The Cognitive Behaviour Therapist (2022), vol. 15, e10, page 1 of 20
doi:10.1017/S1754470X22000071

BABCP
www.babcp.com

ORIGINAL RESEARCH

Use of a low frustration tolerance exercise for trainee therapists in a SP/SR framework

James Collard* and Michael Clarke

Cairnmillar Institute, Hawthorn East VIC 3123, Australia
*Corresponding author. Email: james.collard@cairnmillar.edu.au

(Received 6 August 2021; revised 21 December 2021; accepted 22 December 2021)

Abstract

Application of a self-practice self-reflection (SP/SR) framework to clinical training programmes for those learning cognitive behavioural therapy (CBT) have demonstrated positive outcomes. These programmes have typically resulted in reports of enhanced learning, improved clinical skills, heightened empathy, improved interpersonal skills, increased self-awareness, and self-development for those undertaking such training. However, the utility of specific activities within this framework for enhancing trainees' learning still requires exploration. This study sought to explore the use of a low frustration tolerance (LFT) exercise to enhance trainee's learning around issues relating to frustration and discomfort tolerance. It also further explored the possible application of SP/SR as a form of competency-based assessment. The study was based on 41 student trainees that engaged in a self-directed LFT exercise. Written reflections on these exercises were then thematically analysed. From a competency basis, the exercise provided an approach for observing the trainee's competency with formulation skills, intervention planning, and self-reflective capacity. Participants reported both personal and professional development outcomes from the exercise. These included a 'deepened' understanding of cognitive behavioural principles related to their experiences, both in terms of principles relating to maintenance of dysfunction and to creating change. Increased self-awareness and learning outcomes relating to the development of interpersonal skills were also commonly reported by trainees.

Key learning aims

(1) To understand the usefulness of a behavioural experiment [a low frustration tolerance (LFT) exercise] for training within a SP/SR framework.
(2) To examine the potential for using SP/SR as a form of competency-based training.
(3) To demonstrate the benefits of experiential learning through SP/SR in training CBT.

Keywords: behavioural experiment; cognitive behavioural therapy training; experiential learning; low frustration tolerance; self-practice self-reflection

Introduction

Personal practice has long been advocated as an important part of psychotherapy training across theoretical orientations (Bennett-Levy, 2019; Orlinsky *et al.*, 2011). While not necessarily recommended as intensively as within other orientations, cognitive behavioural therapy (CBT) has traditionally promoted the use of self-practice (Chigwedere *et al.*, 2019). This can be seen even in the early efforts of Ellis and Beck in developing their respective approaches to CBT. For instance, Ellis credits his use of behavioural challenges with helping him to overcome forms of social anxiety (Ellis, 1994b) and Beck noted that his self-analysis of automatic

© The Author(s), 2022. Published by Cambridge University Press on behalf of the British Association for Behavioural and Cognitive Psychotherapies

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

thoughts helped him to appreciate the relationship between such thoughts and emotions (Beck, 2019). This resulted in recommendations that training therapists engage in self-practice to gain an experiential understanding of the cognitive behavioural model and its application to treatment (Beck, 1995; Padesky, 1996). It is only since the turn of the century that there has been a concerted effort to develop a framework for implementing such experiential training, and efforts to empirically validate such training methods (Bennett-Levy and Lee, 2014).

Emerging out of this literature has been the self-practice/self-reflection (SP/SR) framework (Bennett-Levy *et al.*, 2015). It was initially developed to help trainees bridge the gap been declarative knowledge gained from didactic teaching to the development of skills and expertise with CBT theory and interventions (Bennett-Levy *et al.*, 2001). To do this, the SP/SR model of training incorporates exercises focused on practice as a therapist, self-practice as a client, pair work in a client–therapist dyad, and an emphasis on self-reflection for the trainees about their experience in both client and therapist roles (Bennett-Levy *et al.*, 2015). The interventions typically included in these programmes incorporate a range of cognitive interventions, workbook/journal exercises, and behavioural experiments (Bennett-Levy *et al.*, 2001; Chigwedere *et al.*, 2019; Thwaites *et al.*, 2015).

The SP/SR framework has demonstrated positive outcomes in developing trainee cognitive behavioural therapists. It has shown benefits in helping trainees to develop a greater and more nuanced appreciation of cognitive behavioural theory, enhanced skill in the application of interventions, and improved confidence in providing therapy (Bennett-Levy and Lee, 2014; Bennett-Levy *et al.*, 2015; Chigwedere *et al.*, 2019; McGillivray *et al.*, 2015; Scott *et al.*, 2021; Thwaites *et al.*, 2014). It has also been shown to promote the development of interpersonal skills, with trainees reporting an improved ability in attuning to clients and enhanced empathy for their psychological difficulties (Bennett-Levy *et al.*, 2015; Chigwedere *et al.*, 2019; McGillivray *et al.*, 2015; Thwaites *et al.*, 2014). The benefits of SP/SR for trainee therapists have also been shown to assist with self-development more generally. For instance, improvements to self-awareness and the trainees' own psychological wellbeing have been outcomes of engaging in SP/SR training (Bennett-Levy and Lee, 2014; Bennett-Levy *et al.*, 2001).

While often viewed as an interesting and engaging form of training, engagement in the process of SP/SR can be more challenging than more declarative training methods. This is important to be mindful of when developing such programmes, as the trainee's level of engagement with the process directly impacts on the benefits attained from such training (Bennett-Levy and Lee, 2014). Anxiety has been found to impact on such engagement, with worries about negative judgement by others and worries about losing control during the experience negatively influencing engagement (Bennett-Levy and Lee, 2014; Spendelow and Butler, 2016). Factors that enhance positivity and motivation towards the model of training include expectations of benefit from the experiences, structure, positive group dynamics, links to course outcomes, and a positive perception of general coping resources at the time (Bennett-Levy and Lee, 2014). Factors that provide a sense of control over the experience can also mitigate related anxiety, with self-selection, control over the content of exercises, and control over the level of sharing about experiences promoting a greater willingness to engage in SP/SR training (Bennett-Levy and Lee, 2014).

