

Self-Practice Self Reflection Aids Student Psychiatric Nurse Cognitive and Behavioural Therapy Competency Development: A small-scale Qualitative Investigation

John Roberts*

Faculty of Social Work, Higher Colleges of Technology, Abu Dhabi, United Arab Emirates

***Corresponding Author:** John Roberts, Faculty of Social Work, Higher Colleges of Technology, Abu Dhabi, United Arab Emirates.

Received: March 03, 2019; **Published:** May 30, 2019

Abstract

Self Practice-Self Reflection (SP-SR) of Cognitive and Behavioural skills or tools leads to increased trainee competence and satisfaction with course materials. In this paper assessment of the utility of using SP-SR on a Year Two Psychiatric Nurse cognitive behavioural assessment and formulation skills module is presented. Using a grounded theory approach the aim of the paper was to assess the use SP-SR from the perspective of staff and students. Both Staff on the programme and students on the module were included in the data. Method: Five members of staff were interviewed using a semi structured interview format. Four student focus groups were held where members were introduced to structured stimulus triggers. Data analysis using NVIVO took place afterwards. Through inductive reasoning, core categories or themes were identified. Results summary: students and staff find SP-SR a useful skills and personal development tool. Staff value SP-SR. Findings are discussed in the context of a growing research base in Cognitive Behavioural, and Psychiatric Nurse education.

Keywords: *Self-Practice-Self-Reflection; Cognitive Behavioural; Formulation; Assessment*

Background

Evidence based psychological interventions are the focus of worldwide government healthcare initiatives. The role of evidenced based psychological therapies in preventing worklessness, recovery from long term health care conditions, the move from worklessness into work, and the promotion of psychological well being is now well established [1,2].

Training initiatives accompany these healthcare investments. However, the evidence for how training in Psychological therapies is achieved and knowledge of which pedagogies are effective is limited. This paper seeks to contribute to this body of knowledge and to the training of those evidence based Therapies.

Cognitive Behavioural Therapy (CBT) has a robust empirical knowledge base about mental health disorders and therapeutic techniques; yet graduating Psychiatric Nurses enter an increasingly multi-professional and diverse employment market. Healthcare employers rely less upon 'traditional' professional qualifications by seeking skill sets [3]. Equipping Psychiatric Nurses with in-demand, evidence based CBT skills thereby improves their employment prospects [4].

The author led a module entitled "Psychological Assessment and Formulation" for Year 2 Mental Health Nurses. The skills of CBT assessment and formulation underpin this module. Ultimately this training is transferred to clinical practice.

Literature Review

SP-SR is a major theme on the module. Taught days comprise a blend of didactic lectures, problem based learning, expert or simulated patient demonstrations and skills practice (role play with SP-SR). Skills practice in small groups with peer and tutor based feedback is used with time allocated for reflection. Reflection can be discursive or written. Students are encouraged to further practice-reflect between sessions. On practicums contact with clients is supported by use of the SP-SR model of supervision with practice mentors.

Through their degree students are introduced to reflective practice. As a 'starter' in Year One Gibbs' [5] reflective cycle is introduced. Though not mutually incompatible with the SP-SR model or Declarative-Procedural-Reflective models [6] of adult education it is arguable whether Gibbs' cycle's is attuned to personal growth, self awareness, skills development, empathic attunement or the patient's perspective of the clinical encounter.

On the module, students practise with tools, skills or techniques between themselves (SP) and reflect on their first experiments (SR) in them. Recent publications [7-9] suggest that practising CBT techniques on oneself is useful. Key learning processes are achieved ([10], p: 203):

1. Experiencing the techniques from a patient's perspective
2. Reflection on this experience leading to a
3. "deeper sense of knowing" of CBT practices.

Use of SP-SR draws on Beck's ([7], p.312) assertion: (of) "gain(ing) experience with the basic techniques of cognitive therapy by practising them by yourself before doing so with patients...trying the techniques yourself allows you to correct difficulties in application and putting yourself in the patient's role affords you the opportunity to identify obstacles (practical or psychological) that interfere with carrying out assignments." Recent literature highlights trainees undertaking SP-SR become more self-aware and more self knowledgeable which in turn impacts positively on professional competence.

