



Invited Essay

Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development

James Bennett-Levy

University Centre for Rural Health, University of Sydney, PO Box 3074, Lismore, NSW 2480, Australia

ARTICLE INFO

Keywords:

Personal practice
 Personal therapy
 Self-practice/self-reflection
 Mindfulness
 Therapist training
 Therapist effects

ABSTRACT

The key proposition of this invited essay is that personal practice (PP), coupled with self-reflection, is central to the development of the most effective therapists. To date, the discussion about personal practice in therapist training and professional development has largely revolved around the value of personal therapy, subscribed to by some schools of psychotherapy but not by others. However, since the turn of the century a new landscape of personal practices for therapists has emerged. In particular, two forms of personal practice, meditation programs and self-practice/self-reflection (SP/SR) programs, have developed a growing evidence base. Here it is proposed that there is now a strong theoretical and empirical case to accord personal practice an explicit role in therapist training and professional development. The case rests on recent research suggesting that: (1) personal and interpersonal qualities of therapists play a key role in client outcomes; and (2) personal practice is the most effective way to achieve changes in therapists' personal and interpersonal qualities. It is suggested that the research agenda needs to move beyond asking whether or not personal practice is effective towards a more sophisticated set of questions: what personal practice, facilitated by whom, is most effective with which practitioners, in what contexts, at what point in time? To make further progress, trainers and researchers need to be supported to include personal practices in therapist training and to undertake research to evaluate their impacts.

1. Introduction

This invited essay seeks to re-examine the value and role of personal practice (PP) in psychotherapy training. It is timely to do so. In the last decade, there have been significant theoretical and empirical advances in four key areas: (1) studies demonstrating that therapists have a significant impact on client outcomes; (2) studies identifying key attributes of the most effective therapists; (3) development of a theoretical model of PP; and (4) studies of different PPs that illustrate their impact on therapists' personal wellbeing and development, self-awareness, reflective skills and therapeutic skills (interpersonal, conceptual and technical).

In this paper, I propose on theoretical, empirical and logical grounds that:

1. The personal and interpersonal qualities of therapists play an important role in determining client outcomes, particularly in clients with complex issues.
2. Personal practice (PP) is a core strategy to develop those personal and interpersonal qualities; additionally, PP may help to refine and deepen therapists' conceptual and technical skills.
3. There is little evidence that conventional training strategies without

a PP component can enhance those personal and interpersonal therapist attributes which are associated with better client outcomes.

4. In light of the above, PP should be accorded an explicit role in therapist training and professional development.
5. PP research and evaluation should be encouraged to determine the kinds of PP which are most appropriate for whom in what contexts.

Consistent with our previous paper which proposed a model of PP (Bennett-Levy & Finlay-Jones, 2018), personal practices (PPs) are here defined as formal psychological interventions and techniques that therapists engage with self-experientially over an extended period of time (weeks, months or years) as individuals or groups, with a reflective focus on their personal and/or professional development. The predominant examples of formal PPs in the empirical literature are personal therapy, meditation programs (mindfulness, compassion, loving-kindness), self-practice/self-reflection programs (therapists practicing therapy techniques on themselves and reflecting on the experience), and experiential/personal development groups. Although clinical supervision may sometimes focus on the personal self, the time allocated to the personal (where appropriate) tends to be intermittent and short-lived. Accordingly, clinical supervision is not considered to be a PP for

E-mail address: james.bl@sydney.edu.au.

<https://doi.org/10.1016/j.jbtep.2018.08.004>

Received 30 June 2018; Received in revised form 7 August 2018; Accepted 19 August 2018

Available online 04 October 2018

0005-7916/ © 2018 Elsevier Ltd. All rights reserved.

the purpose of this essay; nor are other brief training strategies such as role-plays that may sometimes have a PP component.

Starting with Freud, PP in the form of personal therapy has been a core requirement in many forms of psychotherapy and counseling training (Freud, 1910/57). However, whether or not personal therapy has been included in therapist training has been largely a matter of tradition, belief and choice. For instance, psychodynamic therapists suggest that personal therapy is a prime requirement so that therapists can gain insight into the transference relationship and unconscious motivations (Malikiosi-Loizos, 2013; Murphy, Irfan, Barnett, Castledine, & Enescu, 2018). For counsellors, a typical rationale for personal therapy is that “the counselor can only take their clients as far as they have been themselves” (Donati & Watts, 2005).

Historically, there have been numerous survey and interview studies of therapists who have had personal therapy which reveal that – with a few exceptions – they have regarded their personal therapy as valuable for their development (Macran & Shapiro, 1998; Rønnestad, Orlinsky, & Wiseman, 2016; Wigg, Cushway, & Neal, 2011). However, significant practical and methodological problems in undertaking personal therapy research has meant that there is almost no objective evidence that therapists’ personal therapy enhances either therapist skills or client outcomes (Macran & Shapiro, 1998; Rønnestad et al., 2016). From the 1970s, there has also been a small literature on various types of experiential and personal development groups with little empirical evidence about outcomes (Malikiosi-Loizos, 2013; Young, Reysen, Eskridge, & Ohrt, 2013).

With the advent of behaviour therapy, and later cognitive behaviour therapy, a more technical-rational approach meant that effective therapy was largely conceived as the correct application of the principles and procedures of learning theory and, later, cognitive theory to mental health problems. Personal therapy was dropped as a formal requirement for training in CBT and related therapies (e.g. ACT, schema therapy, compassion-focused therapy) in the absence of a strong evidence base for its effectiveness.

Although from the outset, cognitive therapy acknowledged the importance of the therapeutic relationship (Beck, Rush, Shaw, & Emery, 1979), for a long time there was only minimal research on therapist contributions to the therapeutic relationship (Burns & Auerbach, 1996; Gilbert & Leahy, 2007) or on training strategies to develop the interpersonal skills of therapists. One reason for the lack of CBT research in this domain may have been a certain awkwardness that the “the person of the therapist” plays an important part in the interpersonal process, and that PP may have a significant role to play in enhancing interpersonal skills (Bennett-Levy & Thwaites, 2007; Safran & Muran, 2000).

Since the turn of the century, the landscape of PP has changed. New forms of PP have emerged in therapist training, primarily meditation programs (mindfulness, compassion, loving-kindness) (Boellinghaus, Jones, & Hutton, 2014; Lomas, Medina, Ivtzan, Rupprecht, & Eiroa-Orosa, 2018) and self-practice/self-reflection (SP/SR) programs (Bennett-Levy, Thwaites, Haarhoff, & Perry, 2015; Farrell & Shaw, 2018; Kolts, Bell, Bennett-Levy, & Irons, 2018). See Box 1 for further details about SP/SR programs.

Being shorter and more contained than personal therapy, more reproducible, and more measureable, these new forms of PP are more amenable to research and evaluation. Consequently, there is a growing empirical literature on SP/SR and meditation programs, and a recently developed theoretical model of PP (Bennett-Levy & Finlay-Jones, 2018), which aims to account for possible impacts of both personal therapy and these new PPs.

Another recent landscape which has largely developed over the past decade has been research on therapist effects, and a growing evidence base on what makes a highly effective therapist (Castonguay & Hill, 2017a). As illustrated in the next two sections of this article, this recent research highlights the role of personal and interpersonal qualities in the delivery of effective therapy, which gives rise to two issues: Are existing models of therapist skill development and competence

adequately reflecting the influence of the “personal self” of the therapist on client outcomes? To what extent are improvements in these qualities met by PPs and/or conventional training strategies?

It is the thesis of this essay that models of therapist skill development and competence necessarily need to incorporate both the “personal self” and the “therapist self” to reflect recent empirical data; and that PPs are a key strategy in enhancing personal and interpersonal aspects of therapist skilfulness, and ultimately client outcomes. In this context, the “personal self” refers to personal and interpersonal skills and attributes, many of which were well established prior to becoming a therapist, and are present in normal, non-therapy situations (e.g. with family and friends). In contrast, the “therapist self” refers to the therapist’s identity and skills, mostly (but not wholly) acquired through training (e.g. conceptual/technical skills; therapist beliefs, attitudes and behaviors). Some skills and attributes (e.g. interpersonal skills such as trait empathy) may be common to both the “personal self” and the “therapist self”.

Accordingly, the remainder of the essay is divided into five main sections:

- Therapist effects
- Characteristics of effective therapists
- Personal practice and its impacts
- Comparing personal practice with conventional (non-PP) training strategies as methods to enhance characteristics of effective therapists
- Discussion

2. Therapist effects

The vast majority of psychotherapy outcome studies have focused on outcomes from different therapies. However, in the last 10–15 years there has been considerable growth in practice-based research studies that have focused on therapists rather than therapies (Castonguay & Hill, 2017a). Large data sets of multiple therapists and clients have only recently become available for study (Castonguay & Hill, 2017a). These data sets enable rather stronger research designs than previous correlational studies (cluster designs where large numbers patients are nested within therapist caseloads) and are powered by sophisticated statistical procedures (multilevel modelling). Particularly impressive are the studies from UK’s IAPT program where national data completion rates are extremely high (upwards of 90%) and large numbers of therapists and clients are involved (Barkham, Lutz, Lambert, & Saxon, 2017).

Studies of therapist effects aim specifically to determine to what extent differences in client outcome can be accounted for by differences in the effectiveness of therapists. Baldwin and Imel (2013) suggested that therapist effects account for between 3 and 7% of client outcomes, while Barkham et al. (2017) have suggested 5–8%. Therapist differences are mainly accounted for by therapists at the top and bottom 15–20% of the distribution (Barkham et al., 2017; Okiishi, Lambert, Nielsen, & Ogles, 2003). The most effective 15–20% of therapists achieve recovery rates at about twice the rate of the 15–20% of therapists at the bottom of the distribution, while the least effective therapists have deterioration rates at double the rate of the effective therapists (Okiishi et al., 2003).

Variance across studies in therapist effects is accounted for by a number of factors. Variance tends to be smaller (typically around 3%) in efficacy research trials where clients are relatively homogenous and therapists are trained and supervised to a high level of adherence (Baldwin & Imel, 2013). Variance is greater (approximately 7%) in naturalistic clinical settings, even when therapists have been trained to deliver the same type of therapy and protocol (Firth, Barkham, Kellett, & Saxon, 2015; Green, Barkham, Kellett, & Saxon, 2014). This is probably due to the range of clients and variability of therapists being greater in naturalistic settings (Baldwin & Imel, 2013). This variance is

BOX 1

Self-practice/self-reflection Programs

- SP/SR is a structured self-experiential program with three elements:
 - (1) Challenging problem: Therapists focus on a specific professional or personal problem of mild to moderate (not major) intensity
 - (2) Self-practice (SP): They practice therapy techniques on themselves
 - (2) Self-reflection (SR): They reflect in writing on the implications of their self-practice for themselves, for their work with clients, and for their understanding of theory (SR)
- Self-reflective questions are built into the program. There are “Personal Self” questions such as: “What was your experience of noting your thoughts?” “How does this experience resonate (or not) with other experiences from your past?” A second type of question are “bridging questions” which make the bridge from the “Personal Self” to the “Therapist Self”. Examples are: “What are the implications of your experience for your work with clients? How does this experience relate to your understanding of theory?”
- Bridging questions from the ‘Personal Self’ to the ‘Therapist Self’ differentiate SP/SR from other PPs. While the primary focus of PPs such as personal therapy, meditation programs and experiential groups is on the ‘Personal Self’, the initial focus of SP/SR on the ‘Personal Self’ primarily serves as a vehicle to develop the ‘Therapist Self’.
- In SP/SR, reflections are posted online and shared anonymously with others in the training group
- SP/SR is usually offered through an SP/SR Workbook (Bennett-Levy et al., 2001; Bennett-Levy, Thwaites, et al., 2015; Farrell & Shaw, 2018; Kolts et al., 2018); SP/SR is sometimes also offered in ‘limited co-therapy’ pairs (Bennett-Levy et al., 2003)
- Programs are typically 6–12 weeks

even more accentuated (up to 10%) when clients have more severe or complex problems where the skill level of the therapist is at a premium (Saxon & Barkham, 2012).