SP/SR may also provide a useful method for introducing competency-based assessment for trainees, that is a way to measure competency in a vocational skill. With psychological practice involving competencies in assessment, evidence-based treatment planning, the application of interventions, and evaluation of treatment outcome (von Treuer and Reynolds, 2017), it has been suggested that the SP/SR frameworks can provide an avenue for the early assessment of such skills in trainees (Collard and Clarke, 2020). The SP/SR provides trainees with a chance to practise and develop these skills on themselves prior to engaging in client work, and provides opportunity for external feedback to help with the development of such skills. This may be an important element that contributes to, or enhances, the development of

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

self-reflective practice, which has been described as a metacompetence that allows therapists to learn from their experiences and to further develop their clinical skills (Bennett-Levy *et al*., 2009).

Consideration of the specific learning and skills taken from the discrete exercises in SP/SR programmes has been limited to date, with most SP/SR studies evaluating the benefits of entire programmes. Two exceptions to this include a paper by Bennett-Levy (2003) contrasting the benefits of SP/SR for automatic thought records and behavioural experiments and a study by Collard and Clark (2020) investigating the learning taken from trainees' engagement in an exposure intervention for social anxiety. While these studies helped to demonstrate the different types of learning that can be taken from thought records and behavioural experiments (Bennett-Levy, 2003) and the potential for improving trainees' appreciation for, understanding of, and application of exposure strategies for social anxiety (Collard and Clarke, 2020), there is still great scope for examining the potential learning trainees could take from other SP/SR exercises.

An important clinical issue that would be important to target with such training methods is frustration intolerance (Harrington, 2005c). This concept can be further broken down into components of discomfort intolerance, emotional intolerance, entitlement, and achievement perfectionism (Harrington, 2011). Frustration intolerance has been related to emotional difficulties with depression, anxiety and anger (Harrington, 2005a). Behaviourally, it has been associated with issues such as aggression, procrastination, avoidance, substance use and self-harm (Chapman *et al*., 2011; Harrington, 2005b; Harrington, 2006; Leyro *et al*., 2010). It has also been linked to the ability to pursue valued goals, intelligence quotients, socio-demographics, self-control and resilience (Meindl *et al*., 2019), including the ability to cope with chronic pain (Suso-Ribera *et al*., 2016). Unsurprisingly, distress and frustration tolerance issues and exercises have become common aspects of treatment programmes for substance use issues, anxiety-related difficulties, and complex disorders such as borderline personality disorder (Clark, 2013; Fassbinder *et al*., 2016; Leyro *et al*., 2010; McHugh *et al*., 2010). Therapist capacity for distress tolerance has also been suggested to be a factor in the skilled delivery of support to suicidal clients, the processing of trauma, and the application of exposure interventions (Waltman *et al*., 2016; Waltz *et al*., 1998), while from the SP/SR literature it has been observed that frustration tolerance can help therapists to manage unhelpful expectations of clients (Haarhoff *et al*., 2011).

Study aims

This project aimed to review the use of the SP/SR framework in facilitating competency-based assessment. It also sought to apply the SP/SR framework to assess the usefulness of a behavioural experiment [i.e. a low frustration tolerance (LFT) exercise] in teaching trainees cognitive behavioural therapy. The training included a focus on the benefits of engaging in such exercises to promote the understanding and appreciation of cognitive behavioural principles; their application to practice; and common difficulties with psychological and behavioural change. It also aimed to assess how use of such exercises in therapist training may facilitate personal development.

Method

Participants

Participants for the study were drawn from a postgraduate clinical psychology programme. They were in their first year of the course and enrolled in a semester-long CBT unit. Participants had been enrolled in the unit in either 2018 or 2019. In total, 41 (34 female, 7 male) student trainees (out of a possible 47) participated in the study. Their ages ranged from 23 years to 35 years old.

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

Course requirements

The CBT unit had been developed with a number of experiential exercises to help promote trainees' understanding of cognitive behavioural theories and principles. Such teaching strategies were developed in line with principles suggested for implementing SP/SR-based training (Freeston *et al.*, 2019). The three key experiential exercises included were a LFT exercise (behavioural experiment), a shame attack exercise (a social anxiety exposure task), and real plays (i.e. where training therapists take turns 'playing' a client and a therapist using a real issue from their own life, instead of using constructed issues or pretending to be someone else; Motivational Interviewing Network of Trainers, 2014). The LFT exercise, shame attack, and written reflections on these formed part of the assessment requirements for the unit. The LFT exercise was chosen as a behavioural task to provide trainees with insights into frustration/discomfort intolerance due to its suggested contribution to common interpersonal difficulties, self-control issues, and avoidant coping behaviours (Chapman *et al.*, 2011; Harrington, 2005a; Leyro *et al.*, 2010). Theory explaining the basis of LFT exercises and examples of these were provided within classes. Based on SP/SR guidelines, the students developed their own LFT exercise to provide a sense of control over the task (Bennett-Levy and Lee, 2014), and to address a personalised aspect of frustration/discomfort intolerance. When providing the written reflection component of the task, participants were instructed to present a summary 'demonstrating a formulation of the issue being addressed (i.e. ABC cognitive-behavioural model), your expectations about the experiences, any strategies employed to cope with the task and what you learnt from the exercises'. The learning reflection was further emphasised in the second cohort, with further verbal direction to comment on learning from both a professional and personal perspective in the written reflections. Individual guidance and clarification on the task were also offered for those seeking extra support. There was also verbal clarification of the task requirements given in class and a marking rubric was provided. This highlighted that the written component of the assignment would be assessed on the appropriateness of the behavioural task that was devised, the detail and depth of the formulation presented, and based on the description of the expectations, observations, and learning taken from undertaking the exercise.

