Honing cognitive behaviour therapy skills through experiential learning

Wendy Turton describes a series of student workshops that applied cognitive behaviour methods to students’ own lives to foster an understanding of the theory behind the practice.

Abstract

Learning to ‘do’ therapy is more than knowing the theory if real understanding, confidence and competence are to develop. One method of learning cognitive behaviour therapy, based on Kolb’s (1984) work, involves a cycle of role play, concrete experience and reflection, based on and leading back to the theory. This strategy was followed in student workshops at the University of Southampton during the first module of their Improving Access to Psychological Therapies (IAPT) postgraduate training.

Keywords

Cognitive behaviour therapy, experience, learning cycle

In the UK, since the development of the national Improving Access to Psychological Therapies programme (IAPT 2011), many mental health nurses have moved from more traditional mental health nursing roles to train as cognitive behaviour therapists (CBT) therapists with IAPT services. The training is a three-module, post-qualification or equivalent, nine-month course in evidence-based CBT for adults with anxiety disorders or depression. There is a well-defined national curriculum for each module:

- Fundamentals of CBT.
- CBT for anxiety disorders.
- CBT for depression.

The competencies required have also been defined and mapped by Roth and Pilling (2007).

The first module aims to ‘level the playing field’ or to align the psychotherapeutic skills, knowledge and understanding among a diverse group of students and to direct further learning. It includes the CBT evidence base and theory for mild to moderate anxiety disorders and depression in adulthood, and skills acquisition for CBT in clinical practice. There is an expert clinical supervision framework that runs concurrently with the teaching throughout the course.

I have been the lead for this module at the University of Southampton since it began in 2009. Theory is taught in parallel with ‘doing’ CBT and reflection on what it is to be engaged in a psychotherapeutic process.

When I began to design the ‘Fundamentals of CBT’ module for our first IAPT intake of students, the learning objective that intrigued me was ‘demonstrating insightful knowledge of CBT and an ability to identify own values and beliefs, and CBT’s application to [the students] lives’ (IAPT 2011). Experiential learning was recommended as an educative method to provide opportunities to apply cognitive behaviour techniques to the students’ own lives.

Learning through ‘doing’

The idea of learning how to ‘do’ psychological therapy by receiving therapy is long-standing and, in most psychotherapy training courses, some form of personal therapy is standard. This has not been the case historically in CBT training. The main proponents of supplementing learning through ‘doing’ in the 1990s were Judith Beck (1995), the daughter of the so-called father of CBT, Aaron Beck (1976), and Christine Padesky, Aaron Beck’s one-time doctoral student. She suggested that ‘to fully
understand the process of the therapy, there is no substitute for using cognitive therapy methods on oneself" (Padesky 1996).

Bennett-Levy and colleagues (2001, 2006, 2007, 2009) termed this ‘self-practice’ and ‘self-reflection’ – usually through clinical supervision – and found that these two activities enhanced therapeutic understandings, the cognitive model and the change processes.

The fundamentals module at the University of Southampton teaches the core elements of psychotherapeutic engagement as well as CBT-specific techniques, and a key learning outcome is for students to appreciate the perspective of a recipient of CBT, which in turn allows them to consider a client’s view of a therapist. This learning is a key component in the development of both meta-competencies of psychotherapeutic delivery (Roth and Pilley 2007) and the ability to develop a shared understanding of the client experience, going beyond content to awareness of therapeutic processes.

Kolb’s cycle
Kolb’s (1984) experiential learning model offers an appropriate four-domain learning cycle that includes procedural and perceptual learning, and critical reflection. The learning process can be started from any domain in the circular framework but then should follow the sequence covering all four (Figure 1). This strategy can accommodate different experiential learning styles and preferences, and perhaps encourage the use of less familiar methods as well.