Self awareness is defined as "recognition of feeling as it happens" and "on-going attention to one's internal states" ([11], p.47). Student's monitor their thoughts, behaviours and emotions in the presence of clinical stimuli (i.e. the patient's behaviour, emotions and verbal expressions), and reflect on those emotions, thoughts and behaviours using CBT tools and techniques on themselves to understand how they might impact on the clinical/therapeutic encounter. SP-SR skills exercises are supplemented with 'homework' between sessions including use of Thought Records, Weekly Activity Sheets and diaries. Assessment is undertaken by video. Students assess and formulate with a colleague or friend role-playing a patient. Using the SP-SR model, they write a reflective commentary on their performances.

Contemporary models of adult education accord a significant role in experiential learning and self reflection for gaining skills [12,13]. The knowledge required for professional competence is of two kinds; technical-rational knowledge (i.e. learning the assessment/formulation protocols) and professional artistry (i.e. sensitivity to relationship dynamics such as the client-clinician relationship or the timing of those techniques/tools). Technical rational knowledge is gained by didactic means, whilst professional artistry is a product of experience and developed by self reflection [6]. SP-SR focuses a student's emotional, behavioural and cognitive reactions to techniques and patient material. These reactions are important as they affect patient outcomes [10].

In trials of CBT treatments there is a strong supervisory and training element. Beyond those trials CBT needs to develop and incorporate models of education that support and improve on education and practice. If better outcomes for patients outside of Randomised Clinical Trials (RCTs) used to develop treatments are to be achieved, evaluations of the training of professionals are called for [14]. This paper evaluates SP-SR in that context.

Methodology

The project took a grounded theory approach. Grounded Theory is not a single unified methodology, tightly defined and clearly specified [15]. The research question(s) assessed experiences of SP-SR. Were these experiences useful in learning? Is SP-SR as a useful clinical skills and self development tool? Were people satisfied with their experiences of SP/SR? Did SP-SR meet their training needs? For the purposes of triangulation the author also contrasted data from students and staff.

As an experienced practitioner in CBT and SP-SR it is natural that the author had prior knowledge of SP-SR. Glaser and Strauss (1967) explicitly advise against conducting literature reviews before research begins to enable natural coding categories to emerge: however a ‘purist’ approach is not claimed here. Preconceptualisation of data may have taken place. From Glaser and Strauss’ point of view the focus, authenticity and quality of these findings may have been undermined. In contrast the benefits of undertaking early literature reviews are laid out in the table 1 below.

Advantage of early literature review	Supporting Author/evidence
Provides rationale for study of SP-SR including research approach	McGhee., <i>et al.</i> [16]
Avoids duplication of previous research	Chiovitti and Piran (2003)
Contextualises research in field of clinical education. Orients researcher.	Urquhart [17]
Reveals how previous research is done	McMenamin [18]
Sensitises researcher to develop concepts and theoretical sensitivity	Strauss and Corbin [19]
Avoids practical, conceptual and methodological pitfalls	McGhee., <i>et al.</i> [16]
Develops awareness of unhelpful preconceptions	Maijala., <i>et al.</i> (2003)
Aided clarity in thinking about concepts and theory development	Henwood and Pidgeon [20]

Table 1: Rationale for undertaking literature review prior to data collection.

Thus a descriptive design generated a framework for data collection. Consistent with grounded theory approaches conceptual categories were derived from that data. The process involved drawing categories or themes from participants making implicit belief systems about SP-SR explicit. Themes were used to generate evaluations from a ‘case’. The grounded method being a suitable research approach for evaluation of educational practice widely used in healthcare fields [21].

Focus groups

Participants were student nurses in the second year of the B.Sc. in Mental Health. All had undertaken the psychological assessment and formulation module ensuring group homogeneity and sample representation. Two separate focus groups were held at weekly intervals, lasting one hour in length. Volunteers were incentivised to attend by the provision of refreshments and then invited to participate. Invitations encouraged participants to discuss experiences of SP-SR across the module. Held at the University the focus groups were facilitated by a colleague experienced in facilitating and observing focus groups. Debriefing of participants was available after the session [22] and via circulation of the ethics protocol. Questions about SP-SR moved from the general to the specific. A maximum group size of 10 with both groups was aimed for. Inside the focus room the host introduced the focus project and outlined typical focus group ‘rules’.