Procedure

Research was approved by the Cairnmillar Institute Human Research Ethics Committee. Once students had completed the course, and marks had been released, students enrolled in the courses were asked to voluntarily participate in the study by providing consent for their written reflections of the LFT exercise to be included as data for the study. The retrospective collection of data was used to reduce any potential for coercion or dual relationships between the researchers and the participants.

Data analysis

A mixed methods approach was taken to analyse the data. As part of the evaluation of the exercise as a form of competency-based assessment, simple quantitative analysis was used to assess the frequency with which key skills were demonstrated or discussed (i.e. ability to develop an LFT exercise, formulation skills) in the participants' written reflections. The frequency with which key themes were noted by participants are also noted. Examples of the qualitative data are then presented to illustrate the reported themes. For the qualitative analysis, a thematic analysis was conducted using a hybrid inductive-deductive model in line with recommendations by Fereday and Muir-Cochrane (2006) and Braun and Clarke (2006). For more information on this model, refer to Collard and Clarke (2020). With regard to the LFT exercise, previous

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

literature on frustration intolerance (e.g. Harrington, 2005; Harrington, 2007; Meindl *et al.*, 2019; Rodman *et al.*, 2009) was incorporated into the model.

Results

Activities undertaken

All the exercises developed by the students were appropriate behavioural challenges for frustration and discomfort tolerance. The behavioural challenges developed were grouped into four themes. Eighteen (43.9%) engaged in travel-related activities, tending to focus on impatience (e.g. consistently driving below the speed limit, tolerating others' driving behaviour, walking behind 'slow' walkers). Ten (24.4%) worked on tolerance for others' behaviour (e.g. others leaving clothes or dishes around the house, how others expressed themselves). Ten (24.4%) worked on changing their own behavioural habits (e.g. not biting/pulling nails, not washing hair, setting time to relax, not checking phone/social media, using opposite hand for a task) and three (7.3%) worked on tolerance of sensory stimuli that caused them discomfort (e.g. smells, sounds/misophonia). The duration of the exercises set by the students for themselves ranged from a single event up to prolonged efforts at changing habits, with the longest being for 1 month.

Formulations

The formulations were reviewed from a competency-based perspective. This assessed the congruence of the formulation across cognitive, emotional, physiological and behavioural domains. They were also assessed in relation to the different levels of cognitive processing identified (i.e. automatic thoughts/inferences, conditional assumptions/demands, core beliefs/evaluations). In terms of the SP/SR, the formulations and the related reflections were analysed in terms of how they promoted a deepened appreciation of the cognitive behavioural model. An example of the formulations presented by the students is provided in Fig. 1.

Thought, feeling, behaviour interactions

In presenting their formulations of the LFT exercises, 41 participants (100%) presented congruent formulations of their emotional reactions to their chosen tasks. In their reflections, participants typically reported that with the behavioural challenges they experienced anger and/or anxiety. All the reflections also included notes on actively observing the relationship between cognitions, emotions, physical symptoms, and behavioural urges during the exercise. This was observed in the following quotes:

- 'On the second day of this exercise, I realised the impact my awfulizing thoughts were having on my feelings of anger.'
- 'I found the first day to be the most difficult because the more I focused on my anxious thoughts the worse they became (in context of misophonia).'
- 'On the first day when I entered into the traffic, I began to have several unhelpful thoughts such as, "it is going to take a long time to arrive home". As I continued the drive and the traffic was building, I began to get angry, particularly when the cars were moving very slowly, and the traffic lights were appearing to change frequently. I experienced a great deal of heavy breathing and became overheated when I began to feel angry.'
- 'I was angry during the LFT due to my beliefs that I should not need to be this stressed about driving. My beliefs during the LFT centred around my demand on others that "people should just drive better". This anger was then followed by a later emotion of guilt, for my level of anger towards others.'

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

A	B	C
People blocking the way/Not walking fast enough.	**Beliefs:** People walking should be aware of the people around them and not block them. I should not have to wait for people because they are going slowly. People should always keep to their side of the walkways. I shouldn't have to tolerate people slowing me down. People who slow me down are valuing their preferences over my needing to pass them. People who slow me down value their time greater than they value mine. These people are going to make me late.	**Emotion:** Disgust (**Intensity:** varying between 6-8/10 depending on the situation) at the people in front of me for not moving faster/blocking me. **Emotion:** Anger that people are people think their time is more valuable than mine. **Intensity:** 6-7/10. **Behaviour:** Overtake them/walk around them. Judging them. **Bodily Sensations:** Heat, tightness in muscles, frowning, sometimes clenching teeth
Secondary: Frustrated that I think about people so negatively.	**Beliefs:** I shouldn't be so angry with them. I am overreacting. I need to not be angry with them.	**Emotion:** Disgust **Intensity:** 8/10 **Behaviour:** Feel bad for feeling so angry at them and for overtaking them.
Changed Thinking: People blocking the way	**Beliefs:** I've blocked people the same way before, and sometimes I felt I had a reason why it happened and sometimes it was an accident. They may have a similar reason, or they may be unaware. They're not trying to slow me down, and If I've left enough time, I don't actually have to worry about them making me late.	**Emotion:** Still some anxiety **Intensity:** 2-3/10. Its still not easy to avoid passing them, and It's not pleasant being stuck behind them, however I don't feel the need to be angry with them or myself. **Behaviour:** Much calmer, and don't need to overtake them or walk close behind looking for an opportunity to overtake them.

Figure 1. Example of participant formulation

Depth of cognitive formulation

In analysing the formulations for the LFT exercises, the models presented by the participants were assessed in terms of the three levels of cognitive processing commonly identified in emotional reactions. These were either identified in the moment or suggested as relevant hypotheses afterwards. The possible combinations of cognition types and the number of participants that identified these is demonstrated in Fig. 2.

