

ORIGINAL ARTICLE

Enhancing CBT training through personal self-reflection and self-experience: A narrative review with case vignettes

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Abstract

BACKGROUND: Self-reflection is an essential skill for psychotherapists to be aware of, analyze and evaluate their own thoughts, feelings, attitudes and behavior in different situations. This article explores the significance of self-reflection and self-experience in CBT training through a narrative review of the literature and case vignettes based on the experiences of trainees, leaders of training, and supervisors.

METHOD: We searched PubMed, PsycINFO, and Google Scholar for relevant resources using the keywords "personal self-reflection", "self-experience", "self-reflection", "training", "cognitive behavioural therapy", and "case vignettes". The case vignettes were collected from trainees, leaders of training, and supervisors to provide real-life examples of how self-reflection and self-experience can enhance CBT training.

RESULTS: Self-reflection is taught as a goal and a learning method in CBT training. Self-reflection and self-experience help CBT trainees understand and apply theoretical principles and techniques of CBT to themselves and clients, develop critical thinking and self-evaluation, increase self-awareness and self-regulation, and strengthen professional identity and motivation to learn. The case vignettes illustrate the practical application of self-reflection and self-experience in CBT training.

CONCLUSION: This narrative review highlights the importance of personal self-reflection and self-experience in enhancing CBT training. The case vignettes provide valuable insights into the practical application of these skills in therapeutic situations. Further research is needed to explore the most effective methods for teaching and promoting self-reflection and self-experience in CBT training.

INTRODUCTION

Self-reflection is the skill of being aware of, analyzing and evaluating one's own thoughts, feelings, attitudes, and behaviour in different situations. It is essential for personal and professional development, especially for helping mental health professionals. Self-reflection also influences the effectiveness of psychotherapy, as it affects the therapeutic process, the therapeutic relationship, and the therapeutic outcomes (Bennett-Levy & Finlay-Jones 2018; Geller 2003; Norcross & Lambert 2018).

Cognitive behavioral therapy (CBT) is one of the most widespread and well-validated psychotherapeutic approaches focusing on changing clients' distressing thoughts, emotions, and behaviour using rational arguments, practical exercises, and homework (Beck 1976; Hofmann *et al.* 2012). CBT uses various techniques tailored to the client's specific needs and goals. Moreover, CBT is based on a collaboration between a therapist and a client who together plan, implement and evaluate the therapy (Fenn & Byrne 2013; Scott *et al.* 2021).

The importance of self-experience and self-knowledge and the resulting capacity for deeper self-reflection is emphasized by most psychotherapeutic approaches (Sutton *et al.* 2007; Yalom & Leszcz 2007; Bennett-Levy J & Thwaites R 2007). In psychodynamic therapy, self-experience is considered so important that psychotherapy training devotes mostly to it. The psychodynamic approach assumes that most people, including trainees, dispose of a limited ability to reflect on their inner experience. They frequently use defence mechanisms such as rationalization, displacement, projection, sublimation or transference of affects and are therefore not sufficiently self-aware. As a result, they cannot adequately understand their clients if they do not acquire this skill during their training (Shafranske & Falender 2008). CBT has underestimated the importance of self-experience for a long time. Emphasis was placed on skill training when self-reflection is an obvious part. Supervision in CBT is the time to increase self-reflection. However, many participants in the training have not developed self-reflection sufficiently to avoid or manage frequent countertransference.

This article explores the significance of self-reflection and self-experience in CBT training. Here, self-reflection is understood as a process where the therapist undergoes psychotherapy with another specialist, not as a patient, but as a learner who wants to improve their self-awareness and self-reflection skills. Self-experience is thus the sum of all the experiences the therapist has gained during their personal and professional life. We discuss different perspectives on the necessity, conditions, forms, and content of self-reflection for therapists in training in CBT.

METHOD

This article is based on a narrative review of the literature and the authors' supervisors, personal and training experiences. A narrative review synthesizes research and scholarly sources that do not require strict criteria for selecting, evaluating, and quantifying studies but focuses on their qualitative interpretation, integration, and discussion (Green *et al.* 2006). A narrative review allows us to include different sources, such as empirical studies, theoretical articles, books, reports and personal testimonies. It also reflects the authors' experiences and attitudes within the given topic.

We searched PubMed, PsycINFO, and Google Scholar for relevant resources using the keywords "personal self-reflection", "self-experience", "self-reflection", "training", and "cognitive behavioural therapy". There was no time or language limit. Thirty-five sources were included in the narrative review. Fitting personal experiences as trainers and students of CBT with many years of experience were added to provide a clearer picture of the theoretical concepts

OUTCOMES

An overview of studies and expert opinions on the topic

Personal self-reflection for therapists in training in CBT is a controversial topic that raises different views on its necessity, conditions, forms and content. It is therefore important in this context to talk about personal self-experience and self-reflection rather than personal therapy because the student in CBT training is not a patient or a client with psychological problems who comes for treatment. Some authors consider self-reflection to be an indispensable part of CBT training, as it promotes self-experience, self-knowledge, self-confidence, empathy, and competence in the therapist (Bennett-Levy *et al.* 2004, 2009a, Bennett-Levy & Lee 2014; Chigwedere *et al.* 2021; Liness *et al.* 2019; Prasko *et al.* 2023). Other authors question the need for personal self-reflection for therapists in training in CBT, arguing that there is insufficient empirical evidence of its effectiveness (Davis *et al.* 2015; Dobson *et al.* 2008; Foa *et al.* 2005; Bieling *et al.* 2006; Blackburn *et al.* 2001; Manring *et al.* 2003), that it may be counterproductive or unnecessary for some therapists (Burns & Nolen-Hoeksema 1992; Castonguay & Beutler 2006; Castonguay *et al.* 1996; Clark *et al.* 2003, 2006; Ehlers *et al.* 2005) or that it should be voluntary and individually tailored (Fairburn *et al.* 2003, 2009; Fennell 1999). Research studies that have examined the effect of personal self-reflection on the effectiveness of CBT are limited in quantity and quality and provide ambiguous or conflicting results. Some studies suggest that a therapist's personal self-reflection and self-experience can influence their capacity for empathy, alliance, flexibility, competence and satisfaction in working with clients (Bennett-Levy *et al.* 2018; Chigwedere *et al.* 2021; Liness *et al.* 2019).