Given the impact of therapist effects, it is therefore important to determine what are the characteristics of effective therapists.

3. Characteristics of effective therapists

Over the past 50 years, studies looking at the relationship between different therapist attributes and client outcomes, as well as qualitative studies of effective therapists, have suggested that various therapist attributes (e.g. empathy, alliance building qualities) are associated with better outcomes. However, many such studies had methodological weaknesses (e.g. small numbers of therapists and clients, diverse client populations, no outcome measures, or wide variety of measures), which limited the conclusions that could be drawn (Baldwin & Imel, 2013).

Even though based on correlational data, one finding that has been consistent over 295 independent studies (30,000 + clients) has been a positive relationship between the working alliance and outcome (effect size $r = .278$) (Flückiger, Del Re, Wampold, & Horvath, 2018). Clients with more severe problems benefit most from a strong alliance (Zilcha-Mano & Errazuriz, 2015). The alliance-outcome relationship is probably the most consistent finding in the therapy outcomes literature (Baldwin & Imel, 2013; Castonguay & Hill, 2017a), with empathy and genuineness as core alliance-building skills (Castonguay & Hill, 2017a; Nienhuis et al., 2018).

Over the last decade, the multiple therapist/multiple client research designs and more powerful statistical methods have yielded more rigorous findings implicating causal, rather than just correlational, relationships between therapist qualities and client outcomes. We can now with more confidence assert that some therapist attributes (e.g. facilitative interpersonal skills) appear to contribute directly to better outcomes (Barkham et al., 2017; Castonguay & Hill, 2017b).

Consistent with the data on the positive relationship between working alliance and client outcomes, the strongest evidence from recent studies has been that “facilitative interpersonal skills” are consistently related to positive therapeutic outcomes (Anderson, Crowley, Himawan, Holmberg, & Uhlin, 2016; Anderson, McClintock, Himawan, Song, & Patterson, 2016; Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Schöttke, Flückiger, Goldberg, Eversmann, & Lange, 2017). Anderson and colleagues’ (2009, 2016a,b) studies are particularly compelling in this regard. In these studies, it was notable that therapists’ facilitative interpersonal skills were assessed in relation to complex client issues where therapists’ differences are likely to be most

marked (Barkham et al., 2017; Skovholt, Rønnestad, & Jennings, 1997). Ratings of facilitative interpersonal skills encompassed verbal fluency, emotional expression, persuasiveness, hopefulness, warmth, empathy, alliance-bond capacity, and problem focus.

England’s IAPT program has enabled a particularly rich platform for effective therapist studies (Barkham et al., 2017). A recent study suggested that the personal qualities of mindfulness and resilience are associated with positive client outcomes (Pereira, Barkham, Kellett, & Saxon, 2017). Self-confidence appears to be another important quality for novice therapists in creating better outcomes (Green et al., 2014; Odyniec, Probst, Margraf, & Willutzki, 2019). An apparently contradictory finding is that for experienced therapists, “professional self-doubt” is associated with better outcomes, provided that it is accompanied by a high degree of self-affiliation (a positive supportive relationship with oneself) (Nissen-Lie et al., 2017). It may be that this apparent contradiction is not really such: personal self-confidence and self-affiliation may be important for both inexperienced and experienced therapists, while “healthy self-doubt” in the form of “a propensity to engage in thoughtful self-reflection regarding one’s biases and limitations” (Meichenbaum & Lilienfeld, 2018, p23), may be an important quality differentiating the best therapists from others (Meichenbaum & Lilienfeld, 2018; Rønnestad & Skovholt, 2013). In a similar vein, openness to self-questioning and self-reflection on therapeutic challenges may be a quality which is characteristic of more securely attached therapists, an interpretation which is supported by findings that suggest that securely attached therapists are more mindful (Stevenson, Emerson, & Millings, 2017) and have better client outcomes (Mikulincer, Shaver, & Berant, 2013) than avoidant or anxiously attached therapists.

Another recent multi-therapist/multi-client study found that therapists’ reflective skills and attachment style predicted therapeutic effectiveness (Cologon, Schweitzer, King, & Nolte, 2017). In this study, there was an interaction such that secure attachment compensated somewhat for low reflective functioning and high reflective functioning compensated for insecure attachment (Cologon et al., 2017). To maximize impact, reflection probably needs to be accompanied by the deliberate practice of selected skills (Chow et al., 2015; Rousmaniere, 2017). Chow et al. (2015) found that the amount of therapist time spent in deliberate practice was significantly related to outcomes.

Occupational stress and burnout is a salient issue, with high levels of burnout reported for therapists and trainees (Kaeding et al., 2017; Pakenham, 2015a; Westwood, Morison, Allt, & Holmes, 2017). A recent study has indicated that therapists’ occupational burnout - manifested in disengagement - and low job satisfaction have a direct impact on

client treatment outcomes (Delgado, Saxon, & Barkham, 2018). Amongst the personal characteristics that correlational studies have suggested are associated with burnout are: therapists' unrelenting (perfectionistic) standards (Kaeding et al., 2017; Simionato & Simpson, 2018), overinvolvement in client problems (Simionato & Simpson, 2018), self-doubt (Simionato & Simpson, 2018) and poor self-care strategies (Manning-Jones, de Terte, & Stephens, 2016).

While multi-therapist/multi-client studies have significantly strengthened the evidence base pointing to the importance of therapists' personal and interpersonal attributes in therapy outcomes, to date these studies have been limited by the relative paucity of attributes measured. Another source of valuable data on facilitative therapist attributes has come from qualitative studies. What these studies may lack in gold standard evidence-based metrics, they make up for in their depth and range of understanding of effective therapist qualities. Jennings and Skovholt's studies of peer-nominated master therapists (Jennings & Skovholt, 1999; Skovholt & Jennings, 2016) and the resultant model of therapist skill development (Rønnestad & Skovholt, 2013; Skovholt & Rønnestad, 2001) have been important contributions to the literature. Jennings and Skovholt found that cognitive, emotional and relational domains were all highly developed in these therapists. For instance, master therapists were voracious learners, curious, reflective, and valued cognitive complexity and ambiguity; they were emotionally receptive, self-aware, non-defensive and open to feedback; they attended to their own emotional wellbeing using personal therapy, peer consultation and supervision; and they possessed strong interpersonal skills.

Foreshadowing Cologon et al.'s (2017) study on reflective function, Skovholt and Rønnestad's model (Rønnestad & Skovholt, 2013; Skovholt & Rønnestad, 2001), and other models of therapist skill development (Bennett-Levy, 2006; Wigg et al., 2011) have consistently highlighted the role of self-reflection and self-awareness. Interestingly, the concept of "reflective practice" has been incorporated into mainstream clinical organizations as a core competency (American Psychological Association, 2012; British Psychological Society, 2016), even though the definition of reflective practice remains unclear (Fisher, Chew, & Leow, 2015) and the evidence base is still relatively sparse (Burgess, Rhodes, & Wilson, 2013; Cologon et al., 2017).

Alongside self-reflection, self-awareness appears to be central to good outcomes, particularly with more complex clients who might trigger negative reactions in the therapist (Beck, Freeman, & Associates, 1990; Wolf, Goldfried, & Muran, 2017). For instance, the possibility of counter-transference reactions, and the capacity for therapists to monitor, reflect on and regulate their inner reactions, is emphasized in all schools of psychotherapy from cognitive therapy to psychoanalysis (Shafranske & Falender, 2008; Westra, Aviram, Connors, Kertes, & Ahmed, 2012). However, despite its apparent importance, self-awareness is such a multifactorial concept and difficult to measure that its relationship to client outcomes remains speculative and largely unevaluated (Bennett-Levy & Finlay-Jones, 2018; Pieterse, Lee, Ritmeester, & Collins, 2013).

Ironically, although therapist training in CBT and related therapies tends to be largely focused on conceptual and technical skills, studies which have related therapist adherence and competence to client outcomes have yielded mixed results. There is evidence from some studies, but not others, of a relationship between therapist technical competence and outcome (Branson, Myles, Mahdi, & Shafran, 2018; Branson, Shafran, & Myles, 2015; Huijbers et al., 2017; Kuyken & Tsivrikos, 2009; Trepka, Rees, Shapiro, Hardy, & Barkham, 2004). However, the evidence relating adherence to client outcomes is notably weak (Webb, DeRubeis, & Barber, 2010). It has been suggested that technical adherence may sometimes reflect personal rigidity and come at the cost of the alliance, which may explain the weakness of the adherence/outcomes relationship (Henry, Schacht, Strupp, Butler, & Binder, 1993).

3.1. Implications of effective therapist studies for therapist training and professional development

These recent large-scale quantitative studies, as well as previous

qualitative and correlational studies, clearly demonstrate that personal and interpersonal factors are central to therapist effectiveness. While some researchers suggest that they may account for more of the variance in outcome than the technical and conceptual elements of therapies (Barkham et al., 2017), this conclusion appears to be so context dependent - e.g. what kind of client population, which therapeutic processes? - that gross comparisons may be a largely wasteful exercise. What is quite clear is that both personal/interpersonal and conceptual/technical processes are important for client outcomes (Kazantzis et al., 2018; Lorenzo-Luaces & DeRubeis, 2018), with their relative impact varying in complex ways (Lorenzo-Luaces & DeRubeis, 2018). Several conclusions follow:

1. Models of therapist skill development, which recognise the importance of both the personal self and the therapist self in therapist development, and emphasize the value of interpersonal skills are supported (Bennett-Levy, 2006; Bennett-Levy, Thwaites, Chaddock, & Davis, 2009; Rønnestad & Skovholt, 2013; Skovholt & Rønnestad, 2001).
2. Therapist competency models, which have tended to overlook the importance of personal competencies (Roth & Pilling, 2008), need to incorporate a more sophisticated understanding of both personal and interpersonal therapist qualities and skills (Koddebusch & Hermann, 2018), particularly in relation to working with more complex clients.
3. Therapist training and professional development need to balance the teaching of conceptual and technical skills with a clear emphasis on personal and interpersonal development.
4. A challenging issue for research and training alike is that some of the most important therapist qualities and attributes for client outcomes are also some of the most intangible and least measurable. For instance, therapeutic presence, attunement, self-awareness, and self-reflective skills have all been suggested as important for therapist effectiveness but defy easy measurement.
5. While we can broadly differentiate therapist skills into three components – conceptual skills, technical skills and interpersonal skills – it should be recognised that there is fundamental difference between conceptual/technical skills and interpersonal skills (Bennett-Levy, 2006). Conceptual and technical skills are largely or completely learned through specialist training. However, interpersonal skills are different. As therapists, we bring with us years of interpersonal beliefs, attitudes and skills already honed through self-experiential learning from birth onwards (Bennett-Levy, 2006). We are often blind to these beliefs, attitudes and skills. It is unclear to what extent they can be modified (Dobson & Shaw, 1993), but at the very least, feedback, self-exploration and self-reflection may be required (Bennett-Levy & Thwaites, 2007; Safran & Muran, 2000). For this reason, educators have traditionally emphasized the importance of selecting candidates for therapy training programs who already have personal maturity (Mowrer, 1951) and strong interpersonal skills (Castonguay & Hill, 2017b; Dobson & Shaw, 1993).