Semi-structured interviews

For staff, a semi structured interview was adopted. Series of open ended questions on SP/SR were prepared. Development of semi-structured interviews followed three discrete phases; development and piloting of the interview guide, conducting the interview, and analysing the interview data. Informed consent to gain data was elicited from all participants. Broad guiding questions solicited descriptive responses. Responses were followed by further reflexive prompts encouraging respondents to expand on answers or redirect them if side-tracked. Stages of the interview process were considered: introductions and introducing the research topic, beginning the interview with a factual focus, shifting to more in-depth questions that elicited an emotional response; moving back toward the more factual, and ending of the interview. All interviews lasted in the range 40 minutes to one hour and four staff took part.

Analysis

Focus Groups and interviews were audio taped. Each audio tape was transcribed verbatim with subsequent analysis and organisation supported by NVIVO software. An initial general inductive thematic analysis was undertaken. Practically the approach involved analysis for themes and reflecting on those emerging themes. Reflections on content were ‘memoed’. Arising from those themes more focussed

themes were found. The author hypothesised and conjectured about those themes, checking the data for consistencies. Deductive reasoning was used as the project continued.

Results

Four key categories emerged. As the aims of the study were to assess it would be accurate to describe them as descriptive. Categories are shown by headings with qualitative information from the participants shown in italicised quotations.

SP-SR as a learning tool

Student participants recognised the value of SP-SR in the growth of assessment-formulation skills. It deepened their understanding of assessment-formulation techniques and of change processes. They recognised that skills development was linked to use of SP-SR.

“It’s an important part of the module in that if we self-practice and self-reflect, it’s the best way to learn to how to do interventions”.

Year 2 Student Nurse

“I think it was definitely useful for improving my skills”.

Year 2 Student Nurse

“I think it was really helpful. I mean I feel a lot more confident using the materials and reviewing and practising it with each other”.

Their experience of SP-SR as a learning tool and the importance they attached to it whilst taking the module was variable however. This was possibly linked to a need for greater tutor structure in using SP-SR.

“I just thought oh well I will get there and fill it in that morning or something like that. So I just don’t think enough emphasis was placed on it...”

Year 2 Nursing Student.

One focus group agreed that an emphasis on SP-SR in Year 1 would prepare them for the greater use of SP-SR in Year 2 and 3:

“Yes well, if it had been started in the first year we may have developed more so than we have now”.

Year 2 Student Nurse.

Staff valued SP-SR, with some expressing a greater understanding of SP-SR than others. All endorsed SP-SR as a method of developing skills in the classroom:

“I think that SP-SR introduces a concept that at best the student nurses understand and see as being directly applicable to them”.

Tutor Year2-3 B.Sc. Mental Health.

“I think one of the huge benefits of SP-SR - it does give people depth - and we’ve lacked that for years”.

Tutor Year 2-3 B.Sc. Mental Health.

SP-SR was seen as a useful aide to developing assessment-formulation skills; students appear to conceptualise their competency positively via its use. Staff value SP=SR as a useful technique to aid growth of clinical competences.

Skills development and self-awareness in practice placement

Students described SP-SR as useful preparation for practice. SP-SR enhanced this preparedness and also aided self-awareness. Students became aware of their own emotions, thoughts, and behaviours in the clinical context:

“What I have learnt. For me, it has been painful but it has allowed me to step back from my practice and think, how can I do that differently? It has made me watch other people and see how they achieve what they need to achieve by doing the assessments. So by doing it, it has enabled me to become aware of how I actually do it and what I actually do. So that has been useful”.

Student Nurse Year 2.

Staff spoke about a greater need of self-awareness amongst student nurses. One tutor was enthusiastic about its use:

“Does it do what is says on the label? It takes me back to Reflection on Action: Schon, Reflection in Action, it is just getting into that mode of thinking, improving self-awareness so interaction with a service user, transference issues could they be identified earlier? The impact it has on therapeutic relationships supposedly would be better. Why am I feeling this way about this person? Why am I doing this about this person?”