Other studies showed no significant effect of personal self-reflection on these variables (Bieling *et al.* 2006; Blackburn *et al.* 2001; Manring *et al.* 2003) or even found a negative relationship between personal self-reflection and the success of the therapeutic process (Burns & Nolen-Hoeksema 1992; Castonguay & Beutler 2006; Castonguay *et al.* 1996).

Self-reflection as a key skill of the therapist

Self-reflection helps the therapist consider the optimal response at each session moment that pursues the client's best interests (Clark & Wells 1995; Prasko *et al.* 2023). Self-reflection supports the quality and effectiveness of CBT because it helps the therapist identify strengths and weaknesses in their practice, recognize the need for change or improvement, adapt to the client's needs and preferences, resolve therapeutic difficulties and obstacles, maintain ethical standards and prevent burnout (Clark 1996; Clark & Fairburn 1997; Clark *et al.* 1999; Adshead 2004). Self-reflection requires the therapist to be aware of themselves and their connection with the world. This is the starting point for an attitude of inquiry that leads to self-reflection (Boud *et al.* 1985; Vyskocilova & Prasko 2013a,b). The therapist's self-reflection is devoted to their experience with the therapy and potential factors outside the therapy that may interfere with its course (Bennett-Levy 2006). Self-awareness can also be characterized as unbiased, non-judgmental attention focused on the state of our inner self, which is a useful ability for a therapist (Goleman 1995; Brown *et al.* 2004). People can adopt an inventive approach to themselves when they realize they make mistakes and are specifically interested in them because they can learn from them, even if it means recognizing their limitations (Dörner & Plog 2000; Gilbert P & Leahy 2007). The conscious recognition of one's own emotions, feelings, thoughts or attitudes at the time of their emergence, and the ability to monitor them and be aware of them continuously, are among the most important skills of a therapist and, according to some authors, are among their basic competencies (Kaslow *et al.* 2008; Praško *et al.* 2012b). In addition, self-reflecting on an individual level usually cares about the context and interactions with others. If an individual can open up and talk about it, others perceive it as at least an interest in them (Kimmerling *et al.* 2000; Shafranske & Falender 2008).

The content of conscious self-reflection comprises three aspects: (a) self-concept; (b) self-evaluation as both a process and an outcome of that process; and (c) observable behaviour, or the external manifestation of "I" (Hupkova 2010). This kind of attention impartially receives everything that passes through consciousness, like a watchful observer. Self-reflection is not attention hijacked by emotions that control thinking, which is highly needed for successful therapy (Hoffart *et al.* 2006). Self-reflection is particularly important for beginning therapists, as it is a skill that helps develop

a deeper understanding of the patient, the ability to empathize with them, and critical thinking and ethical decision-making (Gardner 1980; Barnett 2008; Prasko *et al.* 2023). The development of reflexivity is particularly important in light of studies showing that 60 % of clinical psychologists still work when they feel uncomfortable and when their work is ineffective (Pope *et al.* 1987). Teaching clinicians to prioritize attention to their emotions and self-reflection improves their ability to recognize this personal discomfort and prevent it from negatively impacting their clients' well-being (Vasquez 1992; Vyskocilova & Prasko 2013c). Especially important in working with clients with high-risk and chronic problems connected with emotion dysregulation, where therapists' emotional stability, structure, and limits are especially important. For example, a team in Dialectical behavioural therapy is an active component of treatment (Linehan 1993). Therapists in the DBT team openly discuss their emotions and experiences, which might serve as obstacles in therapy. The team focuses on therapy for therapists rather than directly on clients (Sayrs & Linehan 2019). There are several team agreements which include self-reflection, e.g., agreement to observe their own personal and professional limits, provide "therapy for a therapist", as well as the agreement of fallibility – admitting that we all are fallible; thus, there is little need to be defensive in our self-reflection (Sayrs & Linehan 2019).

Personal self-reflection as part of CBT training

Self-reflection is taught as a goal and a learning method as part of CBT training. The purpose of self-reflection and self-experience is to help CBT trainees understand and apply theoretical principles and techniques of CBT to themselves and clients, develop critical thinking and self-evaluation, increase self-awareness and self-regulation, and strengthen professional identity and motivation to learn (Bennett-Levy *et al.* 2001, 2018; Yap & Manabad 2021). The method of self-reflection uses classic CBT techniques (e.g., S-O-R diagram, ABC model, thought logs, cognitive restructuring, working with core beliefs and conditional rules, behavioural experiments, imagery rescripting and other techniques) to support self-reflection in CBT students and trainers (Freeman *et al.* 1990; Bennett-Levy *et al.* 2009b; Davis *et al.* 2015). Supervision is key to the development of self-reflection in therapists-in-training (Bernard & Goodyear 2004; 2014). Supervision promotes self-reflection by providing feedback, stimulating discussion, stimulating critical analysis, offering alternative perspectives, showing patterns and models, helping to solve problems and conflicts, and promoting self-confidence and autonomy (Greenberger & Padesky 1995; Castonguay *et al.* 2004; Cuijpers *et al.* 2008).