4. Personal practice and its impacts

Given the importance of personal and interpersonal attributes to therapeutic effectiveness, the question arises: how can educators best address these attributes and skills in therapist training and professional development? It is the thesis of this article that if we are to do so most effectively, PP and self-reflection should be core components.

As a precursor to the main body of this section, consider the results of a questionnaire study in which 120 experienced therapists were asked which methods of training had worked best for developing their understanding and skills (Bennett-Levy, McManus, Westling, & Fennell, 2009). Comparing conceptual and technical understanding/skills with interpersonal understanding/skills, the results were clear-cut. While reading, lectures and modelling were the most endorsed training

methods for gaining conceptual understanding/skills, and modelling and role-play were the endorsed methods for technical understanding/skills, self-experiential work and reflective practice were the methods of choice for interpersonal understanding/skills. Hence, therapists considered that interpersonal skills required different training methods: PP and reflective practice.

4.1. A model of personal practice

Recently, Amy Finlay-Jones and I published the first model of PP that aimed to conceptualise the impact of different PPs on therapist attributes and skills (Bennett-Levy & Finlay-Jones, 2018). The model was derived from a well-established model of therapist skill development (Bennett-Levy, 2006; Bennett-Levy & Thwaites, 2007; Bennett-Levy, Thwaites, et al., 2009) and empirical research, particularly over the past decade, on the impact of the most researched PPs: personal therapy, meditation programs, and self-practice/self-reflection (SP/SR) programs.

The model is illustrated in Fig. 1.

The PP model is a generic model, designed to illustrate the most prominent impacts of PPs, and their relationship to therapist effectiveness. For the purpose of this article, the model has been slightly adapted from Bennett-Levy and Finlay-Jones (2018) to provide a contrast with “conventional training methods” without a PP component (e.g. reading, didactic learning, modelling, clinical skills role-plays). As Bennett-Levy, McManus, et al. (2009) and Bennett-Levy, Thwaites, et al. (2009) reported, conventional training methods appear to be most effective for training conceptual and technical skills; much less so for interpersonal skills.

In line with the therapist effectiveness literature and previous

models of therapist skill development (Bennett-Levy, Thwaites, et al., 2009; Skovholt & Rønnestad, 2001), Bennett-Levy and Finlay-Jones (2018) suggested that both the personal self and the therapist self contribute to therapist effectiveness. Some contributions (personal development and wellbeing) are seen to be primarily a function of the personal self; some are core features of both the personal self and the therapist self (self-awareness; interpersonal beliefs, attitudes and skills; reflective skills); and some (conceptual and technical skills) are mainly developed within the context of the therapist self.

A key feature of the model is the process of reflection, which is hypothesised to have three elements: personal self-reflection and therapist self-reflection (Wigg et al., 2011), and the connection between them, termed the “reflective bridge”. We have suggested that all PPs will by definition involve personal self-reflection (“what is my experience? How do I understand my experience?”), which is likely to impact on personal development and wellbeing, self-awareness, interpersonal beliefs/attitudes/skills and reflective skills. However, a prediction from the model is that PPs will not necessarily impact on therapists’ conceptual and technical skills unless they “cross the reflective bridge” and undertake therapist self-reflection e.g. crossing the reflective bridge means therapists asking themselves “bridging” therapist-oriented questions such as “What is the impact of my PP experience for my work with clients? What does my PP experience mean for my understanding of my therapy model?”

To give an example: the majority of therapists who undertake personal therapy do so for personal problems or personal growth reasons (Orlinsky, Schofield, Schroder, & Kazantzis, 2011). Presumably they reflect on the implications of the therapy for their personal self. The PP model predicts that this should result enhanced personal development and wellbeing, increased self-awareness, enhanced interpersonal skills

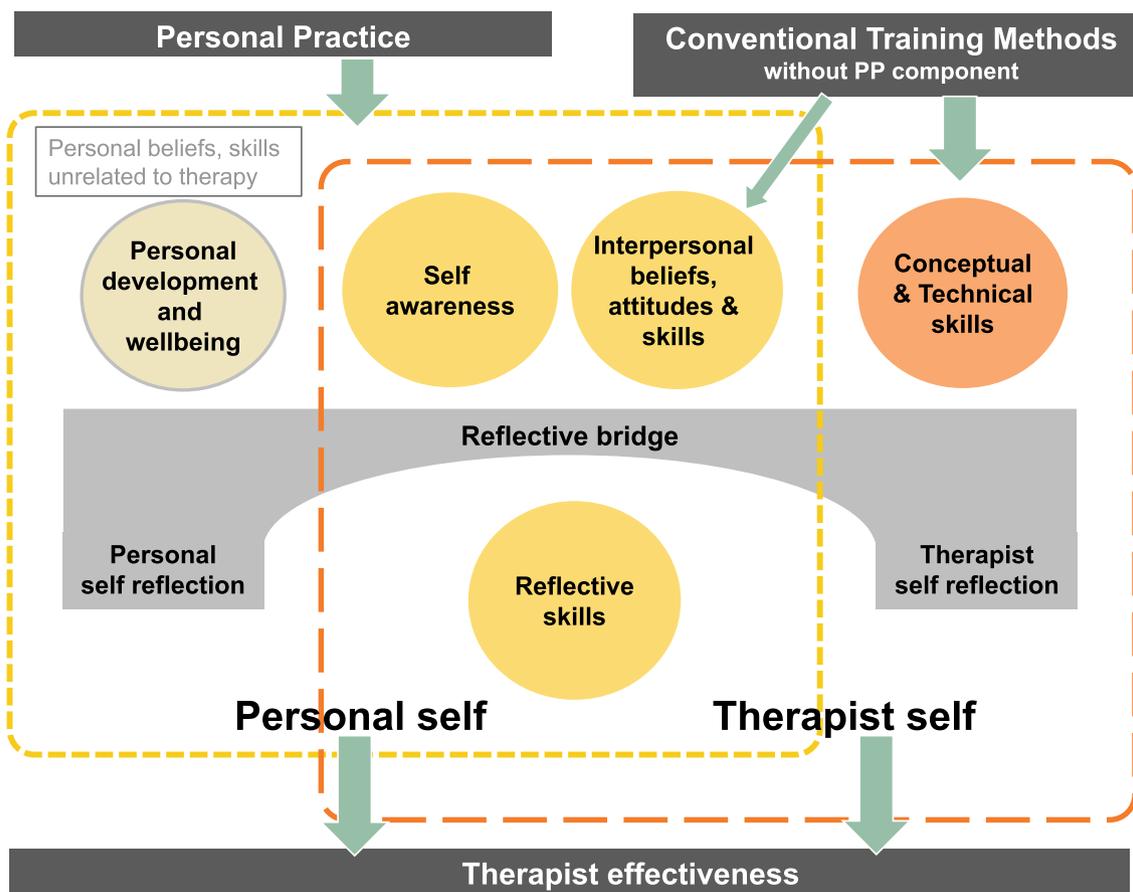


Fig. 1. The personal practice model (adapted from Bennett-Levy & Finlay-Jones, 2018).

and reflective skills, if therapy has been useful; but will not result in enhanced conceptual and technical skills unless the participant specifically “crosses the reflective bridge” to reflect on the meaning of their experience for their therapy work (therapist self-reflection). In contrast to personal therapy, SP/SR tends to focus more lightly on the personal self; its primary purpose has been to cross the reflective bridge, enhancing therapist skills by integrating the personal and interpersonal with the technical and conceptual (Bennett-Levy, Thwaites, et al., 2015; Farrell & Shaw, 2018; Kolts et al., 2018).

To summarise, the PP model is consistent with the literature on therapist effectiveness, reflecting the importance of personal and interpersonal attributes and skills, alongside of conceptual/technical skills, in therapy outcomes.

4.2. Personal practice empirical research

This section provides a brief empirical review of PP training studies. Before proceeding further, the methodological weakness of almost all PP research needs to be acknowledged. Most studies are based on self-report, either qualitative or questionnaire-based. There are few studies with experimental or quasi-experimental designs (Brinkborg, Michanek, Hesser, & Berglund, 2011; Davis, Thwaites, Freeston, & Bennett-Levy, 2015; Gold & Hilsenroth, 2009); few with objective measures of therapist competence or personal wellbeing (Peebles, 1980); few which have attempted to demonstrate an impact on client outcomes (Gold, Hilsenroth, Kuttman, & Owen, 2015; Grepmaier et al., 2007; Sandell et al., 2006); and none which have done so convincingly (Escuriex & Labbé, 2011; Rønnestad et al., 2016).

Those of us who work in the field of training research are aware both of its limitations and constraints. The reality is that training research is usually unfunded and opportunistic. Funding and organisational constraints (e.g. university contexts) mean that there is often little opportunity to have “no training” control groups, or to provide one set of training to one group and different training to another. Accordingly, to date gold standard randomised controlled trials of PP training have been in short supply, and we have had to rely on silver or bronze standards of evidence to make decisions about content of therapist training.

Bearing these constraints in mind, what emerges from this empirical review is a story of strong commonalities in possible PP impacts across the three featured PPs, as illustrated in Table 1. While acknowledging that most of these impacts have yet to be formally tested in strong research designs, the important point to note is that reported PP impacts appear to be fundamentally different from the impact of conventional training methods without a PP component, as illustrated in Table 2.

4.2.1. Empirical review method

A full scoping review across all the PP literature is beyond the remit of this essay. Accordingly, the review method I have chosen for this purpose is to extract the findings from recent systematic reviews, meta-syntheses, review chapters and articles to describe the reported impacts of the three most researched PPs: personal therapy, meditation programs and SP/SR programs. The review articles I have used are:

1. *Personal therapy*: As there are no systematic reviews of the whole field, I have drawn on a recent systematic review of mandatory personal therapy (Murphy et al., 2018) and two recent personal therapy review chapters (Grimmer, 2015; Rønnestad et al., 2016).
2. *Meditation programs*: Included are two systematic reviews of mindfulness-based meditation for health professionals (Escuriex & Labbé, 2011; Lomas et al., 2018), and review articles (not systematic) of mindfulness, compassion and loving-kindness meditations (Bibeau, Dionne, & Leblanc, 2016; Boellinghaus et al., 2014; Davis & Hayes, 2011). It should be noted that, in contrast to the personal therapy for therapists and SP/SR research, the vast majority of the meditation research is on health care professionals, not specifically therapists.
3. *Self-practice/self-reflection programs*: Included are two metasyntheses of CBT-based SP/SR (Gale & Schröder, 2014; McGillivray, Gurtman,

Boganin, & Sheen, 2015), and a review chapter on SP/SR (Thwaites, Bennett-Levy, Davis, & Chaddock, 2014), supplemented by two recent SP/SR-type ACT trainings by Pakenham to illustrate the widening scope of SP/SR to other therapies (Pakenham, 2015a, 2015b).

Table 1 provides a summary of the reported impacts of PPs. The terms used in Table 1 are largely taken directly from the articles, except where the terms were ambiguous or unclear. Sometimes these are the same terms across the three PPs (e.g. self-awareness), sometimes they are similar (personal growth, psychological growth), and sometimes a term is used for one or two of the PPs, and does not appear at all for the other (e.g. “mindful” does not appear in any of the personal therapy reviews; job satisfaction and performance does not appear in the SP/SR reviews). The omission of a particular term for a particular PP might be for various reasons: either that term was not thought to be relevant to that type of PP, or was not part of the language of that PP, or was not measured, or the PP did not impact on that particular outcome.

As indicated above, most of these findings in Table 1 are qualitative and/or lack control groups. For the most part, they are not “hard data” in an experimental sense. What is of interest at this point in PP research are the types of changes reported and the ways in which these changes are different from those which are the typical focus conventional training techniques without a PP component.