Tutor Year 2-3 B.Sc. Mental health.

Another developed the self-awareness theme:

“It comes back to self-awareness in terms of and kind of developing ways of thinking about yourself in terms of what your strengths and weaknesses are”.

Tutor Year 1-2. B.Sc. Mental Health.

“I think this is a useful thing from one ongoing point that it’s helping you practice your CBT skills in a clinical sense, it’s useful for managing your own, emotions and looking at your own strategies and what’s working and what’s not”.

Tutor Year2-3 B.Sc. Mental Health.

Like students, tutor’s linked greater use of SP-SR to aiding students with skills development, their reflections on action and to personal awareness. Both appear to link use of SP-SR between the dimensions of declarative, procedural and reflective bodies of knowledge [6].

SP-SR and personal-professional growth

“I suppose I have wondered in the back of my mind, do we do that sort of thing with our students here? And I suspect that we don’t. We don’t, we don’t have a form. I suppose ideally I would like to see a sort of, some way of building some sort of structure around self-awareness and that being tied in very closely into development of self throughout the programme”.

Tutor Year 1-2 B.Sc. Mental Health.

“Some of them reflected on their use of cognitive therapy technique with clients. What they didn’t do was, for instance, try and challenge their own thinking either around their use of CBT or difficult situations they found themselves in practice. I think that is going to be a step up”.

Tutor Year 2 - 3 B.Sc. Mental Health.

There has been a shift in Nurse and CBT training toward intuitive and personal understandings, interpersonal and relational knowledge [23]. Staff and students attach a high value to the inclusion of personal and professional growth in the Nursing programme. SP-SR may be a tool that fosters this.

“To bridge the gap between the psychodynamic, person-centred ideas about the therapizing (of) yourself in order to be a therapist, and the albeit old fashioned sort of view, that the technique was the single most important factor in therapy and that the relationship wasn’t that important, nor was having insight into your own personal processes. There is a cognitive tradition which has been far more mindful of the importance of therapeutic relationships and the importance of personal process and the need to reflect on that, and so it was a way of sort of bridging that gap really; specifically, for the needs of cognitive behaviour therapy as far as I am concerned”.

Tutor Year 2 - 3 B.Sc. Mental Health.

Speaking of their experiences of SP-SR two students reflect on personal growth:

“I do think we do it, well may be not everything, but I find myself reflecting on things constantly, but that might just be personally. I just reflect on things but maybe I wasn’t so, as I say self-reflective and aware of it”.

Student Nurse Year 2 B.Sc. Mental Health.

“For me it has made me aware. I have had to use it in this placement yes, but it has also enabled me to weigh up whether I am interpreting things correctly or whether I stand by what my thoughts were, so it’s been a very useful guide for me in that way”.

Thus there seems to be an indication that use of SP-SR assists development of a meta-awareness of clinical skills and personal-professional growth development.

SP-SR and student expectations

Expectations of the use of SP-SR by the tutor on the module were mixed. Some expect and received a positive experience of SP-SR. Focus data indicated a wish for greater use of SP-SR in clinical skills and personal development. Students reflect that their training needs are met, albeit it that a greater amount of time needs to be allocated to developing SP-SR:

“No I don’t think there was an exercise in the teaching to do that. That’s probably why I didn’t. There wasn’t enough time for the reflection”.

Year 2 B.Sc. Mental Health Student.

Staff reflect this theme, describing a need for a mechanism across modules. Absence of a formal structure meant a diffuse application of an important teaching strategy:

“I think you do need to provide them with the tools in the first place and you would need to (pause) you need to build things up in such a way so they actually would see the value of it”.

Tutor Year 1 - 2 B.Sc. Mental Health.

Thus whilst student expectations of the tutor’s use of SP-SR were partially met - students were satisfied with it and it met their training needs - further thought needs to be given to the development of SP-SR on the module.