Certain mind blocks in self-reflection might prevent realizing the presence of countertransference (Greben & Ruskin 1994; Prasko *et al.* 2021a; b). They can limit the ability to form a quality therapeutic relationship

because the therapist is unaware of their own part in it (Prasko *et al.* 2010; Bernard & Goodyear 2014; Prasko *et al.* 2020b). Regardless of therapeutic training, all supervisees can benefit from a greater focus on self-reflection (Orchowski *et al.* 2010). Ethical reflection is a process that occurs in the mind, manifests itself in actual behaviour, and results from the therapist's deeper attitudes and values (Beauchamp 1994; Cottone & Claus 2000; Prasko *et al.* 2023). The attitudes and values of an individual or a group significantly influence therapy and the choice of strategy and behaviour towards the client but often act on an unconscious, unreflected level (Prasko *et al.* 2012a). Therefore, the therapist's basic attitudes towards people and themselves are typically not subjected to analysis and self-reflection during the treatment of a specific client unless supervision addresses this topic (Barnett & Johnson 2015; Prasko *et al.* 2021a). Being aware of one's attitudes and ethical dimensions and how they influence practice is one of the important tasks of a responsible therapist (Corey *et al.* 2018). However, it is necessary to realize that some basic attitudes are older than therapeutic training and attitudes acquired in the profession. Early experiences lead to the formation of moral or moralistic attitudes that are internalized and then applied to one's own and others' behaviour (Gilligan 1982; Prasko *et al.* 2020a). One can speak of "moral schemas" that automatically associate with a certain behaviour towards other people and its assessment of whether it is "right" or "wrong" from the point of view of morality. Most people would agree that "helping others" is an attitude that reflects an important ethical value. However, there can be different reasons why a person chooses to help others. The reason why a person chooses a helping profession will certainly not be financial. In many countries, such jobs are generally quite poorly paid. The decision itself can be driven by the noble idea that helping others in trouble is important and right, but also by hidden motives such as the need for power, or gratitude from others, compensation for inferiority complexes, the need to solve one's own unresolved problems, etc. (Norcross & Guy 2007). As a rule, the motives are mixed, and the person may not even know it. Understanding one's own reasons for working with clients with psychological problems is one of the goals of the psychotherapist's personal self-reflection and a frequent goal of supervision and interventions (Prasko & Vyskocilova 2010; Zeeck *et al.* 2012).

Using Video Feedback for Self-Reflection

Video recording technology for therapist self-reflection is a significant advancement in psychotherapy. Using this new technology, therapists can improve their self-awareness and clinical skills and eventually provide better treatment to their clients. As technology advances, adopting these improvements will continue to fuel the therapeutic profession's growth and development. Video feedback in therapy/supervision and

self-work has proven to be an effective tool for self-reflection and progress.

Schema therapy and CBT (Krone *et al.* 2019) have developed specific procedures, protocols and worksheets for video feedback. The developed protocols involve recording therapy sessions for analysis. Therapists review these recordings objectively, focusing on their interactions, verbal and non-verbal communication, and therapeutic techniques. The accompanying worksheets serve as a structured guide, enabling therapists to document their observations, gain insights, and identify areas for improvement during the self-reflection process. Moreover, video material allows clients and therapists to reflect on their progress, providing an opportunity to strengthen their Healthy Adult mode and increase their awareness mode. It is particularly helpful in working with Critical Modes, as clients and therapists can gain insights into how these modes influence their thoughts, feelings, and behaviours. By examining the recorded sessions, therapists can better understand the impact of their Critical Modes and explore strategies to manage and challenge them effectively.

Furthermore, it is critical to recognize that video feedback can be used in any treatment method, making it extremely useful throughout the training phase. Beginner therapists might record their sessions to actively participate in self-evaluation, which helps them learn and evolve (Blackburn *et al.* 2000). Integrating video feedback into training programmes provides students with a significant resource for introspection, allowing them to examine their therapeutic exchanges, identify areas for improvement, and elevate their clinical talents. Supervisees /students often have a different perspective when reviewing a session later. They may realize important processes they did not notice during the actual session. The physical and temporal distance between the session and review provides a more objective viewpoint. Video recordings are useful for storing raw data for future reference. Video recordings allow observing the student's/supervisee's counselling session with the client. Students and supervisees might review individual portions several times to acquire different information. These recordings assist supervisors/trainers in bridging the gap between the biased recollection of the supervisee/student and the actual session. Some supervisees may be reluctant to use recordings due to worries about intrusiveness or client harm (Curran *et al.* 2019). However, many training programs already require their use (Davis *et al.* 2014). In the context of CBT best practices, it is beneficial for students to compile a list of obstacles that may hinder the implementation of video recording. It is useful to identify effective ways to overcome each identified barrier. It is important to ask: Who are the people who have the power to assist in removing these barriers? Who are the primary stakeholders that can help an individual therapist to promote better counselling practises and protect client safety?

Tab. 1. Topics in which the trainee works on themselves in a small group

1. Activity planning	8. Working with core schemas and conditional rules
2. Problem-solving	9. Dealing with one's fears, worries, or anxieties
3. Cognitive restructuring – working with thoughts	10. Working on self-confidence and self-acceptance
4. Behavioural experiments	11. The problem the trainee works with most often in their praxis
5. Öst's progressive relaxation	12. Inner house – working with schemas and schema modes
6. Exposition in the imagination and the catastrophic scenario	13. Transference and countertransference in work with clients
7. Imagery rescripting of stressful/painful/traumatic/hurtful or embarrassing events from the past	14. What the trainee gained from CBT training and what they took away from it

Over time, incorporating videotaping and process recordings into their training can greatly enhance student clinicians' self-awareness. This self-awareness, in turn, helps them better understand their clients and measure their progress. To assess and improve the level and depth of student clinicians' self-awareness, supervisors can consider the following questions (Davis *et al.* 2014):

- Can student clinicians recognize and articulate their internal thoughts and emotions about the content and process of an interview?
- Can student clinicians identify how their unconscious and non-verbal reactions may manifest in their interactions with clients? This includes the questions they ask, the client material they choose to respond to, and their methods of responding.
- Whether student clinicians recognize when their internal responses may be influenced by biases, differing value systems, or taboo topics?
- Do student clinicians can suspend judgement when it comes to their internal reactions, and do they see these reactions as valuable sources of information?
- Can student clinicians evaluate their internal reactions and make informed decisions about proceeding?
- Are student clinicians open to receiving feedback that can help expand their self-awareness?