The following section focuses on the five outcomes from the PP model and their relationship to the three PPs, illustrated in places by examples from particular studies.

4.2.2. Personal practice outcomes

4.2.2.1. *Personal development and wellbeing*. Common to all PPs were reports of reduced psychological distress, greater self-acceptance and better self-care. Other elements reported for at least two of the three PPs were: personal or psychological growth, mindfulness, greater authenticity and understanding of personal values, self-compassion, improved relationships and better job performance.

In the absence of comparative studies, we cannot directly compare the impact of different PPs on personal development and wellbeing. However the rationales are typically different. Personal therapy is usually undertaken for reasons of personal problems or personal growth (Orlinsky et al., 2011). Mostly it is perceived as a positive experience (Grimmer, 2015), but for a minority of therapists it is a source of distress, particularly when therapy is mandatory or the therapist is perceived to lack skills (Murphy et al., 2018).

The primary rationale for meditation programs has been to reduce stress, enhance self-care and prevent burnout in health professionals (Lomas et al., 2018). The evidence for burnout prevention is marginal; evidence for stress reduction is stronger (Lomas et al., 2018).

Until recently, the rationale for SP/SR has been largely oriented towards enhancing therapist skills (conceptual, technical, interpersonal). However, recent conceptualisations (Bennett-Levy & Haarhoff, 2019) and studies of SP/SR (Bennett-Levy, Wilson, et al., 2015; Pakenham, 2015a,b) have suggested that if also framed as a self-care intervention, SP/SR may also achieve gains in mental health and self-care.

4.2.2.2. *Self-awareness*. Enhanced self-awareness is ubiquitous as a reported outcome from all three PPs (Bennett-Levy & Finlay-Jones, 2018). However, quite what is meant by enhanced self-awareness in these contexts is a moot point (Pieterse et al., 2013). Typically, self-awareness in PP studies is left undefined and unmeasured. As Bennett-Levy and Finlay-Jones (2018) commented, enhanced self-awareness in different PP contexts can refer to anything from enhanced awareness of negative automatic thoughts to enhanced awareness of the impact of childhood trauma on current psychological functioning. Presumably the type of PP, the depth, the focus and the quality determine the type and level of self-awareness that is gained, but at this stage, there is very little data to assess differences.

Table 1

Based on review articles of three PPs (personal therapy, meditation programs and SP/SR), **Table 1** illustrates the impact of these PPs on six therapist outcomes (personal development/wellbeing, self-awareness, interpersonal beliefs/attitudes/skills, reflective skills, conceptual/technical skills, therapist confidence).

	Personal therapy	Meditation programs	Self-practice/self-reflection (SP/SR)
Personal Development and Wellbeing	<ul style="list-style-type: none"> ● reduced mental health issues - understanding own conflicts, beliefs and values; attachment relationships, impact of childhood events on personal/therapist function ¹²³ ● personal growth ²³ ● emotional resilience ² ● more 'authentic self' ² ● self-acceptance ¹²³ ● self-esteem ¹² ● self-care ²³ ● preventing burnout ¹ ● improved relationships ¹²³ ● job performance ² 	<ul style="list-style-type: none"> ● reduced mental health issues (stress, anxiety, depression, distress, anger, emotional regulation) ⁴⁶⁷⁸ ● increase in positive emotions ⁵⁶ ● mindful ⁵⁸ ● resilience ? ⁵⁸ ● self-acceptance ⁵⁷ ● self-compassion ⁴⁵⁶⁷ ● self-care ⁴⁵ ● reduced risk of burnout ? ⁸ ● improved relationships ⁵⁷⁸ ● job satisfaction and performance ⁸ 	<ul style="list-style-type: none"> ● reduced psychological distress – understand own problems and coping mechanisms, emotional processing of own problems ⁹¹⁰¹¹¹² ● mindful ⁹¹² ● psychological growth ⁹¹¹ ● personal values ¹⁰¹² ● self-acceptance ⁹ ● self-compassion (kindness) ¹² ● self-care ¹³
Self-Awareness	<ul style="list-style-type: none"> ● self-awareness ¹²³ ● self-understanding ¹²³ 	<ul style="list-style-type: none"> ● self-awareness ⁴⁵⁶⁸ 	<ul style="list-style-type: none"> ● self-awareness ⁹¹⁰¹¹¹²
Interpersonal Beliefs/Attitudes/Skills	<ul style="list-style-type: none"> ● empathy and sensitivity ¹²³ ● understanding of personal dynamics ¹² ● sensitized to interpersonal reactions of the client ¹ ● relate with warmth, respect, spontaneity, emotional responsiveness, genuineness, authenticity, patience, tolerance ³ ● resolve therapeutic impasses and problems ¹ ● establishes and manages self-other boundaries ²³ ● understand transference and countertransference ² ● use of self in therapy ¹ 	<ul style="list-style-type: none"> ● empathy: ability to experience and communicate felt sense of clients' inner experiences ⁴⁵⁶⁷⁸ ● more attuned to self and clients ⁴⁶ ● therapeutic presence ⁴⁷⁸ ● compassion for others ⁵⁸ ● greater tolerance to sit with silences ⁵⁶ ● increased ability to focus on interpersonal processes and client's experience ⁵⁶⁷⁸ ● reflective capacity ⁷ 	<ul style="list-style-type: none"> ● empathy – attunement and communication skills ⁹¹⁰¹¹¹² ● increased rapport, bond ⁹¹⁰¹¹¹² ● appreciation of how challenging therapy is for clients, more accepting of apparent resistance ⁹¹⁰¹¹ ● understanding of therapeutic relationship ⁹¹⁰¹¹¹² ● strategic self-disclosure to indicate "knowing" ⁹¹⁰ ● the importance of the collaborative relationship ⁹¹⁰ ● adapt therapy to the client's pace ¹⁰
Reflective skills	<ul style="list-style-type: none"> ● reflective capacity ¹²³ 	<ul style="list-style-type: none"> ● reflective capacity ⁷ 	<ul style="list-style-type: none"> ● reflection skills during and after sessions ⁹¹¹ ● reflective writing ⁹
Conceptual/technical skills	<ul style="list-style-type: none"> ● understanding therapeutic techniques ² ● procedural competence and therapeutic skilfulness ¹²³ 	<ul style="list-style-type: none"> ● increased capability for conceptualizing their client cases ⁷ 	<ul style="list-style-type: none"> ● better understand and communicate CBT model ⁹¹⁰¹¹ ● recognised importance of formulation, used it to drive techniques ⁹¹⁰ ● more aware of strengths and pitfalls of techniques ⁹¹⁰¹¹ ● implement techniques more flexibly and effectively ⁹¹⁰¹¹¹²
Therapist confidence	<ul style="list-style-type: none"> ● confidence in skills ²³ ● self-efficacy ³ 	<ul style="list-style-type: none"> ● self-efficacy ⁶ 	<ul style="list-style-type: none"> ● therapist confidence and perception of competence ⁹¹⁰¹¹²

Personal therapy references: ¹ Grimmer (2015), ² Murphy et al. (2018), ³ Rønnestad et al. (2016).
 Meditation references: ⁴ Bibeau et al. (2016), ⁵ Boellinghaus et al. (2014), ⁶ Davis and Hayes (2011), ⁷ Escurieux and Labbé (2011), ⁸ Lomas et al. (2018).
 Self-practice/self-reflection references: ⁹ Gale and Schröder (2014), ¹⁰ McGillivray et al. (2015), ¹¹ Thwaites et al. (2014), ¹² Pakenham (2015a), ¹³ Pakenham (2015b).

NB Multiple references supporting a particular impact (e.g. self-compassion in meditation programs) does not mean that this is a more supported research outcome. The references are all to review papers, which are often citing the same studies.

4.2.2.3. Interpersonal beliefs, attitudes and skills. Together with enhanced self-awareness, another invariant across every study of PPs is the impact on interpersonal beliefs/attitudes/skills (Gale & Schröder, 2014; Lomas et al., 2018; Murphy et al., 2018). Trainees or therapists who engage with PPs soon realise the discomfort, pain and challenge of addressing personal issues and making changes. Consequently, their understanding, respect, empathy and compassion for the pain and challenges their clients face typically increases significantly.

A plethora of changes in interpersonal beliefs/attitudes/skills are reported across the three PPs. This plethora of changes is matched by the plethora of concepts, models, terms and measures that have been used to describe these changes. Enhanced empathy is another reported outcome ubiquitous in the PP literature, but there is no generally agreed definition of empathy and a range of measures have been used (Elliott, Bohart, Watson, & Murphy, 2018).

A small sample of reported interpersonal changes from the PP literature are listed in interpersonal beliefs/attitudes/skills section in **Table 1**. Whether or not these changes are same or different across different PPs is uncertain. For instance, some terms (e.g. therapeutic presence) are used in one type of PP literature (meditation programs) (Boellinghaus, Jones, & Hutton, 2013; McCollum & Gehart, 2010), but not in the other two. In summary,

although changes in interpersonal attributes and skills are a constant feature in the PP literature, the absence of a common language or measures is hindering better understanding and targeting of which PPs may be most appropriate for which attributes and skills.

4.2.2.4. Reflective skills. The available evidence suggests that each of the PPs may enhance reflective capacity. However, only a few PP studies actually report on reflective capacity and the evidence is purely qualitative. To date, there has been no published quantitative measurement of reflective skill associated with PP training.

The PP model suggests that there are three components to reflection: personal self-reflection, therapist self-reflection and the reflective bridge (Bennett-Levy & Finlay-Jones, 2018). Reflection on the personal self is likely to vary considerably within and across PPs, and to be determined by factors such as the depth of focus (intensity) and conceptual frame of reference (e.g. noting thoughts as they pass, focusing on emotions or bodily feelings, addressing core schemas, countertransference reactions). Evidence suggests that SP/SR training may focus more explicitly on therapist self-reflection than the other PPs, with written reflections being a "crucial" part of this process (Gale & Schröder, 2014).

4.2.2.5. *Conceptual and technical skills.* The personal therapy literature is heavily focused on gains in the interpersonal domain and only refers in very general terms to gains in conceptual and technical skills (Rønnestad et al., 2016). Only one of the meditation reviews briefly mentions conceptual or technical gains, again in the most general of terms. This absence of comment is not surprising as meditation programs tend to make a clear distinction between initial self-experiential programs, and later teacher training programs which focus on developing conceptual and technical skills (Crane, Kuyken, Hastings, Rothwell, & Williams, 2010). However, two studies that have focused specifically on the translation of mindfulness to clinical skills did report conceptual/technical changes (Aggs & Bambling, 2010; Boecker & Doughty Horn, 2016).

In contrast, SP/SR programs explicitly aim to develop conceptual and technical skills, as well as interpersonal. Hence there is much more detailed information in the SP/SR literature about specific changes in a range of conceptual and technical competencies (Gale & Schröder, 2014; McGillivray et al., 2015; Thwaites et al., 2014), such as understanding and explaining the cognitive model in CBT or devising behavioural experiments.

Finally, it is also worth noting that although therapist confidence is not formally a part of the PP model, increasing confidence as a therapist is often reported following personal therapy or SP/SR (Gale & Schröder, 2014; McMahon & Hevey, 2017; Rønnestad et al., 2016; Stafford-Brown & Pakenham, 2012). Increase in therapist confidence after meditation programs is much less often reported, and may only be linked to programs that are more clinical skills-based (Aggs & Bambling, 2010; Boecker & Doughty Horn, 2016).