Discussion

SP-SR is seen by both staff and students on this course as a useful personal, CBT assessment-formulation skills and professional development tool. In particular students reflect that they find it useful, they want more of it and earlier in their programme. SP-SR may however, take some time to ‘settle in’ with students as for some it is a difficult concept to grasp. Expansion of the time spent on developing SP-SR within the taught component of teaching modules may therefore be indicated. In addition, SP-SR may need to be more formally integrated into Psychiatric training programmes.

Limitations and Conclusion

This project was small scale. Data triangulation was incorporated into the project as students and staff participated. Methodological triangulation was achieved by use of Focus groups and semi-structured interviews. The project was part of taught course; the requirement to submit it by deadline meant that investigator and results triangulation was not attempted. Validity of this study is therefore limited.

Focus Groups were suitable for examining what people thought, but also for the reasons why they might think that way. The author wished to understand and evaluate underlying meanings that explained participant views and opinions. It allowed the author to evaluate the extent of agreement and disagreement [24] across the cohort body.

The nature of focus groups is an asset and a disadvantage. One advantage was participants in the group led to data and therefore to the outcomes. The setting and hosting of the focus group posed problems however. The focus group took place on University grounds and was hosted by a colleague who is also a tutor on the B.Sc. course. There is no neutral or ideal location for focus group research (Kitzinger and Barbour 1999); and so the location may have had some influence on focus group discussion.

A colleague was chosen to host focus discussions to avoid researcher bias and enable free and frank discussion of the researcher's use of SP-SR. Seymour, *et al.* [25] have reported on participants in focus groups facilitated by health care professionals being disposed toward them in a health care seeking context. Similarly, it is noted the focus facilitator uses SP-SR. Thus it is likely that participants were likely to approach him and the author in future for tutorial assistance. Matching the facilitator to the group was ultimately a matter of convenience and expedience, rather than rigour.

Focus groups were economical in time as large amounts of data could be yielded in a short space. A second focus group contributed to generalisation across the cohort. It also lent some internal validity to the project [26]. Developing focus and interview guides addressed the study's purpose and objectives [27] and avoided the researcher leading discussions. It also facilitated respondent's descriptions of their experiences of SP-SR.

Although it is not possible to demonstrate the reliability of the semi structured interview it has been shown to be a sensitive method of gaining detailed information [28]. The researcher is a psychological therapist of more than twenty years' experience and many interview skills like listening, non-verbal communication and the ability to observe and interpret what the respondent was saying were familiar.

Semi structured interviews allowed the researcher to outline mandatory topics. Open questions acted as a stimulus for further follow up. Interviews are conversations comprised of asking questions and listening; they take two people to construct and are not neutral tools of enquiry [29]. Interviews were flexible in order for conversation to develop. This is consistent with a constructivist approach; one that necessitates a relationship with the respondent in which they can cast their stories in their own terms (Charmaz, 2000). As participants knew this was a study designed to have a positive impact on teaching practice in the future they felt that by sharing their experiences they might have a positive impact for future students.

This was a small study and thus contingent criteria was limited. The researcher reflected on thematic structures though alternate coding was not developed by co-researchers. Some member validation was attempted. The researcher took back data to staff completing interviews. Corroboration of how well the author's interpretations 'fitted' their own lived experiences was attempted. However, only two members of staff provided feedback. Feedback was considered in the context of further data collection.

Although participants' words have been used; the researchers own personal views and insights regarding phenomena are likely to be present. This study makes no certain claim to trustworthiness or credibility [30]. An explanation of why and how convenience sampling [19,31] has been offered. The researcher attempted to address 'fittingness' as literature was reviewed for previous theoretical constructs. This shows potential transferability – though the ultimate judgement of transferability rests with the reader.

Key Points

Students and staff endorsed the use of SP-SR. SP-SR may go beyond current reflective practitioner models as there is a personal development component. Students reflect this is a sharp learning curve for them, but a useful one. It sharpens personal awareness, deepens knowledge of change processes and trains to take account of patient perspectives.