Different techniques could be used to reflect on videos, e.g., the Give-me-5 technique, where supervisees and supervisors review videos and identify five (and no more than five) aspects of the session; the I-spy technique is a video review procedure which targets one specific micro skill for special attention (Gonsalvez *et al.* 2016). All the video techniques help the student/supervisee provide an experiential learning cycle by providing a direct, accessible, replayable, and accurate observation of the learning situation. Such potential for accurate self-observation in the training context then optimizes the chances for successful self-reflection and planning further performance improvements.

In summary, video feedback in psychotherapy has greatly transformed the field, allowing therapists to improve their clinical skills and provide more effective treatment to their clients. Whether used in Schema Therapy or other therapeutic approaches, video feedback is a valuable tool for self-reflection and

personal growth. Aspiring therapists can substantially improve their self-awareness, better understand their clients, and track their development by embracing these advancements and incorporating video feedback into their training programmes. The continued usage and improvement of video feedback are critical to the growth and development of the therapeutic profession.

Self-experience within personal self-reflection in CBT Odyssey training

In the international CBT institute Odyssey, where CBT training lasts 550 hours, there has been a systematic emphasis on personal self-experience in the last ten years (Prasko *et al.* 2023). Each participant completes 200 hours of self-experience, including 170 hours in group CBT and 30 hours in individual CBT. The participant learns to define and solve their life problems with the help of a structured programme. The student must complete these classes by the end of the fourth year of training, i.e., before the main annual supervision programme, but achieving them within the first two years is recommended. Another 170 hours of self-experience are arranged within a group of 12 participants, led by two therapists, and organized into block meetings on the first day of each block. Group self-experience is thematically oriented. The training participants gradually work in small groups on these topics, which they apply to themselves while working in a small group and on homework (Table 1).

In addition, personal self-reflection is focused on the therapist's self-experience and self-knowledge developed during supervision. From the second block, we require CBT patient management for training supervision. For each block, the participant prepares detailed case studies of CBT management of two continuously supervised patients. The requirement to participate in 300 hours of supervision is broken down as follows:

- Individual supervision – 50 hours with an accredited supervisor – takes place outside of group blocks by agreement with a supervisor who is a graduate in supervision training. The supervisor uses the Cognitive Therapy Scale–Revised (CTS-R) to assess the participant.
- Group supervision – 250 hours (in small groups of a maximum of six people led by a supervisor), including 30 hours of supervision of own cases.

Own experience with personal self-reflection in CBT training

The following statements are from CBT students, trainers, and supervisors with many years of experience. This section shares personal stories and reflections on how personal self-reflection and self-experience have influenced learning, growth and work with clients. We present specific examples from therapeutic or supervisory situations where personal self-reflection and self-experience played a key role. We point out the benefits and challenges of personal self-reflection and self-experience as part of professional and personal development.

Example 1: Jan, CBT trainer

I am a clinical psychologist and CBT trainer with over 13 years of experience. I started my training in CBT in 2010. At that time, I had a year out of school, and I was happy that I was accepted into the training because only half of the people got this chance. I was very happy that I passed the admission procedure, especially the tests, and I was proud of myself. Part of my training was voluntary personal self-reflection with a CBT therapist, which I completed within six months. Personal self-reflection was very beneficial for me because it helped me to get to know myself, my strengths and weaknesses, needs and motivations, as well as my reactions to stress and conflicts, which until then, I had often solved with my partner and at work, and I thought that I had a hot temper. Thanks to personal self-reflection and supervision, I realized how my personal experiences from childhood and the values, attitudes and prejudices I took from my family influenced me and my work with clients. I learned to distinguish between my and the client's needs, manage transference and countertransference, and be flexible and open to new ideas and ways of solving problems. Personal self-reflection also allowed me to experience CBT from the client's perspective, giving me valuable feedback on how different interventions worked for me and how I could better apply them in practice.

One of the examples, when personal self-reflection and self-experience helped me in a therapeutic situation was the case of Mrs Jana, whom I repeatedly consulted with my supervisor. In this case, it became clear how useful personal self-reflection and supervision were for me and how their effects could be compounded. Mrs Jana suffered from a generalized anxiety disorder. She was a perfectionist, hated uncertainty and constantly worried about the future. During therapy, I realized I had similar tendencies to her and often felt unfree because of my high demands on myself and others. I discovered this in my personal self-reflection and worked on it. I also realized that I tended to be overly directive and technical in therapy, which may reflect my need for control and certainty related to my strict childhood upbringing. Thanks to personal self-reflection, where I experienced a very kind therapist, I was inspired to be more empathetic, to listen to Jana's concerns, not to advise her but to ask questions and support her in finding her solutions. I also shared with her some of my experiences with CBT techniques that have helped me reduce anxiety and increase uncertainty tolerance. I wanted to show that I understand and respect her as an equal partner in the therapeutic process. Personal self-reflection and self-experience were important and inspiring experi-

ences for me. I think they helped me become a more balanced therapist and person and allowed me to understand why I had a strong countertransference to some clients who were similar to me or resembled some loved ones. At the same time, it was also quite challenging and required courage to face one's fears, confide in painful things, and resolve one's issues and conflicts. I'm glad I took it, even though I was initially outraged that we should have self-experience as part of CBT training. I now think that personal self-reflection should be part of every CBT training, as it provides an exceptional opportunity to learn about yourself and the impact of individual interventions from within.

Example 2: Eva, a CBT student

I am a psychologist and CBT student with three years of experience. I started my training in CBT in 2020, when I was still studying in the last year of psychology at Masaryk University in Brno. Part of my training was personal self-reflection with a certified CBT therapist, which took almost a year. Personal self-reflection has been very helpful for me as it has helped me improve my mental health, especially excessive anxiety, and increase self-esteem, confidence and emotional stability. Thanks to personal self-reflection, I realized how my childhood experiences and family relationships resulted in schemas associated with low self-worth and hypercompensation, manifested in relationships at school and later at work and when working with clients. I learned to recognize and change my automatic thoughts and hyper-compensatory or avoidant behaviours that I wasn't aware of before. It took away my freedom and blocked me from school, work, and home.