5. Comparing personal practice with conventional (non-PP) training strategies as methods to enhance characteristics of effective therapists

Having reviewed the characteristics of effective therapists, the PP model, and empirical research on PPs, the question arises: To what extent do the reported gains from PPs, and from conventional training strategies without a PP component (e.g. didactic reading or teaching, modelling, role-play), correspond to the reported characteristics of effective therapists? To date, no studies have directly compared PPs against conventional (non-PP) training strategies. However, a consideration of the literature leads to the following conclusions, summarized in Table 2:

Table 2
Suggested relationships between elements of therapist effectiveness, personal practices and conventional training strategies.

	Personal Therapy	Meditation	SP/SR	Conventional (non-PP) training strategies
Personal development and wellbeing				
Mental health/resilience	++	+	+	
Mindfulness	+	+++	++	
Self-care	++	++	+	
Burnout prevention	+?	+?		
Improved relationships	++	+		
Self-awareness	+++	+++	+++	
Interpersonal beliefs/attitudes/skills				
Facilitative Interpersonal Skills	+++	+++	+++	+
Empathy	+++	+++	+++	+
Reflective skills				
Personal Self-Reflection	+++	++	++	
Therapist Self-Reflection	+		+++	+++
Conceptual/technical				
Declarative understanding	+	+	++	+++
Procedural skills	+		++	+++
Therapist self-confidence	++	+	++	++

Blank = no reported impact; Number of pluses relate to the estimated extent of reported impact from + to +++.

5.1. Personal development and wellbeing

Therapist resilience and mindfulness have been associated with better therapeutic outcomes (Pereira et al., 2017), and burnout with worse outcomes (Delgado et al., 2018). Quality of therapists' personal lives is also reported to impact on the therapeutic alliance (Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013) and therefore probably on client outcomes. Logic suggests that it is inherently unlikely that training strategies without a PP component will address these personal attributes of therapists to any significant extent; nor is there any suggestion in the research literature that they do so. In contrast, there is some evidence that PPs may enhance mental health, resilience and mindfulness. At this stage there is little evidence for an impact on burnout prevention.

5.2. Self-awareness

All PPs are consistently reported to enhance self-awareness. It is hard to find any studies indicating whether non-PP training strategies have any impact on self-awareness, but it seems inherently unlikely that the impact would be equivalent to PP.

5.3. Interpersonal beliefs/attitudes/skills

As suggested by the Bennett-Levy, McManus, et al. (2009) survey of experienced therapists, the extant literature on the training of interpersonal skills consistently suggests the importance of self-experiential work and reflective practice in the development and honing of interpersonal skills (Bennett-Levy & Thwaites, 2007; Muran, Safran, Eubanks, & Gorman, 2018; Safran & Muran, 2000). There is evidence that basic counseling skills (e.g. attending, active listening, empathic communication) may be enhanced through training strategies such as microskills training which minimize personal components (Ridley, Kelly, & Mollen, 2011). However, when working with clients with complex emotions (Thwaites & Bennett-Levy, 2007), or when issues such as countertransference (Gelso & Perez-Rojas, 2017) and therapeutic ruptures are present (Muran et al., 2018), therapist self-awareness, capacity to monitor and regulate internal reactions, and self-reflective skills become critical (Bennett-Levy & Thwaites, 2007; Gelso & Perez-Rojas, 2017; Muran et al., 2018; Ridley et al., 2011). It is

perhaps reasonable to conclude that basic counseling skills may be enhanced by conventional (non-PP) training strategies. However, to work most effectively with complex clients, PP and self-reflective skills may be crucial.

5.4. Reflective skills

Following the PP model (Bennett-Levy & Finlay-Jones, 2018), if reflective skills are divided into personal self-reflection and therapist self-reflection, conventional training strategies may promote therapist self-reflection – for instance, therapist reflection on case formulation (Bennett-Levy, Thwaites, et al., 2009), but are less likely to promote personal self-reflection. PPs may differ in the extent to which they promote different forms of reflection. The focus of personal therapy on personal problems and personal growth (Orlinsky et al., 2011) make it likely to be particularly focused on personal self-reflection; in contrast, SP/SR has tended to use reflection on the personal self as a vehicle for therapist self-reflection (Thwaites et al., 2014), though recent iterations of SP/SR suggest it may be used for both (Bennett-Levy & Haarhoff, 2019; Farrell & Shaw, 2018; Pakenham, 2015a).

5.5. Conceptual and technical skills

The main strength of conventional training strategies lies in the training of conceptual and technical skills (Bennett-Levy, McManus, et al., 2009). Didactic teaching, reading, modelling, role-play and feedback, supplemented by supervision and deliberate practice, form the backbone of therapy training programs, and, provided that the “dose” is sufficient, typically show enhancement of conceptual and technical skills, with some impact on basic interpersonal skills (McManus, Westbrook, Vazquez-Montes, Fennell, & Kennerley, 2010).

Personal therapy and meditation programs may be relatively ineffective methods in enhancing conceptual/technical skills, unless specifically oriented to developing clinical skills (Aggs & Bambling, 2010).

In comparison, the relative strength of SP/SR is its explicit emphasis on bridging between the personal self and the therapist self. Conventional training strategies remain the best approach for learning the fundamentals, but the addition of SP/SR seems to result in “a deeper sense of knowing” concepts and techniques through experiencing the techniques from the inside (Bennett-Levy et al., 2001), and, in experienced therapists, better integration of the conceptual/technical with the interpersonal (Bennett-Levy, Lee, Travers, Pohlman, & Hamernik, 2003).

6. Discussion

In order to examine the role of PP in therapist skill development, this paper brings together research on therapist effects, characteristics of effective therapists, models of therapist skill development and PP, and research on the impact of PP training for therapists. This is not a paper that could have been written until recently – it features contemporary research on therapist effects and PPs with over 50% of the cited papers dating from the last five years.

The new landscape of PPs has produced PP alternatives to personal therapy such as SP/SR and meditation programs – alternatives that may fit rather better with the needs of therapy trainees, university training programs, and professional development programs for more advanced therapists. Furthermore, there are now theoretical models and empirical evidence from which to make choices. While there is an obvious need to strengthen that empirical evidence, the literature reviewed here suggests some clear avenues for further investigation.

To summarise the argument of this essay:

1. The therapist effects literature indicates that therapist differences

account for a small but significant amount of the variance in client outcomes (3–7% Baldwin & Imel, 2013, 5–8% Barkham et al., 2017). This variance is greater (up to 10%) with more complex clients.

2. The prime elements which differentiate effective therapists from ineffective are personal and interpersonal qualities and skills, in particular the relational qualities and skills associated with alliance-building and maintenance, and cognitive and emotional personal qualities such as resilience, mindfulness, tolerance of ambiguity, self-confidence, healthy self-doubt, capacity for self-reflection and self-awareness.
3. Therapist competency models need explicitly to recognise the importance of personal qualities, as well as interpersonal and conceptual/technical.
3. The primary reported impacts of PPs are on personal and interpersonal qualities and skills; specifically, personal development and wellbeing, self-awareness, interpersonal beliefs/attitudes/skills, and reflective skills. PPs that “cross the reflective bridge” may also enhance conceptual/technical skills.
4. There appears to be considerable correspondence between the characteristics of effective therapists and the reported impact of PPs. For instance, enhanced interpersonal beliefs/attitudes/skills and self-awareness are consistent outcomes of all PPs and mirror the kind of facilitative interpersonal skills and personal attributes (mindfulness/resilience), which are required to work effectively with clients with more severe problems.
5. Evidence suggests PPs and conventional (non-PP) training strategies look to be adapted for different purposes. Conventional training strategies are of great value for training conceptual/technical skills (Bennett-Levy, McManus, et al., 2009), but do not appear to be as well adapted as PPs for enhancing many of those personal and interpersonal therapist qualities associated with being an effective therapist.
6. We are at an early stage of determining which PPs are most effective for which types of attributes and skills.

Theory, and empirical evidence - and logic - suggest that the issue for therapist training and professional development is no longer *whether* PP should be included. Rather, the issue is: *what PPs to include for whom, when, under what conditions?* Here we are rather long on questions and short on answers. To address these questions, professional bodies and academic institutions need to support trainers and researchers to include PPs in their programs, and undertake good quality evaluative research.

At this stage, we can speculate that different PPs may differ in their relative effectiveness for different outcomes. For instance, it seems likely that personal therapy undertaken with a competent therapist may be the most effective PP for personal problems and in-depth personal development. Meditation-based programs may be the most effective strategies for developing mindfulness and self-compassion skills, particularly in the context of therapist self-care. SP/SR programs may be best adapted for skills-based therapy training programs, and may also play a role in therapist self-care. For the future, comparative research on the impact of different PPs would be most valuable.

It is also apparent that the PP needs of therapists are likely to differ according to their stage of development. For instance, meditation programs could be particularly valuable in the beginning stages of training before seeing clients as a stress reduction and perhaps burnout prevention measure (Finlay-Jones, Kane, & Rees, 2017). For novice therapists, SP/SR is best integrated with other teaching about therapeutic techniques, so that didactic teaching, modelling, role-play, feedback and SP/SR are experienced in close proximity (Bennett-Levy, Thwaites, et al., 2015; Farrand, Perry, & Linsley, 2010). Research on personal therapy suggests that while it is generally perceived by therapists as valuable, mandatory personal therapy can be quite problematic (Murphy et al., 2018). Personal therapy should be encouraged

for times when it is most appropriate for therapists' personal and professional development (Malikiosi-Loizos, 2013; Rønnestad et al., 2016). The PP model suggests there will be added professional benefits, if the therapist makes the bridge from their personal experience of therapy to their therapist self (Bennett-Levy & Finlay-Jones, 2018).

This article has focused on "pure PPs" in order to illustrate the impact of PPs and how this differs from conventional forms of training. However, PP can be - and often is - integrated with other forms of therapist development; for instance, SP/SR PP is often integrated with conventional forms of training (Farrand et al., 2010; Haarhoff, Gibson, & Flett, 2011). An excellent example of an integrated PP/conventional training program is alliance-focused training, which combines self-exploration, awareness exercises, and mindfulness with the opportunity to practice technical skills (Muran et al., 2018). The aim is to refine therapists' capacity to observe their internal experience in the face of therapeutic ruptures.

Clinical supervision may also touch on personal issues where self-care is an issue or where personal issues appear to impact on client outcomes, particularly in the context of interpersonal skills where supervisees may be blind to the difficulties they are creating (Bennett-Levy & Thwaites, 2007; Smith, Kliejn, & Hutschemaekers, 2007). However, available time for supervision and supervisor/supervisee boundary issues typically limit the capacity to address personal and interpersonal issues at the depth of "pure" PPs. For this reason, I would suggest that clinical supervision is rarely sufficient to be a standalone PP.

"Continuous self-reflection" is another form of PP which is certainly necessary for therapist skill development (Bennett-Levy, Thwaites, et al., 2009; Skovholt & Rønnestad, 2001); the extent to which it is sufficient remains an open question. Good reflective skills must encompass openness to feedback from clients, supervisors, personal therapists, SP/SR group members, mentors and friends, which provide the fodder for self-reflection (Bennett-Levy & Lee, 2014; Jennings & Skovholt, 1999; Lambert, 2010; Weck, Kaufmann, & Hofling, 2017). It may turn out that formal PPs are not necessary, if a strong self-reflective practice absorbs lessons from conventional training processes, clinical and life experience, and promotes personal and professional development. In this sense, the concept of personal practice may be too limiting. Perhaps we should be thinking more in terms of "personal, interpersonal and reflective practice"?