Kolb’s cycle informed the training that I designed. Experiential learning was planned to run throughout the first module of the diploma course as weekly, half-day workshops. Students were guided to choose a personal, but non-clinical, issue they were prepared to explore that had a relatively low emotional charge, yet was sufficiently irritating or interfering to motivate them to work towards change. Suggestions offered included repeated patterns of ineffectual behaviour or an unachieved small life goal or change - CBT is all about facilitating change, and the challenges involved in this had to be appreciated by the students. Their choices ranged from wanting to visit the gym more regularly, reducing their fear of spiders or changing their eating patterns, to tackling irritating interpersonal dialogues. It was stressed that issues needed to be thought through carefully, as any problem might be underpinned by unexpectedly powerful cognitions and emotions that could be difficult to manage in such a setting.

Roles
Trainees were assigned to groups of three, and each undertook three roles in rotation: CBT therapist, CBT recipient or CBT observer. The workshops mirrored the theoretical teaching from the previous day, and moved through assessment of the issue suggested, its formulation, the application of a simple change method and finally the collaborative development of a ‘staying well’ plan.

As each workshop unfolded, following each therapist-recipient CBT interaction (active experimentation) there was a feedback opportunity (concrete experience) and a tripartite reflective discussion (reflection). Each student was required to keep a reflective diary about the sessions, including using the therapeutic activities and outcomes to illustrate a conceptual understanding of the theory and application of CBT (abstract conceptualisation). The final component of the workshop was an evaluation of how the experience might influence future practice as a CBT therapist. A written assignment completed the activity.

Thus abstract conceptualisation developed from the lectures preceding the workshop, which supplied active experimentation. Following each practical exercise the task was explored - concrete experience...
- leading to critical reflection. Then the theoretical framework was revisited, and so the cycle continued.

Questions guiding the cycle included:

- **Active experimentation** Skill development in practical CBT delivery begins here. How do I apply my knowledge of CBT to a ‘real-life’ psychotherapeutic intervention? What should I be aware of? What generic and CBT-specific psychotherapeutic competencies should I be using? What about IAPT/CBT meta-competencies?

- **Concrete experience** A deconstruction process is under way. What did I notice about myself in the role of therapist as I engaged in the activity? What response did I notice in my ‘client’? What did I notice about myself as a receiver of CBT? What did I notice from the task itself?

- **Reflection** The search for meaning and understanding begins. What did I learn about myself, CBT, being a recipient and being a therapist, from actually doing the task? How will what I have learned influence me as a CBT therapist? How will I carry this knowledge and awareness into my sessions?

- **Abstract conceptualisation** Assimilating experiential, reflective learning into the knowledge framework starts here. How does my experience on all levels fit with the theoretical underpinning of CBT? Is there a CBT vocabulary to explain my experiences and learning?

**Outcome**

The workshops were an opportunity to practise, give and receive feedback on, and hone CBT psychotherapeutic skills. The experiential exercise allowed for: safe peer practice in agenda setting; use of feedback and summary; collaboration and interpersonal skills (verbal and non-verbal); conceptual analysis and integration; and adherence and inter-session work (Blackburn et al 2001). All these are believed to add to the effectiveness of CBT interventions. The exercise robustly supports the fundamentals module in working towards the IAPT-required generic and CBT-specific competencies and meta-competencies (Roth and Pilling 2007).

This kind of learning mirrors a skilled CBT session, where the therapist works with the client to deconstruct the problem, explore it for meaning, apply the CBT framework and collaboratively design ‘experimentation’ to progress towards understanding and change.

Feedback about this initiative, informal and from the written assignment, has been consistently positive (see, for example, Price 2011), but it may now be time to move forward. Bennett-Levy (2006) has produced a framework for learning psychotherapy that defines the acquisition of declarative knowledge and procedural knowledge, which are enhanced by reflection. Further research (Bennett-Levy et al 2009) confirmed that progress in such self-experiential work and reflective practice improves interpersonal skills as well.

For now though, use of and support for Kolb’s seminal model remains (Fennell 2010). Indeed it could be used more frequently in, for example, pre-registration mental health nurse training to address psychotherapeutic skill development in nurses, which is, of course, a basic requirement of effective mental health nursing.

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**References**


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**Conflict of interest**

None declared