Personal self-reflection also allowed me to experience CBT from the client's perspective. I also experienced many interventions myself. This experience is completely different from when we play the client during rehearsals. I felt much more the importance of the therapeutic relationship. It was very important to me that I trusted my therapist. I was not aware of anything like that during the training exercises. I better understand how clients feel in therapy and how I can establish and maintain a therapeutic relationship. One example where personal self-reflection and self-experience helped me in a therapeutic situation was the case of Peter, who suffered from social anxiety. Peter avoided social situations in which he felt evaluated or criticized, such as public speeches, meetings and dates. During personal self-reflection, I realized that I had similar anxieties and fears to him and that I often felt shy and insecure in the company of others. I also realized that I tended to be overly cautious and passive in therapy, which may reflect my need to avoid confrontation and negative evaluation. Thanks to this, I tried to be more active, courageous and experimental in the therapy with Peter, which then helped me better motivate and support Mr Peter in his changes. I also shared with him some of my experiences with CBT techniques that helped me reduce social anxiety and increase my social skills. I wanted to show that I understand and respect him as an equal partner in the therapeutic process. It was very nice, and I don't know how people without self-experience can understand their clients. For me, it was a crucial matter.

Example 3: Thomas, CBT supervisor

I am a psychologist and CBT supervisor with five years of experience. I started my training in CBT in 2011, at a time when I was also

doing postgraduate studies at the Department of Psychology at Charles University in Prague. My training included personal self-reflection with an experienced CBT therapist, which I worked on within a year. Depending on how we managed it, I went once a week or up to 14 days; my studies limited my time. Personal self-reflection was very beneficial because it helped me be more aware of what I want from myself, that I set excessive standards for myself and that I have lower self-confidence, which I try to mask in various ways. With group personal self-reflection as part of the training, I started believing in myself more and increasing my ability to self-reflect, open up to myself and improve my self-esteem. I also realized that my demands on myself translated into excessive client demands. When I solved my problems, I realized that it was not as simple as I thought before, and this helped me to become more understanding and kind to my clients. Personal self-reflection allowed me to experience CBT from a client's perspective, giving me valuable feedback for my role as a therapist and showing me how to guide and support my clients better. One of the examples where personal self-reflection and self-experience helped me was when I already had basic training and entered supervisory training. It was the case of Lenka, a CBT training student who had difficulties applying some CBT interventions, especially exposure to clients. Lenka is very selfless and a perfectionist. During supervision, I realized I had traits similar to hers and often felt overwhelmed and dissatisfied with my work. I also realized that I tended to be overly critical and demanding in supervision, which may reflect my need to achieve high standards and recognition. It was a topic I dealt with in my personal self-reflection three years ago. Thanks to this, I tried to be more praising, encouraging and appreciative in supervision, which helped me to better motivate and support Lenka in her work with her client. I also told her what helped me reduce my perfectionism and workaholicism and increase my self-care. The personal self-reflection and self-experience I experienced in CBT training were very beneficial and enriching experiences for me. I think they helped me understand myself and my clients better during the training. Now that I am in supervisor in training, they help me further understand supervisees and their clients and behave without hypercompensation and avoidance, which made it difficult for me to work with people in the past.

Example 4: Vladimir, CBT supervisor

I am a psychologist and CBT supervisor with 25 years of experience. I have also been a CBT supervisor for the last ten years. At the time of my training, personal self-reflection was not part of it, which I did not mind because I had previously completed five years of training in psychodynamic psychotherapy. When I started working as a supervisor, I realized how important personal self-reflection is and how it influences my professional experience, values and goals in working with clients and supervisees. In supervision, I experienced trainees without personal self-reflection and with personal self-reflection. Therapists without personal experience do not understand transference and countertransference. Either they do not think about them, tend to trivialize or devalue the client's transference, or make excuses for it when therapy fails. CBT therapists with self-experience in personal self-reflection are sensitive to transference and countertransference. They can recognize it in time, discuss it in

supervision and play it out in role-playing, and soon implement the experience in their therapy with the client. In my opinion, personal self-reflection allows them to start CBT from within and to understand themselves more, which helps them know how the client experiences it in therapy. Personal self-reflection has also helped many of them to deal with their problems, especially anxiety, low self-confidence, overcompensation, perfectionism and a tendency to over-sacrifice.

Example 5: Jana, CBT supervisor

I am a psychologist and CBT supervisor with 30 years of experience. I started my training in CBT in 1993. Through personal self-reflection, which I decided to do, although it was not mandatory because I was having problems in my marriage then, I realized how my issues in my relationships were affecting me. I was too dependent, and it related to my childhood upbringing. However, I also realized that my dependent traits showed up in therapy with clients when I wanted them to like me and be grateful. I could not stand it when they criticized me or when they did not do well, did not do their homework or got worse after a while. As I learned to recognize and solve my problems in my marriage, I also began to deal more with the difficulties and frustrations related to my work. Personal self-reflection has greatly helped me with both emotional and work problems. I am very glad that I completed it. Now, when I supervise, I can easily recognize the supervisees who have achieved personal self-experience and those who have not. The difference is significant. People with self-experience talk about patients more personally, empathize, and understand their needs better. Therapists without self-experience, when therapy fails, tend to blame the client for not trying enough and not doing enough for their change or being not motivated enough for the therapy.

On the other hand, therapists with self-experience could better understand and accept the client as a whole personality with their strengths and weaknesses. They could recognize and address the emotions, attitudes and needs that the client activated. They were more flexible and creative in using CBT techniques and intervened to promote change in the client. This does not mean those without personal self-reflection do not work well enough, but they are more technical and do not think too much about clients' needs. They also do not allow themselves to work with more difficult clients, such as patients with personality disorders. There, they easily succumb to negative countertransference, label patients or send them to someone else. It is a shame because many are sensitive people who would benefit from experience working with such clients.