Observed secondary responses

In presenting the formulations of their reactions to the LFT exercises, ten (24.4%) identified a primary and a secondary response. For some, they became aware of the underlying primary response while undertaking the exercise (e.g. becoming aware that anger at other drivers was a reaction to anxiety about running late) or identified a problematic secondary reaction to

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

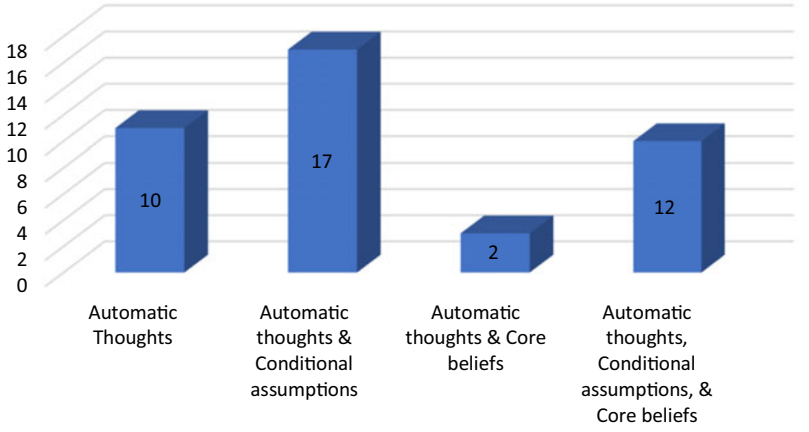


Figure 2. Number of participants and their identified cognitive profiles

their initial reaction (e.g. shame or guilt, with self-deprecating thoughts in response to feeling anger at someone else or not better controlling their behaviour).

Coping strategies

While engaging in the LFT exercises, 29 (70.7%) of the participants applied one or more coping strategies to help get through the experience. The types of coping strategies and reported effects are presented in Table 1.

Observations on efforts to make change

When reflecting on the LFT exercise, participants provided a range of observations on their experiences. These included comments showing an appreciation and understanding of the maintaining cycles of their cognitions, emotions and behaviours. They also commented on the process of change

Observations on maintaining cycles of dysfunction

In the observations on the maintaining cycles of dysfunction, 14 (34.1%) commented on difficulties they had in managing thoughts, emotions and behaviours. Examples of these comments included:

- 'I immediately noticed how easy it was to simply revert to old habits. It was genuinely difficult to stick to such a simple commitment – far more difficult than I had originally anticipated. I found myself rationalising why I needed to drive at the speed limit, with thoughts such as, "It would be better to beat the traffic", or "Everyone else is driving faster than me".'
- 'Prior to doing the exercise I planned to utilise breathing strategies to calm me down when I began to feel angry. However, while I was stuck in traffic, I completely disregarded this, and my irrational thoughts took over.'
- 'I was surprised with how anxious and restless it made me feel. When I felt anxious or frustrated, I had to leave the house or focus on something else that would take my mind off it (e.g. study, watch a movie, call a friend). I was also hostile or passive aggressive to my house mates, which I did not like.' [not cleaning up after house mate]

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

https://doi.org/10.1017/S175447X2000071 Published online by Cambridge University Press

Table 1. Coping strategies used with LFT exercise

Coping strategy	*n*	Reported effects (number of participants)	Quote on effect of strategy
None noted	12		
Self-talk/coping statements	24	Not noted (10) Reduced emotion (7) Promoted or improved motivation/ persistence (4) Shifted attention (4) Noted different effects of various coping statements (3) Had difficulty applying in the moment (2) Recognised importance of practice (1)	'I decided that I was not going to worry about the traffic or what people thought and I found that it was a little stress relieving that I could just cruise along' '. . . by reminding myself that it is not my responsibility and let the situation manage itself, rather than attempt to control it, it helped me feel less frustrated' [in relation to family member leaving dishes out] 'As the week went on, I was able to pro-actively think of more helpful thoughts until the [other person's] chewing became a non-issue' [for misophonia] 'I did utilise these changes of thought patterns and actually felt my frustration reduce' 'More helpful thoughts . . . allowed me to be significantly calmer on my drives' 'Once I thought about the situation this way [reasons for others behaviour, times he had engaged in similar behaviour], I found it easier to empathise with them . . . ' and 'I found the situation less distressing' 'I also tried parking on the side of the road to calm myself down by verbally telling myself it's okay to be late before I continued driving. This didn't help, as I didn't sincerely believe that it was okay to be late.' [tolerating sensitivity to smells] 'I remember trying to dispute the thought "*The smell of the cafe will contaminate my hair and clothes and I will smell*". Thinking empirically, I knew that there was no evidence to suggest I smelt, only I was the one who could smell it. Also, I began to thing pragmatically of the consequences of me thinking that I smelt because we sat inside for breakfast. Not only would I ruin [partner's]) day, I would also ruin mine'
Breathing exercise/relaxation (e.g. diaphragmatic breathing, PMR)	6	Not noted (3) Reduced emotion (1) Reduced physical sensations (1) Shifted attention (1) Noted limitations of breathing exercise (2) Had difficulty applying in the moment (1)	'This skill in particular aided my frustration by shifting my mindset and focus which ultimately had a positive effect, facilitating a calm state' 'I did not utilise the breathing exercises on this first day and thus, consciously wanted to utilise it on the second day. I found that it did initially assist with reducing the heavy breathing I felt, but I only found it to be helpful in the short-term as I would soon forget about the breathing and focus on how angry I felt about the traffic'

(*Continued*)

https://doi.org/10.1017/S175447X2000071 Published online by Cambridge University Press

Table 1. (*Continued*)