We are still at a very early stage in mapping the impact of PPs. There remain many issues. For instance, it should be noted that a minority of participants who undertake PPs report negative experiences (Bennett-Levy et al., 2001; Boellinghaus et al., 2013; Murphy et al., 2018). These need to be minimised. Several authors have suggested ways in which PPs may be more safely and effectively integrated into therapist training and professional development (Bennett-Levy & Lee, 2014; Murphy et al., 2018). This is an important focus for future research.

As previously suggested by many authors (Bennett-Levy & Finlay-Jones, 2018; Boellinghaus et al., 2014; Rønnestad et al., 2016), the research base for PPs requires considerable strengthening. We need to move beyond surveys and self-report to objective measures of therapist skill and, where possible, client outcomes. We need better definitions (e.g. of self-awareness, interpersonal skills) and measures that reflect these definitions (Bennett-Levy & Finlay-Jones, 2018; Pieterse et al., 2013). These are not simple issues, particularly because the primary impact of PPs appears to be on some of the least tangible and measurable aspects of the therapeutic endeavour such as self-awareness, self-reflection, attunement, and therapeutic presence (Bennett-Levy & Finlay-Jones, 2018). While I have focused on the best researched PPs for the purposes of this essay, there are also a range of other PPs – for instance, body-oriented (Christopher, 2006) or arts-based (Kirkcaldy, 2018) – that may be of value for therapists and worthy of research.

Stronger research designs are needed to bolster the evidence base. Multiple therapists/multiple clients designs would be a particularly strong way to test the impact of PPs on client outcomes (Castonguay &

Hill, 2017b). It would be helpful to test whether variables such as therapists' beliefs, attitudes and behaviours around PPs, self-reflection, self-awareness, self-compassion, and self-care are linked to client outcomes. Do exceptional therapists reflect more, place more emphasis on self-awareness and self-care and engage regularly and strategically in PPs? What about the differences in beliefs, attitudes and behaviours between effective and ineffective therapists? Are these beliefs, attitudes and behaviours related to therapist mindfulness, resilience, deliberate practice, and use of supervision? The work of Skovholt, Rønnestad, and colleagues (Nissen-Lie et al., 2013, 2017; Skovholt & Jennings, 2016; Skovholt & Rønnestad, 2001), and Barkham and colleagues (Barkham et al., 2017; Green et al., 2014) suggests that beliefs, attitudes and behaviours around personal/professional development might be important mediators of client outcomes.

Theory-driven hypotheses would also enhance the quality of PP research. Bennett-Levy and Finlay-Jones (2018) proposed five hypotheses to predict potential impacts of PPs, and possible differences between different PPs. These hypotheses are amenable to experimental testing. For instance, to compare a PP with a control (wait list) condition, a quasi-experimental design would be to offer an SP/SR program (or meditation program) to one group of clinical psychology students in their first semester, and to another group in their second semester and measure impact on personal, interpersonal and conceptual/technical skills and attributes across both semesters. Alternatively one group doing SP/SR might be compared with a supervision group focused on clinical case studies. Differences between different PPs could be tested by offering different types of programs (e.g. SP/SR vs. meditation program) to different groups, or testing differences within types of program (e.g. mindfulness vs. compassion programs, or CBT SP/SR vs. ACT SP/SR). If outcomes could include objective measures of therapist skill (e.g. ratings by experts), as well as self-report data, this would strengthen the findings. Although opportunities for randomisation in training research tend to be limited, it would be desirable, where possible, to conduct randomised controlled studies.

In sum, I have suggested in this essay that there is now a strong case to include PP in therapist training and professional development both to increase the numbers of highly effective therapists, and to answer the kind of questions which will further our capacity to do so. Specifically we need to know what kind of PP training, for whom, at what point in time, delivered by what method, alongside what other training, is most appropriate for therapists training in which particular therapy. We also need to work out how best to evaluate effectiveness, given the typical constraints of institutional demands (e.g. university course requirements, problem of comparison groups), the need to link type of training with therapist skills and client outcomes, and lack of research funding.

Although the PP research base is weak when assessed against gold standard research criteria, the degree of convergence in the reports of thousands of therapists who have undertaken different types of PP is consistent enough to suggest that there are real impacts, particularly in the personal and interpersonal domains. And it turns out that these are exactly the domains where conventional (non-PP) training strategies are at their weakest. In regard to PPs, we have two choices:

1. Either to hide behind the cloak of scientism (Peterson, 2004) and suggest that in the absence of gold standard research that demonstrates an impact of PPs on therapist skills and client outcomes, there is no basis for including PPs in therapist training and professional development.
2. Or we can acknowledge the difficulty of research in this domain; recognise the consistencies and growing convergent validity in therapists' reports, and the level of correspondence between the reported impacts of PPs and the key attributes and skills of the most effective therapists. This would enable us to move on from asking whether or not PPs are effective to *researching the value of different PPs in different contexts* (Bennett-Levy & Finlay-Jones, 2018; Macran & Shapiro, 1998; Wigg et al., 2011); and at the same time

developing progressively sophisticated measures to assess their impact.

As a final comment, in what used to be a large gap between clinical supervision and personal therapy there are now viable alternatives for therapists to walk the talk. What we wrote about SP/SR in 2003 may also now be applicable to meditation programs: “SP/SR may provide a safe, controlled alternative to personal therapy, which maximizes the benefits of personal experiential work and self-reflection for therapist development, while containing it within the context of training and academic courses.” (Bennett-Levy et al., 2003, pp. 155–6).

Conflicts of Interest

The author declares that there is no conflict of interest in relation to this paper

Acknowledgements:

Much appreciation to Jaime Delgado, Richard Thwaites, Chris Stevens and Judy Singer for their valuable feedback on an earlier draft of this essay; to Amy Finlay-Jones, collaborator in developing the Personal Practice model; and to James Hawkins who has influenced my thinking about effective therapists in important ways.

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

References

- Aggs, C., & Bambling, M. (2010). Teaching mindfulness to psychotherapists in clinical practice: The mindful therapy programme. *Counselling and Psychotherapy Research, 10*, 278–286. <https://doi.org/10.1080/14733145.2010.485690>.
- American Psychological Association (2012). Revised competency benchmarks in professional psychology. Retrieved from <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>.
- Anderson, T., Crowley, M. E., Himawan, L., Holmberg, J. K., & Uhlin, B. D. (2016a). Therapist facilitative interpersonal skills and training status: A randomized clinical trial on alliance and outcome. *Psychotherapy Research, 26*, 511–529. <https://doi.org/10.1080/10503307.2015.1049671>.
- Anderson, T., McClintock, A. S., Himawan, L., Song, X., & Patterson, C. L. (2016b). A prospective study of therapist facilitative interpersonal skills as a predictor of treatment outcome. *Journal of Consulting and Clinical Psychology, 84*, 57–66. <https://doi.org/10.1037/ccp0000060>.
- Anderson, T., Ogles, B. M., Patterson, C. L., Lambert, M. J., & Vermeersch, D. A. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*, 755–768. <https://doi.org/10.1002/jclp.20583>.
- Baldwin, S., & Imel, Z. E. (2013). Therapist effects: Findings and methods. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (pp. 258–297). (6th ed.). New York: Wiley.
- Barkham, M., Lutz, W., Lambert, M. J., & Saxon, D. (2017). Therapist effects, effective therapists, and the law of variability. In L. G. Castonguay, & C. E. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects*. Washington, DC: American Psychological Association.
- Beck, A. T., Freeman, A., & Associates (1990). *Cognitive therapy of personality disorders*. New York: Guilford.
- Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.
- Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy, 34*, 57–78. <https://doi.org/10.1017/S1352465805002420>.
- Bennett-Levy, J., & Finlay-Jones, A. (2018). The role of personal practice in therapist skill development: A model to guide therapists, educators, supervisors and researchers. *Cognitive Behaviour Therapy, 47*, 185–205. <https://doi.org/10.1080/16506073.2018.1434678>.
- Bennett-Levy, J., & Haarhoff, B. (2019). Why therapists need to take a good look at themselves: Self-practice/self-reflection as an integrative training strategy for evidence-based practices. In S. Dimidjian (Ed.), *Evidence-based practice in action* (New York: Guilford (in press)).
- Bennett-Levy, J., & Lee, N. (2014). Self-practice and self-reflection in cognitive behaviour therapy training: What factors influence trainees' engagement and experience of benefit? *Behavioural and Cognitive Psychotherapy, 42*, 48–64. <https://doi.org/10.1017/S1352465812000781>.
- Bennett-Levy, J., Lee, N., Travers, K., Pohlman, S., & Hamernik, E. (2003). Cognitive therapy from the inside: Enhancing therapist skills through practising what we preach. *Behavioural and Cognitive Psychotherapy, 31*, 145–163. <https://doi.org/10.1017/S1352465803002029>.
- Bennett-Levy, J., McManus, F., Westling, B., & Fennell, M. J. V. (2009a). Acquiring and refining CBT skills and competencies: Which training methods are perceived to be most effective? *Behavioural and Cognitive Psychotherapy, 37*, 571–583. <https://doi.org/10.1017/S135246580990270>.
- Bennett-Levy, J., & Thwaites, R. (2007). Self and self-reflection in the therapeutic relationship: A conceptual map and practical strategies for the training, supervision and self-supervision of interpersonal skills. In P. Gilbert, & R. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioural psychotherapies* (pp. 255–281). London: Routledge.
- Bennett-Levy, J., Thwaites, R., Chaddock, A., & Davis, M. (2009b). Reflective practice in cognitive behavioural therapy: The engine of lifelong learning. In J. Stedmon, & R. Dallos (Eds.), *Reflective practice in psychotherapy and counselling* (pp. 115–135). Maidenhead: Open University Press.
- Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015a). *Experiencing CBT from the inside out: A self-practice/self-reflection workbook for therapists*. New York: Guilford.
- Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy, 29*, 203–220.
- Bennett-Levy, J., Wilson, S., Nelson, J., Rotumah, D., Ryan, K., Budden, W., et al. (2015b). Spontaneous self-practice of CBT by aboriginal counsellors during and following CBT training: A retrospective analysis of facilitating conditions and impact. *Australian Psychologist, 50*, 329–334. <https://doi.org/10.1111/ap.12154>.
- Bibeau, M., Dionne, F., & Leblanc, J. (2016). Can compassion meditation contribute to the development of psychotherapists' empathy? A review. *Mindfulness, 7*, 255–263. <https://doi.org/10.1007/s12671-015-0439-y>.
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological therapists in training: The experience of practicing loving-kindness meditation. *Training and Education in Professional Psychology, 7*, 267–277. <https://doi.org/10.1037/A0033092>.
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2014). The role of mindfulness and loving-kindness meditation in cultivating self-compassion and other-focused concern in health care professionals. *Mindfulness, 5*, 129–138. <https://doi.org/10.1007/s12671-012-0158-6>.
- Boecker, L., & Doughty Horn, E. A. (2016). Increasing students' empathy and counseling self-efficacy through a mindfulness experiential small group. *Journal for Specialists in Group Work, 41*, 312–333. <https://doi.org/10.1080/01933922.2016.1232322>.
- Branson, A., Myles, P., Mahdi, M., & Shafran, R. (2018). The relationship between competence and patient outcome with low-intensity cognitive behavioural interventions. *Behavioural and Cognitive Psychotherapy, 46*, 101–114. <https://doi.org/10.1017/S1352465817000522>.
- Branson, A., Shafran, R., & Myles, P. (2015). Investigating the relationship between competence and patient outcome with CBT. *Behaviour Research and Therapy, 68*, 19–26. <https://doi.org/10.1016/j.brat.2015.03.002>.
- Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behavior Research and Therapy, 49*, 389–398. <https://doi.org/10.1016/j.brat.2011.03.009>.
- British Psychological Society (2016). Standards for the accreditation of Doctoral programmes in clinical psychology. Retrieved from <http://www.bps.org.uk/careers-education-training/accredited-courses-training-programmes/useful-accreditation-documents/clinical-psychology/clinical-psychology>.
- Burgess, S., Rhodes, P., & Wilson, V. (2013). Exploring the in-session reflective capacity of clinical psychology trainees: An interpersonal process recall study. *Clinical Psychologist, 17*, 122–130. <https://doi.org/10.1111/cp.12014>.
- Burns, D. D., & Auerbach, A. (1996). *Therapeutic empathy in cognitive-behavioral therapy: Does it really make a difference?* In P. M. Salkovskis (Ed.), *Frontiers of cognitive therapy* (pp. 135–164). New York: Guilford.
- Castonguay, L. G., & Hill, C. E. (2017a). *How and why are some therapists better than others? Understanding therapist effects*. Washington, DC: American Psychological Association.
- Castonguay, L. G., & Hill, C. E. (2017b). Therapist effects: Integration and conclusions. In L. G. Castonguay, & C. E. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (pp. 325–341). Washington, DC: American Psychological Association.
- Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy, 52*, 337–345. <https://doi.org/10.1037/pst0000015>.
- Christopher, J. C. (2006). Teaching self-care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology, 46*, 494–509. <https://doi.org/10.1177/0022167806290215>.
- Cologon, J., Schweitzer, R. D., King, R., & Nolte, T. (2017). Therapist reflective functioning, therapist attachment style and therapist effectiveness. *Administration and Policy in Mental Health and Mental Health Services Research, 44*, 614–625. <https://doi.org/10.1007/s10488-017-0790-5>.
- Crane, R. S., Kuyken, W., Hastings, R. P., Rothwell, N., & Williams, J. M. G. (2010). Training teachers to deliver mindfulness-based interventions: Learning from the UK experience. *Mindfulness, 1*, 74–86. <https://doi.org/10.1007/s12671-010-0010-9>.
- Davis, D. M., & Hayes, J. A. (2011). What are the benefits of mindfulness? A practice review of psychotherapy-related research. *Psychotherapy, 48*, 198–208. <https://doi.org/10.1037/a0022062>.
- Davis, M. L., Thwaites, R., Freeston, M. H., & Bennett-Levy, J. (2015). A measurable impact of a self-practice/self-reflection programme on the therapeutic skills of experienced cognitive-behavioural therapists. *Clinical Psychology & Psychotherapy, 22*, 176–184. <https://doi.org/10.1002/cpp.1884>.
- Delgado, J., Saxon, D., & Barkham, M. (2018). Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. *Depression and Anxiety, 35*, 844–850. <https://doi.org/10.1002/da.22766>.
- Dobson, K. S., & Shaw, B. F. (1993). The training of cognitive therapists: What have we