Example 6: Rose, CBT supervisor

I am a clinical psychologist, CBT therapist and supervisor. I have 18 years of job experience. Therapy was a required criterion at all stages of the studies. I have tried different psychotherapy schools and directions: I went to psychodrama group therapy, to a dance and movement therapist, to a Jungian analytical therapist, and a CBT and schema therapist. The therapy experience helped me deactivate the Self-sacrifice schema (speaking in Schema Therapy terms) and the desire to save the world without counting on one's resources. This allows me to be authentic in asking clients not to sacrifice their needs. Because I know colleagues who invite

their clients to maintain healthy boundaries and care for mental health, they often take on the role of saviour and do not care for their own needs. I think it is a double message that clients receive and can interfere with therapy.

Certainly, personal therapy helped to reduce the internal demands and Unrelenting Standards schema and strengthen the connection between the Healthy Adult mode and the Vulnerable Child. This is essential when working with clients because I can now distinguish when my demandingness is triggered and when I can harm the client by demanding a perfect course of therapy or by flooding him with strategies. I learned to hear myself better and listen to myself. I have learned from my therapists how to validate emotions, express care, and make re-parenting. I have experienced how difficult it is sometimes to take exposure and find the motivation to step out of a comfort zone, even if it perpetuates the problem. I also have difficulties doing homework exercises because I want a perfect result. This allows me to see and better understand my clients' feelings when I offer them different techniques.

I have experienced a positive countertransference from one of my therapists that was not resolved. Unfortunately, my therapist admired my ability to cope with life's difficulties, so much so that he failed to see my difficulties. My repeated attempts to draw attention to it were rejected, and I noticed that I began complaining continuously during the sessions, which is not my typical strategy. On the other hand, the therapist constantly disputed my complaints, telling me how well I coped with everything. This led to the discontinuation of therapy. However, it gave me an important experience in how important it is to be aware of your positive feelings about clients. This realization allowed me to review my attitude towards some clients I admire. I saw that I was also not doing the necessary therapeutical steps, a turning point for the therapy to continue.

Example 7: Roman, CBT supervisor in training

I am a secondary school psychology teacher, CBT therapist and supervisor in training. I started CBT training in 2011. I have been managing a secondary school in the capital city of Prague for almost 20 years. I signed up for CBT training after nearly 13 years of working in leadership positions in education when I perceived a growing increase in psychological problems among students and the limited possibilities on the part of society to solve them. I wanted to understand better students' problems and the possibilities of solving them and then actively participate in the solution. Another reason for the training was that I began seeing signs of professional burnout after 13 years in leadership positions in education. I wanted to be more in the field, with children, with people.

I entered CBT training with determination and enthusiasm. I remember the first training meeting where, among other things, we immediately worked with our own experience in the form of experiential approaches and working with our problems. After a long time, I have become aware of my schemas and dissociated emotionally demanding situations that probably influenced my behaviour and previous actions. I left the first training meeting feeling flustered; it was a feeling I had not yet experienced due to my job position. However, I felt a great benefit to my personal and professional life and a desire to learn more about CBT.

During the training, I enjoyed participating in experiential activities, supervisions, formally and informally sharing my feelings about individual activities with colleagues, and thinking about why something in therapy works more and something less.

From the second year of training, I worked with my clients; in the majority, I had a positive relationship with them. Although in some cases, I felt negative countertransference. I always tried to reflect on this fact, to be aware of its sources, to understand countertransference reactions and manage them, or bring them to supervision. I remember, for example, Mr Jan, who, although a trained lawyer with academic degrees and great work potential, had depressive and anxious traits, was unemployed, conflicted, hypercritical of his surroundings, and constantly demanded attention in therapy. At first, I did not feel well with this client and reflected more on countertransference types. Nevertheless, supervision helped me by working with therapeutic models and realizing the need to fulfil the needs of acceptance, safety, and appreciation, both for the client and me. This allowed me to understand Jan's situation and normalize our relationship.

Although I tried to work with a limited range of problems initially, I was not always successful, so I often had to go beyond my comfort zone and study new problems. However, I have always been aware of the limits of my competence and that if I am to help others effectively, I must first and foremost be at ease. I have learned to perceive my possibilities, not overwork myself, and focus on rest. This allows me to prepare for each client, look forward to each therapy session, and enjoy fulfilling therapeutic goals.

However, the self-reflection and experiential activities within the CBT training influenced me therapeutically and personally. As my colleagues say, I have moved from a self-confident, perhaps conceited little manager to a perceptive, empathetic colleague who looks at the people and events around him with kindness and a healthy perspective. I do not think I could not do it before the training, but maybe I understood myself less and trusted the people around me less.

Example 8: Gintare, supervisee

Gintare, a medical psychologist in her final year of CBT and Schema therapy training, leads a multifaceted professional life. Alongside her work in various mental health centres as a clinical psychologist, she also leads projects to enhance public mental health and maintains her private practice.

For Gintare, self-reflection holds immense significance in her psychotherapeutic work. It involves delving deeper into the internal processes that often remain unnoticed amidst the hustle and bustle of daily activities and work. She recognizes that psychological knowledge often initially resides on a rational level without fully reaching the emotional and experiential realm, which is crucial for personal growth. That is why she emphasizes the importance of self-reflection through personal introspection or personal psychotherapy, as it allows her to explore and connect with her emotions profoundly. She acknowledges her tendencies towards perfectionism and difficulty accepting negative experiences or failure. However, she also realizes that most challenges she encounters are manageable, enabling her to maintain control and navigate through them with the resilience of a healthy adult. Nevertheless, she acknowledges that

life is dynamic, and unexpected challenges can arise. In such instances, Gintare firmly believes that through self-work and personal therapy, she can strive to restore balance and return to her equilibrium, reinforcing the strength of her healthy adult self during times of crisis.