Coping strategy	*n*	Reported effects (number of participants)	Quote on effect of strategy
Behavioural goal (e.g. task focus)/grading/problem solving	6	Not noted (4) Reduced emotion (2)	'Importantly, I found I used the coping strategies with less frequency as the task was completed. Providing a more graded approach may mean I was able to slowly build up the tolerance to the task, therefore relying less on the coping strategies over time, until the task was manageable without requiring the need for the coping strategies. This was a revelation and I had not thought about the use of coping strategies in that way before' 'I started to leave earlier and played podcasts to make my drive more enjoyable, and found I was more relaxed upon arriving at my destination'
Mindfulness	4	Reduced emotion (3) Recognised importance of practice (1) Shifted attention (1)	'I slipped into mindfulness on one particular occasion. As I was walking behind two women in a busy shopping centre, I began focusing more intently on the shops around me, taking in as much detail as I could about them. I then shifted my focus to other senses as things caught my attention (for example, the smell of the patisserie, or the sound of soft music wafting out of a boutique). As I practise mindfulness meditation, this was a fairly easy mindset to shift into. I felt more relaxed and enjoyed my surroundings much more' 'Using the mindfulness helped, especially in the early stages, to keep my frustration at a more tolerable level so that I could manage with the task'
Attentional focus	3	Shifted attention (1)	'To take my mind off the highly annoying drivers (who drove at inconsistent speeds, applied brakes for no apparent reason (or too early), and frequently drove several kilometres below the speed limit), I played a podcast. This kept my mind occupied and focused on something other than the speed of the traffic ahead of me'
Self-monitoring	2	Not noted	
Behavioural rehearsal	1	Not noted	
Distraction	1	Not noted	

- [in response to sleeping without a fan on] 'For the first two nights it did take a while to fall asleep. I was tossing and turning a lot and ruminating about the consequences of not getting much sleep.'
- [reducing time spent on phone] 'At first, I found it very difficult and my mind would wander to whether I should check my phone in case someone had contacted me.'

There were also seven (17.1%) participants who commented on how their emotional states related to the focus of their attention. Some of these are referenced in the above quotes. Further comments on attention included:

- [in response to working on tolerance for partner leaving glasses around the house] During the exercise, I did notice the glasses and I was tempted to put them away or to say something to my partner. I found myself noticing the glasses frequently.
- [working on nail biting] On day of success, 'there might have also been less attention to these experiences, as she was absorbed in other tasks.'

In discussing their experiences during their given task, five (12.2%) highlighted the role of dysfunctional coping strategies in maintaining their issue. This was reflected in comments that:

- [working on reducing nail biting] 'Replacement behaviours occurred more often during experiences of anxiety, compared with frustration. This might have indicated that there was a lower tolerance for the physiological discomfort associated with anxiety. Nail-biting might have taken on more of a habitual, unconscious quality during anxiety (e.g. becoming aware, first, of the behaviour), compared with frustration (e.g. becoming aware, first, of the urge to nail-bite). Avoidance (e.g. TV watching) also occurred during times of frustration with study. This reinforced demands that studying should not be frustrating, and that assignments had to be done well, or not at all.'
- 'Although I knew that avoiding the task in the beginning was not ideal, it served to manage the frustration that I was feeling.'
- 'At times, I went against the exercise and had to clean to reduce my anxiety and receive that immediate satisfaction' [not cleaning up after house mate]

Three participants (7.3%) also explicitly commented on how their initial reactions contributed to problematic secondary reactions. This is demonstrated in the following quotes:

- 'What I learnt from this is that when I'm angry and frustrated, I like to overly express it to the point that it becomes comical, I think it helps me from progressing my emotions into actual, uncontrollable anger. I also think that there is an element of laughing at my pain to make it okay. However, I do know that if I try to laugh off my frustration and pain, then I'm invalidating my emotions and almost stigmatising anger. But I guess my fear is that if I become angry, then I won't have control and might do something reckless.'
- [using cutlery with opposite hands] 'The avoidance strategy where I ate foods that did not require the use of cutlery made me feel at ease for a short amount of time (i.e. when I initially started eating and was feeling my hunger was satisfied), however, after some time, I began to feel guilty that I was "cheating", and not engaging in the LFT task that I set out for myself.'

Observations on the change process

Nineteen (46.3%) of the participants commented on how they observed their reaction to their chosen behavioural challenge change during the exercise. For instance, these included statements that:

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

- [in response to working on tolerance for partner leaving glasses around the house] 'Although I was initially frustrated, my reaction did begin to change. After about day 3, I noticed that I was no longer having the same irritated reaction and my thoughts were related more to me noticing the glass and thinking about the experiment.'
- [in response not sleeping without a fan on] 'After the first two nights this anxiety response quietened down a little, as I had proved to myself that I still could get a bit of sleep, and could make it through the day regardless. This helped me sleep better, and by the last night I don't think I experienced an anxiety response at all and had a great night sleep without the fan.'
- [working on misophonia] 'As the week went on, I was able to proactively think of more helpful thoughts until the chewing became a non-issue.'
- 'While I still felt frustration with slow drivers, I did notice that this frustration became less intense toward the end of the week and that I was able to just sit with the frustration rather than acting on it.'
- [reducing fidgeting] 'After the first week, I found it easier to stop the fidgeting. I was also able to catch the fidgeting sooner. The task would become less stressful to carry out and would require less time to become aware of it in the first place.'

There were four (9.8%) participants who made observations on the level of effort required to persist with their attempts at change. They made comments that:

- 'During the car trips on the third and fourth day I focused on replacing my negative thoughts of "I will get home so late", to more positive thoughts such as "there is no rush to get home, I will get there eventually". Initially, I found this extremely challenging to maintain.'
- 'In order for me to manage until the end of the week without washing my hair, I found that I had to challenge my negative thoughts to, "I will be able to get through this week" and "I don't look awful with oily hair" and found that I was more calm and did not need to focus my attention on my hair.'

Three (7.3%) participants included comments on how their behavioural goals for the exercise helped them to persist through their distress and achieve their goal. For instance, they stated that:

- 'I also noticed the power of committing to a goal, and the level to which this influences your ability to endure uncomfortable experiences.'
- 'The task certainly caused me a lot of frustration and at times feelings of anxiety where I just wanted to give up, but I am proud of myself in succeeding.'