The themes bear a resemblance to similar themes developed in prior studies of SP-SR [10,18,32-38]. Students report the exercises and reflections enabling them to experience the impact of undertaking CBT assessment/formulations (learning by doing) to be valuable. A deeper understanding of the CBT model was founded. In addition, a deeper sense of self-awareness was fostered. This was also called for by staff on the programme. The use of SP-SR may go some way toward student nurses developing and valuing an awareness of their own mental health and wellbeing; and further enhance reflections on how personal values, beliefs and emotions impact on practice. A summary model is presented below.

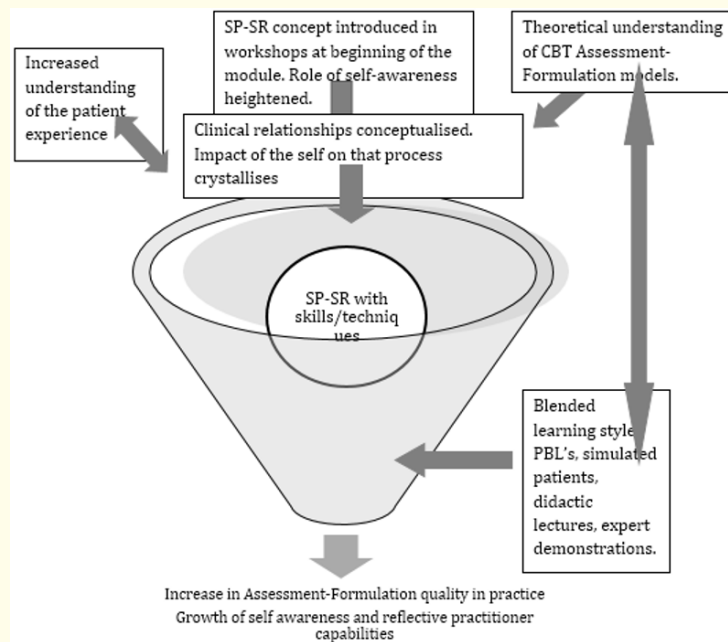


Figure 1: Summary descriptive model.

Bibliography

1. Layard R., et al. "Happiness, lessons from a new science". Penguin, London (2005a).
2. Layard R., et al. "Unemployment: macroeconomic performance and the labour market". Oxford University Press: Oxford (2005b).
3. Holstrom R. "Skills Passports Show the Way Ahead". *Nursing Standard* 25.9 (2010): 62-63.
4. Mc Sherry R and Douglas M. "Innovation in Nursing Practice: a means to tackling the Global Challenges facing Nurses, Midwives and Nurse Leaders and Managers in the future". *Journal of Nursing Management* 19.2 (2011): 165-169.
5. Gibbs G. "Learning by doing: a guide to teaching and learning methods. Further Education". Oxford Polytechnic. Oxford (1988).
6. Schon DA. "The Reflective Practitioner". New York, Basic Books (1983).
7. Beck AT. "Cognitive Therapy: Basic and Beyond". New York, Guilford Press (1995).
8. Padesky C. "Developing Cognitive psychotherapist competency: teaching and supervision models". In Salkovskis P (ed). *Frontiers of Cognitive Therapy*. London. Guilford (1996): 266-292.
9. Townend M. "Clinical Supervision in Cognitive Behavioural psychotherapy: development of a model for mental health nursing through grounded theory". *Journal of Psychiatric and Mental Health Nursing* 15.4 (2008): 328-339.
10. Bennett-Levy J., et al. "The value of self-practise of cognitive therapy techniques and self reflection in the training of Cognitive Therapists". *Behavioural and Cognitive Psychotherapy* 29.2 (2001): 203-220.
11. Goleman D. "Emotional Intelligence". London: Bloomsbury (1996).
12. Kolb D. "Experiential Learning: Experience as a source of learning and development". Englewood Cliffs; NJ: Prentice Hall (1984).
13. Schon DA. "Educating the Reflective Practitioner". San Francisco: Jossey-Bass (1987).