Supervision plays a significant role in Gintare's professional development. It goes beyond merely gaining insights to understand her clients better; it provides an opportunity for self-reflection and exploration of transference and countertransference processes. Gintare finds value in continuous supervision, where she immerses herself in introspection about her role in the therapeutic process rather than solely focusing on employing techniques with clients. Supervision serves as a signpost, signalling the need for further self-reflection and exploring the internal difficulties that may influence her client relationships.

The nature of the supervisor holds great importance to Gintare. She describes the supervisors she connects with best as being "human" first. She must witness their self-reflection and recognize that they have faced similar challenges and triumphed over them. If a supervisor lacks sufficient self-reflection, Gintare finds it difficult to trust them to the same degree. Such supervision sessions feel mundane, akin to conversing with a living textbook.

Consequently, she is unlikely to seek further guidance from such supervisors unless she specifically seeks that textbook-like experience. Establishing a reflective relationship between the supervisor and supervisee is vital from her perspective. When this connection is established, subsequent supervisions become more introspective and insightful, nurturing her professional growth.

Example 9: Kristina, CBT supervisor

I am a psychologist, CBT psychotherapist and supervisor with four years of experience. I started training in CBT, and at the same time, I started my PhD in biomedical sciences, which was challenging for me. Self-reflection through CBT training helped me deal with stress due to a big workload, losing my PhD supervisor and the challenging thesis writing process. First, self-reflection during CBT training helped me realize how personal experiences from a childhood influenced my core beliefs, rules and automatic thoughts. I started to self-reflect more in my personal life, as well as in my professional life. It lowered my perfectionism and increased my compassion towards myself and others. I believe that intensive supervision and self-reflection in the group during my training helped me understand clients and my needs and be aware of my values, attitudes and prejudice, which can influence the therapeutic process. I started to identify and manage transference and countertransference, but as I reflect now, I was not skilful. Even under my supervision, I felt unconfident and uncomfortable speaking about transference and countertransference.

Schema therapy and Supervision training bring me to the next level of self-reflection. Through experiential techniques and, more often, self-reflection, I started distinguishing my and my client's needs, taking care more about them, being aware of modes and activating schemas and managing them. Managing transference and countertransference now is more understandable, and I feel more skilful and confident. My clients and supervisees told me that it is strange to talk about such inti-

mate topics but, at the same time, feels safe. When self-reflection became a natural part of my job, my clients started to learn this skill. They also reflect. I learned some good reflective questions that are naturally incorporated into the supervision or therapy process.

Self-reflection also improved my relationships – being aware of schemas and modes and understanding how they interact with the schemas or modes of my close ones helps to communicate needs and understand what is happening. I feel more compassionate towards myself and others.

Example 10: Ingrid, CBT supervisor

Specializing in working with highly traumatized clients with emotion regulation problems for 20 years, having many years of several types of personal therapy and a huge amount of supervision, I still sometimes feel astonished at how deeply clients may touch my own seemingly resolved experiences. I discover myself losing my limits, losing track in therapy, letting clients not bring homework etc. Both supervisions and my DBT team help me reflect on my emotions and return to a healthy state where I can continue to be empathic and validating towards my client's emotions and focus on changes necessary for their well-being. A non-judgmental, accepting attitude, open discussions, problem-solving and practice of skills and methods are extremely helpful in the self-reflection process necessary for our work with clients.

DISCUSSION

This section will discuss the risks and challenges associated with personal self-reflection and therapist self-experience in CBT, the limitations of this narrative review, and recommendations for practice and research in personal self-reflection and self-experience in CBT training.

Risks and challenges associated with personal self-reflection and therapist self-experience in CBT

Personal self-reflection and self-experience are considered beneficial and desirable components of CBT training, but they also present risks and challenges that must be considered and addressed. Specific challenges associated with personal self-reflection for CBT therapists in training include:

- **Time management:** CBT trainees have to balance their time among theory, practice, supervision and personal self-reflection, as well as their personal and professional obligations. This can be stressful and exhausting, especially if they have to travel long distances or adjust to different schedules. They may also have to prioritize some activities over others, which can affect their learning outcomes and satisfaction. They should plan their time wisely, set realistic goals, and seek flexibility and support from their trainers, supervisors and therapists.
- **Financial constraints:** CBT trainees must pay for their training, supervision and personal self-reflection, which can be costly and burdensome, especially if

they have limited income or resources. They may also have to deal with insurance issues, reimbursement policies, or tax implications. They should look for affordable and accessible options, such as group therapy, online therapy, or subsidized programmes. They should also budget their expenses, seek financial assistance or scholarships and consult with financial experts if needed.

- Emotional distress: CBT trainees face psychological issues, conflicts and vulnerabilities in personal self-reflection, which can be painful, challenging and uncomfortable. They may also experience negative emotions, such as shame, guilt, anger, or anxiety, due to their self-exploration or feedback from their therapist. They should be prepared to cope with these emotions, use self-care strategies and seek support from their therapist, supervisor or peers. They should also view personal self-reflection as an opportunity for growth, learning and healing.
- Role confusion: CBT trainees have to switch between different roles, such as student, therapist, client, colleague or friend, which can be confusing and lead to conflict. They may also have to deal with role expectations, boundaries or power dynamics in different settings and relationships. They should be aware of their roles and responsibilities in each context, communicate clearly and respectfully with others, and respect the confidentiality and professionalism of personal self-reflection. They should also seek feedback and guidance from their therapist or supervisor if they encounter role difficulties.
- Power in the therapeutic relationship: The therapist has control over CBT trainees in the role of the client. The CBT trainee is more vulnerable and dependent on the client's position. This power can be misused or abused if the therapist or the trainee is not self-reflective, ethical and professional. The therapist should be able to recognize and deal with situations where their power over the client is inappropriate, unauthorized or harmful. The therapist should also respect the trainee's autonomy, freedom and dignity and support their cooperation, activity and responsibility for change.
- Burnout syndrome: The trainee is exposed to stress, frustration, emotional exhaustion and feelings of inadequacy caused by working with difficult clients, challenging situations and a lack of support or recognition. This condition can decrease trainees' work motivation, satisfaction, efficiency and quality. Trainees should be able to recognize and address the symptoms of burnout in themselves and their colleagues. Trainees should also manage their mental and physical health, balance work and personal life, and seek support and supervision.
- Ethical dilemmas: The trainee may encounter ethical dilemmas that arise from a conflict between different values, principles, norms or interests. For example, the trainee may be confronted with confidentiality,

consent, competence, cooperation with other professionals or institutions, and the boundaries of the relationship with a client, trainer or colleague. The trainee should be able to recognize and resolve ethical dilemmas following applicable ethical codes, legal regulations and professional standards. The trainee should also consult with colleagues or supervisors about ethical dilemmas.