Two (4.8%) of the participants, who engaged in activities to work on tolerating behaviours of other family members, identified that by changing their own behaviour there was a positive impact on the others' behaviour as well. This was reflected in comments that:

- [working on tolerance for children leaving toys out] 'On the fourth and fifth day, I noticed that I was more calm and able to negotiate with the children to help me put the toys away at the end of the day. Surprisingly, this worked well, as I noticed that the children were motivated to do this, partly because they saw the benefit of not losing the toys but also due to my calm demeanour.'

Key learning

In reflecting on their experiences engaging in the LFT exercise, all of the participants reported key learnings about themselves and their understanding of cognitive behavioural principles. These

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

included themes relating to cognitive, emotional and behavioural change, increased self-awareness, and improved interpersonal interactions. Some of these comments also indicated awareness of the interactions between these factors (specific quotes will only be reported under one relevant heading). Two (4.9%) of the participants did note they struggled to make effective change in the time they had set themselves for the task, but did note increased self-awareness and an appreciation of the importance of persistence with working on such change.

Cognitive change

With regard to cognitive changes, 28 (68.3%) explicitly reported that engaging in the LFT exercise provided learning that promoted a cognitive shift. This was demonstrated in the following comments.

- 'By changing my beliefs, I then understood that my previous beliefs had allowed my frustration to escalate and that my perception of the event made it much worse than it needed to be.'
- [in relation to misophonia] 'I do feel that doing this activity allowed me to dispute one of the main beliefs I had being "I can't stand that noise". It turns out I can tolerate it!'
- [not washing hair for a week] 'I learnt through this exercise that once I was able to change my negative self-appraisals and enact positive coping strategies that I was able to manage successfully through the week with this particular exercise.'
- [not tidying up after house mates] 'Upon reflection, the beliefs that I had at the time of the exercise seem petty and silly and made me realise that I should not waste my energy ruminating over something that is so meaningless.'
- [working on sleep habits] 'This demonstrated to me that sleeping with the fan on is more of a preference – it's not a requirement or a need.'

In a more general manner, seven (17.1%) of the participants reported that from engaging in the exercise they developed an enhanced belief in the capacity for psychological change, typically in relation to themselves. For example, participants stated that:

- [coping with busy traffic] 'I was pleasantly surprised by my ability to calm myself down throughout the development and exacerbation of associated negative symptoms.'
- 'I learnt from the low frustration task that tolerance can certainly be built when it comes to making positive changes in behaviour.'
- [reducing fidgeting] 'Outside of the task itself, completing the LFT task made me better able to cope with other potentially frustrating activities. For example, when voting, there was a line and where I would usually have been frustrated by the circumstance, I was better able to deal with it. I was aware of the thought process in my head that would get me frustrated and was able to deal with them.'

Three (7.3%) participants also noted that from engaging in the behavioural exercise, they achieved a sense of liberation and/or achievement that positively enhanced their self-concept.

- 'I actually found it liberating as I didn't waste time washing and styling my hair.'
- [nail biting] 'I completed this exercise successfully and following the seventh day my initial thought was that I finally achieved some self-control.'

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

Emotional change

In terms of emotional change, 25 (61.0%) focused on how the exercise promoted positive emotional changes. For instance, it was stated that:

- 'This has demonstrated to me the benefit of engaging in an LFT exercise and the importance of altering irrational thoughts to elicit a long-term and consistent change in feelings of anger and frustration.'
- [tolerating mother's opinions] 'By recognising that it is okay for her to not agree with me all the time, this significantly reduced the amount of frustration or agitation I would usually feel.'
- [not cleaning up after housemate] 'A week was not enough time for me to learn this new behaviour but it is something that I continue to work towards, however, I know that I am not as frustrated as I was when I started.'
- 'More helpful thoughts ... ultimately allowed me to be significantly calmer on my drives.'
- [tolerating sensitivity to smells] 'I did not allow myself to have a panic attack as I kept disputing the unhelpful belief that I smelt. Although this was a challenge, we were still able to have a nice day in the city.'

Self-awareness

Seventeen (41.5%) of the participants reported that the experience increased their level of self-awareness and emotional responsibility. Such increased insight into their functioning was demonstrated in comments that:

- 'I then understood that my previous beliefs had allowed my frustration to escalate and that my perception of the event made it much worse than it needed to be.'
- [tolerance for husband sneezing] 'Identifying these thoughts made me realise how irrational these were, which made me feel quite guilty (secondary emotion) for being angry at my husband. What I found very interesting is that up until that time, I had never thought that I was getting angry at him, I just thought I was getting annoyed by him.'
- 'Although I always knew I valued being timely, I didn't realise just how much of an impact it could have on me if I risked being late anywhere. I had always attributed my feelings of anxiety in slow traffic to other drivers being slow, however, this exercise has helped me to identify that the fear of being late is the main thought that induces anxiety within me.'
- [working on learning to relax] 'I realise I do not allow myself the chance to relax as I tend to associate relaxing with being lazy and unproductive, and I associate being lazy and unproductive with a failure to reach my career goals.'
- 'I have realised I'm quite rigid when it comes to the way I like things set out and struggle to compromise when it comes to cleanliness.'

Behavioural change

While a number of the LFT exercises may not have involved a specific focus on longer term behaviour change, or such change may have been secondary to cognitive and emotional changes, 12 (29.3%) of the participants commented on a significant shift in their behavioural patterns from the exercise. Statements reflecting such changes were:

- [tolerance for others walking slowly] 'I also learnt that slowing down isn't so bad, at least I won't barrel into any more tables.'

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

- [reducing time on phone] 'I was then actually able to put more time aside for my friends/ family without worrying about studying because I had spent more time prior focused on university work.'
- [tolerating sensitivity to smells] 'Instead of leaving we decided to sit inside. The kitchen was close by and there was poor ventilation. This was very challenging for me. In the past we would not have stayed. However, this time was different as I had insight, I knew the anxiety I felt was a product of what I was thinking about being inside the cafe.'
- [driving below the speed limit] 'I started to leave earlier and played podcasts to make my drive more enjoyable, and found I was more relaxed upon arriving at my destination.'