14. Grant A and Towned M. "Some emerging implications for clinical supervision in British Mental Health Nursing". *Journal of Psychiatric and Mental Health Nursing* 14.6 (2008): 609-614.
15. Dey I. "Grounded Theory". In: Searle C, Gobo G, Gubriu JF, and Silverman (eds). *Qualitative Research Practice*, London. Sage (2004): 80-93.
16. McGhee G., et al. "Grounded theory research: Literature reviewing and reflexivity". *Journal of Advanced Nursing* 60.3 (2007): 334-342.
17. Urquhart C. "The evolving nature of grounded theory method: the case of the information systems discipline". In: Bryant A and Charmaz K (eds). *The SAGE handbook of grounded theory*. London, Sage (2007): 501-601.
18. McMenamin I. "Process and Text: teaching students to review the literature". *PS: Political Science and Politics* 39.1 (2006): 133-135.
19. Strauss AL and Corbin J. "Basics of Qualitative Research: Grounded Theory Procedures and Techniques". California, Sage (1990).
20. Henwood K and Pidgeon N. "Grounded Theory". In: Breakwell S, Hammond S, Fife-Shaw C, and Smith JA (eds). *Research methods in psychology*, 3rd edition (2006): 342-365.
21. Artinian B., et al. "Glaserian grounded theory in Nursing research: trusting emergence". New York. Springer (2009).
22. Barbour R. "Doing Focus Groups". London, Sage (2007).
23. Haarhof B., et al. "Improving the Quality of Cognitive Behaviour Therapy Case Conceptualisation: The Role of Self Practice- Self Reflection". *Behavioural and Cognitive Psychotherapy* 39.3 (2011): 323-340.
24. Denscombe M. "The Good Research Guide for small scale social research projects". Fourth Edition. The McGraw Hill Companies (1998).
25. Seymour J., et al. "Using Focus Groups to explore older people's attitudes to end of life care". *Ageing and Society* 22.4 (2002): 517-526.
26. Maxwell JA. "Understanding and Validity in Qualitative Research". *Harvard Educational Review* 62.3 (1992): 279-300.
27. Ryan F., et al. "Interviewing in qualitative research: the one to one interview". *International Journal of Therapy and Rehabilitation* 16.6 (2009): 309-314.
28. Millwood J and Heath MR. "Food choice by older people: the use of semi-structured interviews with open and closed questions". *Gerontodology* 17.1 (2000): 25-32.
29. Denzin NK and Lincoln YS. "Collecting and interpreting Qualitative Materials". 2nd edition. Sage, London (2003).
30. Beck CT. "Qualitative Research: the evaluation of it's credibility, fittingness and auditability". *Western Journal of Nursing Research* 15.2 (1993): 263-266.
31. Strauss AL. "Qualitative Analysis for Social Scientists". New York, Cambridge University Press (1987).
32. Bennett-Levy J. "Therapists skills: a cognitive model of their acquisition and refinement". *Behavioural and Cognitive Psychotherapy* 34.1 (2006): 57-78.
33. Haarhoff B and Stenhouse L. "Practice makes perfect: practicing cognitive behaviour techniques and training". *New Zealand Clinical Psychologist* 4 (2004): 26-30.
34. Farrand P., et al. "Enhancing Self Practice, Self Reflection (SP/SR) Approach to Cognitive Behaviour Training Through the use of a Reflective Blog". *Behavioural and Cognitive Psychotherapy* 38.4 (2010): 473-478.
35. Denzin NK. "The interpretive process". In: Huberman M and Miles M.B. (eds). *The Qualitative Researchers Companion*. Thousand Oaks, California (2002): 340-368.

36. Lareiter AL and Willutzski V. "Self reflection and self practice in training of Cognitive and Behavioural Therapy: an overview". *Clinical Psychology and Psychotherapy* 10.1 (2003): 19-30.
37. Milne DL., *et al.* "Transferring skills from supervision to therapy: a qualitative and quantative N=1 analysis". *Behavioural and Cognitive Psychotherapy* 31 (2003): 193-202.
38. Townend M. "Interprofessional supervision from the perspectives of both mental health nurses and other professionals in the field of cognitive behavioural psychotherapy". *Journal of Psychiatric and Mental Health Nursing* 12.5 (2005): 582-588.

Volume 8 Issue 6 June 2019

© All rights reserved by John Roberts.