- learned from treatment manuals? *Psychotherapy*, 30, 573–577.
- Donati, M., & Watts, M. (2005). Personal development in counsellor training: Towards a clarification of inter-related concepts. *British Journal of Guidance and Counselling*, 33, 475–484. <https://doi.org/10.1080/03069880500327553>.
- Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy*, 55, 399–410. <http://dx.doi.org/10.1037/pst0000175>.
- Escurix, B. F., & Labbé, E. E. (2011). Health care providers' mindfulness and treatment outcomes: A critical review of the research literature. *Mindfulness*, 2, 242–253. <https://doi.org/10.1007/s12671-011-0068-z>.
- Farrand, P., Perry, J., & Linsley, S. (2010). Enhancing Self-Practice/Self-Reflection (SP/SR) approach to cognitive behaviour training through the use of reflective blogs. *Behavioural and Cognitive Psychotherapy*, 38, 473–477. <https://doi.org/10.1017/S1352465810000238>.
- Farrell, J. M., & Shaw, I. A. (2018). *Experiencing schema therapy from the inside out: A self-practice/self-reflection workbook for therapists*. New York: Guilford.
- Finlay-Jones, A., Kane, R., & Rees, C. (2017). Self-compassion online: A pilot study of an internet-based self-compassion cultivation program for psychology trainees. *Journal of Clinical Psychology*, 73, 797–816. <https://doi.org/10.1002/jclp.22375>.
- Firth, N., Barkham, M., Kelleth, S., & Saxon, D. (2015). Therapist effects and moderators of effectiveness and efficiency in psychological wellbeing practitioners: A multilevel modelling analysis. *Behaviour Research and Therapy*, 69, 54–62. <https://doi.org/10.1016/j.brat.2015.04.001>.
- Fisher, P., Chew, K., & Leow, Y. J. (2015). Clinical psychologists' use of reflection and reflective practice within clinical work. *Reflective Practice*, 16, 731–743. <https://doi.org/10.1080/14622394.2015.1095724>.
- Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55, 316–340. <http://dx.doi.org/10.1037/pst0000172>.
- Freud, S. (1910/57). The future prospects of psychoanalytic therapy. In J. Strachey (Ed.), *Complete psychological works of Sigmund Freud*. London: Hogarth Press.
- Gale, C., & Schröder, T. (2014). Experiences of self-practice/self-reflection in cognitive behavioural therapy: A meta-synthesis of qualitative studies. *Psychology and Psychotherapy: Theory, Research and Practice*, 87, 373–392. <https://doi.org/10.1111/papt.12026>.
- Gelso, C. J., & Perez-Rojas, A. E. (2017). Inner experience and the good therapist. In L. G. Castonguay, & C. E. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects*. Washington, DC: American Psychological Association.
- Gilbert, P., & Leahy, R. (Eds.). (2007). *The therapeutic relationship in the cognitive behavioural therapies*. London: Routledge.
- Gold, S. H., & Hilsenroth, M. J. (2009). Effects of graduate clinicians' personal therapy on therapeutic alliance. *Clinical Psychology & Psychotherapy*, 16, 159–171. <https://doi.org/10.1002/cpp.612>.
- Gold, S. H., Hilsenroth, M. J., Kuutmann, K., & Owen, J. J. (2015). Therapeutic alliance in the personal therapy of graduate clinicians: Relationship to the alliance and outcomes of their patients. *Clinical Psychology & Psychotherapy*, 22, 304–316. <https://doi.org/10.1002/cpp.1888>.
- Green, H., Barkham, M., Kelleth, S., & Saxon, D. (2014). Therapist effects and IAPT psychological wellbeing practitioners (PWPs): A multilevel modelling and mixed methods analysis. *Behaviour Research and Therapy*, 63, 43–54. <https://doi.org/10.1016/j.brat.2014.08.009>.
- Grepmaier, L., Mitterlehner, F., Loew, T., Bachler, E., Rother, W., & Nickel, M. (2007). Promoting mindfulness in psychotherapists in training influences the treatment results of their patients: A randomized, double-blind, controlled study. *Psychotherapy and Psychosomatics*, 76, 332–338. <https://doi.org/10.1159/000107560>.
- Grimmer, A. (2015). Personal therapy for therapists: Professional and ethical issues. In R. Tribe, & J. Morrissey (Eds.), *Handbook of professional and ethical practice for psychologists, counsellors and psychotherapists* (pp. 256–267). (2nd ed.). New York: Routledge/Taylor & Francis Group.
- Haarhoff, B., Gibson, K., & Flett, R. (2011). Improving the quality of cognitive behaviour therapy case conceptualization: The role of self-practice/self-reflection. *Behavioural and Cognitive Psychotherapy*, 39, 323–339. <https://doi.org/10.1017/S1352465810000871>.
- Henry, W. P., Schacht, T. E., Strupp, H. H., Butler, S. F., & Binder, J. L. (1993). Effects of training in time-limited dynamic psychotherapy: Mediators of therapists' responses to training. *Journal of Consulting and Clinical Psychology*, 61, 441–447.
- Huijbers, M. J., Crane, R. S., Kuyken, W., Heijke, L., van den Hout, I., Donders, A. R. T., et al. (2017). Teacher competence in mindfulness-based cognitive therapy for depression and its relation to treatment outcome. *Mindfulness*, 8, 960–972. <https://doi.org/10.1007/s12671-016-0672-z>.
- Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology*, 46, 3–11.
- Kaeding, A., Sougleris, C., Reid, C., van Vreeswijk, M. F., Hayes, C., Dorrian, J., et al. (2017). Professional burnout, early maladaptive schemas, and physical health in clinical and counselling psychology trainees. *Journal of Clinical Psychology*, 73, 1782–1796. <https://doi.org/10.1002/jclp.22485>.
- Kazantzis, N., Luong, H. K., Usatoff, A. S., Impala, T., Yew, R. Y., & Hofmann, S. G. (2018). The processes of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 42, 349–357. <https://doi.org/10.1007/s10608-018-9920-y>.
- Kirkcaldy, B. (Ed.). (2018). *Psychotherapy, literature and the visual and performing arts*. Cham, Switzerland: Palgrave MacMillan.
- Koddebusch, C., & Hermann, C. (2018). A proposed conceptualization of therapeutic competence: The three level model. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 21, 12–23. <https://doi.org/10.4081/ripppo.2018.286>.
- Kolts, R., Bell, T., Bennett-Levy, J., & Irons, C. (2018). *Experiencing compassion-focused therapy from the inside out: A self-practice/self-reflection workbook for therapists*. New York: Guilford.
- Kuyken, W., & Tsivrikos, D. (2009). Therapist competence, comorbidity and cognitive-behavioral therapy for depression. *Psychotherapy and Psychosomatics*, 78, 42–48. <https://doi.org/10.1159/000172619>.
- Lambert, M. J. (2010). *Prevention of treatment failure: The use of measuring, monitoring, and feedback in clinical practice*. Washington, DC: American Psychological Association.
- Lomas, T., Medina, J. C., Ivtzan, I., Ruppel, S., & Eiroa-Orosa, F. J. (2018). A systematic review of the impact of mindfulness on the well-being of healthcare professionals. *Journal of Clinical Psychology*, 74, 319–355. <https://doi.org/10.1002/jclp.22515>.
- Lorenzo-Luaces, L., & DeRubeis, R. J. (2018). Miles to go before we sleep: Advancing the understanding of psychotherapy by modeling complex processes. *Cognitive Therapy and Research*, 42, 212–217. <https://doi.org/10.1007/s10608-018-9893-x>.
- Macran, S., & Shapiro, D. (1998). The role of personal therapy for therapists: A review. *British Journal of Medical Psychology*, 71, 13–25.
- Malikiosi-Loizos, M. (2013). Personal therapy for future therapists: Reflections on a still debated issue. *The European Journal of Counselling Psychology*, 2, 33–50. <https://doi.org/10.5964/ejcp.v2i1.4>.
- Manning-Jones, S., de Terte, I., & Stephens, C. (2016). Secondary traumatic stress, vicarious posttraumatic growth, and coping among health professionals: A comparison study. *New Zealand Journal of Psychology*, 45, 20–29.
- McCollum, E. E., & Gehart, D. R. (2010). Using mindfulness meditation to teach beginning therapists therapeutic presence: A qualitative study. *Journal of Marital and Family Therapy*, 36, 347–360. <https://doi.org/10.1111/j.1752-0606.2010.00214.x>.
- McGillivray, J., Gurtman, C., Boganin, C., & Sheen, J. (2015). Self-practice and self-reflection in training of psychological interventions and therapist skills development: A qualitative meta-synthesis review. *Australian Psychologist*, 50, 434–444. <https://doi.org/10.1111/ap.12158>.
- McMahon, A., & Hevey, D. (2017). "It has taken me a long time to get to this point of quiet confidence": What contributes to therapeutic confidence for clinical psychologists? *Clinical Psychology*, 21, 195–205. <https://doi.org/10.1111/cp.12077>.
- McManus, F., Westbrook, D., Vazquez-Montes, M., Fennell, M., & Kennerly, H. (2010). An evaluation of the effectiveness of diploma-level training in cognitive behaviour therapy. *Behaviour Research and Therapy*, 48, 1123–1132. <https://doi.org/10.1016/j.brat.2010.08.002>.
- Meichenbaum, D., & Lilienfeld, S. O. (2018). How to spot hype in the field of psychotherapy: A 19-item checklist. *Professional Psychology: Research and Practice*, 49, 22–30. <https://doi.org/10.1037/pro0000172>.
- Mikulincer, M., Shaver, P. R., & Berant, E. (2013). An attachment perspective on therapeutic processes and outcomes. *Journal of Personality*, 81, 606–616. <https://doi.org/10.1111/j.1467-6494.2012.00806.x>.
- Mowrer, O. H. (1951). Training in psychotherapy. *Journal of Consulting Psychology*, 15, 274–277.
- Muran, J. C., Safran, J. D., Eubanks, C. F., & Gorman, B. S. (2018). The effect of alliance-focused training on a cognitive-behavioral therapy for personality disorders. *Journal of Consulting and Clinical Psychology*, 86, 384–397. <https://doi.org/10.1037/ccp0000284>.
- Murphy, D., Irfan, N., Barnett, H., Castledine, E., & Enescu, L. (2018). A systematic review and meta-synthesis of qualitative research into mandatory personal psychotherapy during training. *Counselling and Psychotherapy Research*, 18, 199–214. <https://doi.org/10.1002/capr.12162>.
- Nienhuis, J. B., Owen, J., Valentine, J. C., Winkeljohn Black, S., Halford, T. C., Parazak, S. E., & Hilsenroth, M. (2018). Therapeutic alliance, empathy, and genuineness in individual adult psychotherapy: A meta-analytic review. *Psychotherapy Research*, 28, 593–605. <https://doi.org/10.1080/10503307.2016.1204023>.
- Nissen-Lie, H. A., Havik, O. E., Høglend, P. A., Monsen, J. T., & Rønnestad, M. H. (2013). The contribution of the quality of therapists' personal lives to the development of the working alliance. *Journal of Counseling Psychology*, 60, 483–495. <https://doi.org/10.1037/a0033643>.
- Nissen-Lie, H. A., Rønnestad, M. H., Høglend, P. A., Havik, O. E., Solbakken, O. A., Stiles, T. C., et al. (2017). Love yourself as a person, doubt yourself as a therapist? *Clinical Psychology & Psychotherapy*, 24, 48–60. <https://doi.org/10.1002/cpp.1977>.
- Odyniec, P., Probst, T., Margraf, J., & Willutzki, U. (2019). Psychotherapist trainees' professional self-doubt and negative personal reaction: Changes during cognitive behavioral therapy and association with patient progress. *Psychotherapy Research*. <https://doi.org/10.1080/10503307.2017.1315464> (in press).
- Okiishi, J. C., Lambert, M. J., Nielsen, S. L., & Ogles, B. M. (2003). Waiting for super-shrink: An empirical analysis of therapist effects. *Clinical Psychology & Psychotherapy*, 10, 361–373. <https://doi.org/10.1002/cpp.383>.
- Orlinsky, D. E., Schofield, M. J., Schroder, T., & Kazantzis, N. (2011). Utilization of personal therapy by psychotherapists: A practice-friendly review and a new study. *Journal of Clinical Psychology: In Session*, 67, 828–842. <https://doi.org/10.1002/jclp.20821>.
- Pakenham, K. I. (2015a). Effects of Acceptance and Commitment Therapy (ACT) training on clinical psychology trainee stress, therapist skills and attributes, and ACT processes. *Clinical Psychology & Psychotherapy*, 22, 647–655. <https://doi.org/10.1002/cpp.1924>.
- Pakenham, K. I. (2015b). Training in acceptance and commitment therapy fosters self-care in clinical psychology trainees. *Clinical Psychologist*, 21, 186–194. <https://doi.org/10.1111/cp.12062>.
- Peebles, M. (1980). Personal therapy and ability to display empathy, warmth, and genuineness in psychotherapy. *Psychotherapy Theory Research and Practice*, 17, 258–262.
- Pereira, J. A., Barkham, M., Kelleth, S., & Saxon, D. (2017). The role of practitioner resilience and mindfulness in effective practice: A practice-based feasibility study. *Administration and Policy in Mental Health and Mental Health Services Research*, 44, 691–704. <https://doi.org/10.1007/s10488-016-0747-0>.