Interpersonal relationships

From the exercise, six (14.6%) of the participants reported that by working on tolerance for others it had improved their social interactions, often also increasing empathy for others. This is reflected in the following quotes:

- [tolerating children not tidying their toys] 'This helped me to cope with the frustration but ultimately also had a positive effect on the children's behaviour.'
- [tolerating mother's opinions] 'I learned that it is possible to have a discussion with my mother without getting so easily frustrated.'
- [driving under the speed limit] 'This made me reflect on my own thought towards slow drivers and made me realise that it's not a big deal if someone drives very slowly, and that you don't need to get frustrated with these drivers. By completing this task, I learnt to be more tolerant of slow drivers on the road.'

Thinking of their future clinical work, three (7.3%) reported that the exercise enhanced their empathy for potential clients. They stated:

- 'I realised how hard it might be for someone with OCD to manage their compulsions, or people struggling with addiction to break a habit.'
- 'It also gave me insight into the difficulties and barriers a client might face when starting the CBT model for treatment.'
- [nail biting] 'I also understood that many other people may lack self-control sometimes and it does not make them any less worthy.'

Discussion

This study examined the use of a LFT exercise to help educate trainee psychologists in cognitive behavioural theory and practice. The use of this exercise as a behavioural challenge, with reflective journalling, also allowed for a level of competency-based assessment with regard to the trainee's abilities to assess, formulate, design and conduct interventions, and to evaluate their outcomes. The trainees reported a number of key learning processes from the experience that were consistent with principles relevant to frustration/distress tolerance. In line with the SP/SR literature, this training strategy helped to deepen the trainees' appreciation of the interplay between cognitions, emotions and behaviours. It also enhanced their appreciation for the challenges and effort required to change habitual patterns, particularly those that have involved negative reinforcement processes (i.e. avoidance and venting). Learning taken from the experience also had implications for the development of interpersonal skills, helping to enhance empathy and tolerance for other individuals.

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

SP/SR as a form of competency-based assessment

The provision of training within a SP/SR framework has typically demonstrated an increased perception by trainees in their ability to apply CBT techniques, but there has generally not been a focus on independent assessment of such competence (McGillivray *et al.*, 2015; Spendelow and Butler, 2016). The framework does, however, appear to provide a method for assessing competency. As suggested in our previous paper (Collard and Clarke, 2020), the inclusion of behavioural interventions with reflective journalling within such training provides a basis for assessing competence in formulation skills, intervention design and application, and analysis of outcomes. These have all been highlighted as key competencies for psychological practice (von Treuer and Reynolds, 2017). For this LFT exercise, the formulation models and reflections provided an avenue for assessing, and giving feedback on the depth of analysis of the cognitive components involved, the congruence in perceived interactions between cognitions, emotions and behaviours, and on the self-maintaining processes of dysfunction (i.e. problematic secondary responses, negative reinforcement processes). These are all key areas highlighted by declarative teaching in early cognitive behavioural training (Beck, 2020; David *et al.*, 2018; Ellis, 1994a). Similarly, the development of the individualised LFT exercises allowed for the assessment of competency in setting an appropriate behavioural challenge for addressing issues with frustration/distress tolerance. The reflection also provided the opportunity for the trainees to highlight and integrate learning taken from the experience, a key process in the effectiveness and reinforcement of such behavioural interventions (Craske *et al.*, 2014; Harrington, 2011; Pittig *et al.*, 2018). The verbal instruction for the SR element of the task also prompted consideration of how the exercise could be improved, allowing for assessment of self-reflective learning, which is considered a meta-competence that is important for a practitioner's ongoing development (Thwaites *et al.*, 2014; Thwaites *et al.*, 2015; von Treuer and Reynolds, 2017). Finally, conducting the exercise in the SP/SR framework provided an opportunity for individualised feedback to the trainees on their development of these skills.

As previously suggested, further development of reflective questions could enhance the focus on the development of core competencies for psychological practice (Collard and Clarke, 2020). In line with von Treuer and Reynolds' (2017) focus on competency in evidence-based interventions and evaluation of their application, prompts could be provided for participants to reflect on ways the behavioural experiment could have been tailored more specifically to the presenting issue or deepened, how safety or avoidant behaviours could be addressed, and how key learning could be reinforced or generalised. Such prompts would be in line with principles highlighted by inhibitory learning processes (Craske *et al.*, 2014).

Learning from the LFT exercise

In the written reflections on the LFT exercise, the trainees indicated that the exercise had the capacity for assisting with both personal and professional development. These outcomes included a deepened understanding of CBT theory, enhanced empathy for client struggles, and improved interpersonal functioning.

Declarative and procedural learning

In summarising and reflecting on the formulations of their reactions to engaging in the LFT exercises, the participants reported a deepened appreciation for cognitive, emotional and behavioural cycles. This included observations of how such factors interacted in self-maintaining patterns, comments on how automatic and strong such cycles could be, how these cycles could trigger other secondary cycles of dysfunction, and on the effort required to change these patterns. In addition to the behavioural task itself, many of the participants

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

utilised other interventions to assist them with the change processes; this allowed for a greater appreciation for the utility and challenges of applying such strategies. In terms of the change process itself, participants noted a deepened appreciation for how engaging in the LFT exercise helped to create cognitive, emotional and behavioural changes for themselves. A number also noted that by focusing on changing their usual habits, they gained improved self-awareness and some also commented that by focusing on changing themselves they were able to develop greater interpersonal skills and improve interpersonal dynamics.