Limitations of this narrative review

This narrative review has some limitations that should be considered when interpreting its findings. These include:

- Subjective description of trainers and students: This review is based on the literature and the subjective report of five trainers and students who participated in personal self-reflection and self-experience during their CBT training. This description may not represent other trainers and students with different experiences, attitudes or preferences. It may not be objective either, as it may be affected by memory or self-justification.
- Lack of empirical data: This review does not provide empirical data on how personal self-reflection and self-experience influence outcomes for clients or supervisees. Neither does it provide empirical data on how personal self-reflection and self-experience influence changes in self-reflection or other variables in trainers or students. Moreover, the review does not provide empirical data on how personal self-reflection and self-experience relate to personality, motivation, competence or learning style.
- Lack of comparison with other methods: This review does not compare personal self-reflection and self-experience with other training methods in CBT, such as supervision, role play, video recordings or literature.

Highlights of this narrative review

There are also some positives to this narrative review that need to be appreciated. These include:

- Inside view: This review provides an inside view of personal self-reflection and self-experience in CBT from both the trainer's and the student's perspectives.
- Detailed and balanced overview: This review provides a detailed and balanced overview of different perspectives and evidence on the effect of personal self-reflection on the effectiveness of CBT, citing sources and references to relevant studies.
- Description: This review describes how self-reflection is learned in CBT training, its goals and methods, and the role of supervision.

Recommendations for practice and research

Based on this narrative review, we can propose recommendations for practice and research in personal self-reflection and self-experience in CBT training. These include:

- Support of personal self-reflection and self-experience as part of CBT training: Personal self-reflection

and self-experience should be supported as part of CBT training, as they benefit therapists' personal and professional development. Depending on therapists' preferences and needs, personal self-reflection and self-experience should be optional or mandatory. Personal self-reflection and self-experience should also be available, sufficient, of good quality and affordable.

- Individualization of personal self-reflection and self-experience according to therapists' needs and goals: Personal self-reflection and self-experience should be individualized according to therapists' needs and goals, as there is no one-size-fits-all method. Personal self-reflection and self-experience should be based on cooperation, respect, trust and openness between the therapist and their therapist or supervisor. Personal self-reflection and self-experience training should also be flexible, adaptive, and responsive to therapists' current situations, problems and interests.
- Use of different forms of personal self-reflection and self-experience: Personal self-reflection and self-experience can take various forms, such as personal self-reflection, group self-reflection, self-practice/self-reflection (SP/SR), mindfulness, role-play, video recordings or literature. These different forms can provide different ways of learning about yourself and CBT from within. They may also offer therapists additional support, inspiration and feedback.
- Conducting empirical studies on personal self-reflection and self-experience: Empirical studies on personal self-reflection and self-experience must be undertaken, as the existing literature is insufficient, ambiguous and contradictory. Studies with better methodology must be conducted, such as randomized controlled trials, longitudinal studies, quantitative and qualitative methods, adequate samples, or reliable and valid instruments. Studies with better hypotheses are needed, such as: How do personal self-reflection and self-experience affect client or supervisee outcomes? How do personal self-reflection and self-experience impact changes in self-reflection or other therapist variables? What is the relationship between personal self-reflection, self-experience, and other factors such as personality, motivation, competence and learning style?

CONCLUSIONS

This article discussed the importance of personal self-reflection and self-experience for self-reflection in CBT training. Based on a narrative review of four case studies, we have summarized the main points and findings:

- Personal self-reflection and self-experience are considered beneficial and desirable components of CBT training, as they benefit therapists' personal and professional development.

- Personal self-reflection and self-experience can help therapists increase their self-reflection, self-criticism, self-esteem and self-efficacy; improve their psychological health and emotional stability; manage stress and frustration; understand and accept their emotions, attitudes and needs; recognize and solve ethical dilemmas; experience CBT from the client's point of view; increase their empathy, genuineness, working alliance formation and effectiveness of interventions; gain a deeper understanding of CBT principles, techniques and processes; and develop their creative and experimental skills in CBT.
- Personal self-reflection and self-experience also bring risks and challenges that need to be considered and addressed, such as power in the therapeutic relationship, burnout syndrome and ethical dilemmas.
- This narrative review has some limitations that must be considered when interpreting its findings, such as subjective descriptions of trainers and students, a lack of empirical data and a lack of comparison with other methods.
- This narrative review also has some strengths to be appreciated, such as an inside view of personal self-reflection and self-experience in CBT from both trainer and student perspectives, a detailed and balanced overview of different perspectives and evidence on the effect of personal self-reflection on the effectiveness of CBT and a description of how self-reflection is learned as part of CBT training. We emphasize the importance of personal self-reflection and self-experience as necessary factors for the development of self-reflection and the successful practice of CBT. We suggest possible directions for further research or education in personal self-reflection and self-experience in CBT training. These include, for example, conducting empirical studies with a better methodology and enhanced questions about the effects of personal self-experience on various variables in therapists as well as clients or supervisees, individualizing personal self-reflection and self-experience according to therapists' needs and goals, and using different forms of personal self-reflection and self-experience.

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