- Peterson, D. R. (2004). Science, scientism, and professional responsibility. *Clinical Psychology: Science and Practice*, 11, 196–210.
- Pieterse, A. L., Lee, M., Ritmeester, A., & Collins, N. M. (2013). Towards a model of self-awareness development for counselling and psychotherapy training. *Counselling Psychology Quarterly*, 26, 190–207. <https://doi.org/10.1080/09515070.2013.793451>.
- Ridley, C. R., Kelly, S. M., & Mollen, D. (2011). Microskills training: Evolution, reexamination, and call for reform. *The Counseling Psychologist*, 39, 800–824. <https://doi.org/10.1177/0011000010378438>.
- Rønnestad, M. H., Orlinsky, D. E., & Wiseman, H. (2016). Professional development and personal therapy. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Vol. Eds.), *Handbook of clinical psychology: Vol. 5*, (pp. 223–235). Washington, DC: American Psychological Association.
- Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner. Growth and stagnation of therapists and counselors*. New York: Routledge.
- Roth, A. D., & Pilling, S. (2008). Using an evidence-based methodology to identify the competencies required to deliver effective cognitive and behavioural therapy for depression and anxiety disorders. *Behavioural and Cognitive Psychotherapy*, 36, 129–147.
- Rousmaniere, T. (2017). *Deliberate practice for psychotherapists*. New York: Routledge.
- Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford.
- Sandell, R., Carlsson, J., Schubert, J., Grant, J., Lazar, A., & Broberg, J. (2006). Therapists' therapies: The relation between training therapy and patient change in long-term psychotherapy and psychoanalysis. *Psychotherapy Research*, 16, 306–316. <https://doi.org/10.1080/10503300500273110>.
- Saxon, D., & Barkham, M. (2012). Patterns of therapist variability: Therapist effects and the contribution of patient severity and risk. *Journal of Consulting and Clinical Psychology*, 80, 535–546. <https://doi.org/10.1037/a0028898>.
- Schöttke, H., Flückiger, C., Goldberg, S. B., Eversmann, J., & Lange, J. (2017). Predicting psychotherapy outcome based on therapist interpersonal skills: A five-year longitudinal study of a therapist assessment protocol. *Psychotherapy Research*, 27, 642–652. <https://doi.org/10.1080/10503307.2015.1125546>.
- Shafranske, E. P., & Falender, C. A. (2008). Supervision addressing personal factors and countertransference. In C. A. Falender, & E. P. Shafranske (Eds.), *Casebook for clinical supervision: A competency-based approach* (pp. 97–120). Washington, DC: American Psychological Association.
- Simionato, G. K., & Simpson, S. (2018). Personal risk factors associated with burnout among psychotherapists: A systematic review of the literature. *Journal of Clinical Psychology*, 74, 1430–1431. <https://doi.org/10.1002/jclp.22615>.
- Skovholt, T. M., & Jennings, L. (Eds.). (2016). *Master therapists: Exploring expertise in therapy and counseling* (10th Anniversary Edition). New York: Oxford University Press.
- Skovholt, T. M., & Rønnestad, M. H. (2001). The long, textured path from novice to senior practitioner. In T. M. Skovholt (Ed.), *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals* (pp. 25–54). Boston: Allyn and Bacon.
- Skovholt, T. M., Rønnestad, M. H., & Jennings, L. (1997). The search for expertise in counseling, psychotherapy, and professional psychology. *Educational Psychology Review*, 9, 361–369.
- Smith, A. J. M., Kliejn, W. C., & Hutschemaekers, G. J. M. (2007). Therapist reactions in self-experienced difficult situations: An exploration. *Counselling and Psychotherapy Research*, 7, 34–41.
- Stafford-Brown, J., & Pakenham, K. I. (2012). The effectiveness of an ACT informed intervention for managing stress and improving therapist qualities in clinical psychology trainees. *Journal of Clinical Psychology*, 68, 592–613. <https://doi.org/10.1002/jclp.21844>.
- Stevenson, J. C., Emerson, L. M., & Millings, A. (2017). The relationship between adult attachment orientation and mindfulness: A systematic review and meta-analysis. *Mindfulness*, 8, 1438–1455. <https://doi.org/10.1007/s12671-017-0733-y>.
- Thwaites, R., & Bennett-Levy, J. (2007). Conceptualizing empathy in cognitive therapy: Making the implicit explicit. *Behavioural and Cognitive Psychotherapy*, 35, 591–612. <https://doi.org/10.1017/S1352465807003785>.
- Thwaites, R., Bennett-Levy, J., Davis, M., & Chaddock, A. (2014). Using self-practice and self-reflection (SP/SR) to enhance CBT competence and meta-competence. In A. Whittington, & N. Grey (Eds.), *How to become a more effective CBT therapist: Mastering metacompetence in clinical practice* (pp. 241–254). Chichester: Wiley-Blackwell.
- Trepka, C., Rees, A., Shapiro, D., Hardy, G., & Barkham, M. (2004). Therapist competence and outcome of cognitive therapy for depression. *Cognitive Therapy and Research*, 10, 19–30.
- Webb, C. A., DeRubeis, R. J., & Barber, J. P. (2010). Therapist adherence/competence and treatment outcome: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78, 200–211. <https://doi.org/10.1037/a0018912.suppl>.
- Weck, F., Kaufmann, Y. M., & Hofling, V. (2017). Competence feedback improves CBT competence in trainee therapists: A randomized controlled pilot study. *Psychotherapy Research*. <https://doi.org/10.1080/10503307.2015.1132857> (in press).
- Westra, H. A., Aviram, A., Connors, L., Kertes, A., & Ahmed, M. (2012). Therapist emotional reactions and client resistance in cognitive behavioral therapy. *Psychotherapy*, 49, 163–172. <https://doi.org/10.1037/a0023200>.
- Westwood, S., Morison, L., Allt, J., & Holmes, N. (2017). Predictors of emotional exhaustion, disengagement and burnout among improving access to psychological therapies (IAPT) practitioners. *Journal of Mental Health*, 26, 172–179. <https://doi.org/10.1080/09638237.2016.1276540>.
- Wigg, R., Cushman, D., & Neal, A. (2011). Personal therapy for therapists and trainees: A theory of reflective practice from a review of the literature. *Reflective Practice*, 12, 347–359. <https://doi.org/10.1080/14623943.2011.571866>.
- Wolf, A. W., Goldfried, M. R., & Muran, C. J. (2017). Therapist negative reactions: How to transform toxic experiences. In L. G. Castonguay, & C. E. Hill (Eds.), *How and why are some therapists better than others? Understanding therapist effects* (pp. 175–192). Washington, DC: American Psychological Association.
- Young, T. L., Reysen, R., Eskridge, T., & Ohrt, J. H. (2013). Personal growth groups: Measuring outcome and evaluating impact. *Journal for Specialists in Group Work*, 38, 52–67. <https://doi.org/10.1080/01933922.2012.745915>.
- Zilcha-Mano, S., & Errazuriz, P. (2015). One size does not fit all: Examining heterogeneity and identifying moderators of the alliance-outcome association. *Journal of Counseling Psychology*, 62, 579–591. <https://doi.org/10.1037/cou0000103>.