more effectively, better explain the underlying theory and appreciate their role in the therapeutic relationship. Combined these experiences appear to lead to the therapist feeling more confident and competent. Finally, this process is not only useful in training, but can be drawn upon throughout a therapist’s career.

**Figure 2.** Line of argument produced from the third-order constructs.
Discussion

This meta-synthesis demonstrated that therapists’ experiences of self-practice/self-reflection are generally positive and it is perceived to have a beneficial impact, both personally and professionally. This supports the use of self-practice/self-reflection as a learning strategy in CBT training courses, and as an approach to on-going development (Bennett-Levy et al., 2009). While this is based on qualitative data, it is supported by two recent small-scale quantitative studies, which found that self-practice/self-reflection programmes can enhance therapeutic and empathic skills (Chaddock, 2007; Davis, 2008). Further quantitative research is needed, exploring the outcomes for therapists and their clients.

In relation to the DPR model (Bennett-Levy, 2006), this synthesis suggests that self-practice/self-reflection draws on, and contributes to the development of, all three information processing systems. It found that self-practice/self-reflection increases understanding of the model and techniques (declarative system), improves application of the techniques (procedural system) and increases reflective skills and on-going refinement of therapeutic understanding and skills (reflective system).

Implications for practice

The synthesis highlighted that self-practice/self-reflection needs to be carefully set-up when used in a training programme, explaining the reasoning behind the approach and the potential for distress. Further recommendations are highlighted by Bennett-Levy and Lee (2014). Practical recommendations include: working systematically through a workbook to develop a ‘self-case’ study, rather than using the exercises as one-off techniques; completing the workbook in pairs; recording reflections in writing; and sharing reflections with peers.

The benefits of self-practice/self-reflection in CBT could extend to other therapeutic approaches and might be seen as a transtheoretical, integrative concept. Indeed, similar results have been found with mindfulness based approaches, with self-practice improving self-efficacy and therapist skills (Davis & Hayes, 2011). The results also overlap with the literature on personal therapy, which has been found to increase empathy, therapeutic skills and self-awareness (Orlinsky, Schofield, Schroder & Kazantzis, 2011).

This approach can also be valuable for further personal and professional development. Indeed, one of the studies included qualified therapists completing a self-practice/self-reflection programme (Bennett-Levy & Lee, 2014; Bennett-Levy et al., 2003), their data overlapped considerably with data from the other articles. Self-practice/self-reflection can also be used within supervision, as described in a series of case studies (Haarhoff & Kazantzis, 2007). Thus self-practice/self-reflection is not only beneficial for trainees but could contribute to continuing professional development, an area that has recently become a focus for empirical research (see Orlinsky & Ronnestad, 2005).

Strengths and limitations

A strength of this study is that it included a systematic search of the literature and identified articles from a range of sources. The inclusion criteria were intentionally broad as this is an emerging area in the literature with limited studies. Restricting articles to those published in English may have excluded some studies, particularly as some of the previous work is
published in German (Laireiter & Willutzki, 2003). However, much of this is focused on self-reflection and was included in a previous review (Laireiter & Willutzki, 2003).

The ten papers represented data from just six studies, with five papers led by the same author. This could have led to some of the second-order constructs being over-represented. However, the articles reported different elements of the analyses, reducing the possibility of over-representation. Also, the studies used different forms of data collection and analyses, representing different epistemological positions (although few of the articles discussed epistemology). This could be seen as a limitation of the synthesis, however, only reciprocal relationships were found between the papers suggesting that the different methodologies were complementary (Finfgeld, 2003).

Conclusion
This meta-synthesis integrated and interpreted the current literature on self-practice/self-reflection in CBT, advancing the concepts of the individual studies. It has demonstrated that this is experienced as a valuable learning strategy, which allows therapists to experience therapy from the clients’ perspective. This has a wide range of beneficial outcomes, the most important of which is the increased empathy for the client.

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