Such learning from SP/SR training has consistently been reported in the literature (Bennett-Levy, 2019; Chigwedere *et al.*, 2019; Gale and Schröder, 2014; McGillivray *et al.*, 2015; Spendelow and Butler, 2016). In particular, it has been reported that SP/SR training leads to an enhanced appreciation for the cognitive behavioural model and the process of change (Bennett-Levy *et al.*, 2001; Haarhoff et al., 2011; McGillivray *et al.*, 2015). The increased appreciation of urges and behaviours to reduce emotional discomfort, whether related to anxiety or frustration and anger, is also in line with previous findings from the SP/SR literature relating to anxiety and avoidant and compensatory behaviours (Collard and Clarke, 2020; McGillivray *et al.*, 2015). The reflections on the additional coping strategies to assist with going through the behavioural challenge are also consistent with the existing literature, which has shown that practice in a SP/SR framework deepens the appreciation of such techniques, their limitations, and contributes to an enhanced ability to adapt them (Chigwedere *et al.*, 2019; Gale and Schröder, 2014; McGillivray *et al.*, 2015). This has been found to subsequently increase trainees' confidence in their competence with these techniques (Bennett-Levy *et al.*, 2001; Davis *et al.*, 2015).

Self-awareness

By engaging in the exercise, a significant number of participants directly reported that they developed increased self-awareness. This included a greater understanding of tolerance beliefs, and their relationship to worries, expectations of self and others, related emotional experiences of anxiety, anger and guilt, and behavioural habits. Such increases to self-awareness are in line with previous research, which has consistently found this to be an outcome of SP/SR training programs (Bennett-Levy, 2019; Gale and Schröder, 2014; McGillivray *et al.*, 2015; Spendelow and Butler, 2016). This has been suggested to be a mechanism through which SP/SR training can help trainees to develop their competence, their therapy style, and for the development of skill in managing more complex presentations (Bennett-Levy, 2019; Bennett-Levy *et al.*, 2001; McGillivray *et al.*, 2015).

Interpersonal skills

In the SP/SR literature, increased empathy for client difficulties is a frequently cited outcome of such training, with subsequent improvements to interpersonal skills thought to result from this (Chigwedere *et al.*, 2019; Gale and Schröder, 2014; Spendelow and Butler, 2016). For many of the exercises, this may be an indirect outcome of the trainee being able to relate their own personal experiences with that of clients or increased confidence with a technique. Such an outcome was demonstrated in this study, with some of the participants highlighting an increased awareness for the difficulties with behaviour change. While a smaller number of participants directly commented on the translation of this to empathy for future clients, this may have been drawn out further if there had been more guidance provided in the directions given to the trainees. The structure of SR guidelines has previously been suggested to influence the type and depth of reflections provided by participants (Collard and Clarke, 2020; Thwaites *et al.*, 2017).

As noted above, SP/SR has been suggested to increase interpersonal skills required for treating more challenging presentations (Bennett-Levy, 2019). Based on the reflections provided by some

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

of the participants, LFT exercises may potentially develop such skills in a more direct manner than other similar training techniques. For instance, for those that targeted interpersonal frustrations with the exercise, it challenged them to directly address beliefs relating to tolerance and acceptance of others' behaviour. This also promoted prosocial behaviour changes, which may have been planned or occurred as a response to a shift in cognitive and emotional processing of interpersonal frustrations. As a result, some participants directly noted improvements to their interpersonal skills and interpersonal relationships as an outcome of the exercise. This may have subsequent benefits for managing challenging client presentations where clients struggle to make progress or behave in a more confronting manner.

Challenges with using a LFT exercise for SP/SR

None of the participants in the sample reported a negative evaluation of the LFT exercise overall. While many noted challenges in breaking negative reinforcement cycles or noted increased emotional discomfort, either from abstaining from their usual habits or from becoming more aware of them, they all noted positive learning from the experience. This may have been a result of the design of the task, giving participants control over the developed exercise, which has been shown to facilitate greater engagement in SP/SR training (Bennett-Levy and Lee, 2014). The focus on frustration may also have mitigated the risk of negative responders, compared with a pure exposure exercise.

Limitations and future directions

The limitations of this study are in line with those reported in a previous paper where we assessed the utility of a social anxiety exposure exercise for CBT training on the same cohort (Collard and Clarke, 2020). This included design limitations based on the subjective trainee reports, the short-term focus of the study, potential for further direction with the reflective component, the use of the task as an assessment task, and potentially confounding factors provided from the overall course. There was even a wider range of exercises selected for the LFT task than for the social anxiety exposure task, which while important for providing trainees with a sense of control over the exercise (Bennett-Levy and Lee, 2014), does provide for a greater heterogeneity of experiences. This was somewhat addressed by providing voluntary opportunities for sharing of experiences, but the outcomes of such sharing were not assessed. Sharing could also have potentially been enhanced by encouraging or structuring opportunities for anonymous sharing in the course (Bennett-Levy and Lee, 2014; Bennett-Levy *et al.*, 2015).

The ability to generalise the findings to other behavioural exercises is limited, but these findings were consistent with previous research utilising such strategies within a SP/SR training program (Bennett-Levy, 2003; Collard and Clarke, 2020). The study was also limited to novice trainees. It would therefore be important to assess outcomes for more experienced trainees.

Conclusion

The application of an LFT exercise within a SP/SR training programme was reported to provide for a 'deeper' appreciation of CBT theory and practice. The exercise provided for an enhanced appreciation for how behavioural exercises can improve self-awareness, a deepened appreciation for cognitive, emotional and behavioural cycles of dysfunction, appreciation for the effort required to break negative reinforcement cycles, and promoted a greater belief in capacity for change. The exercise was challenging for participants, but well received. Participants noted positive outcomes in terms of personal and professional development. In particular, it was reported to directly contribute to improvements in interpersonal tolerance and social skills for those selecting exercises with an interpersonal focus. Finally, using these exercises within a SP/SR framework

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

appears to have the potential to provide a method of competency-based training for psychological assessment, formulation, intervention delivery, and review.

Key practice points

(1) Use of an LFT behavioural exercise within a SP/SR framework assists trainees in developing a 'deeper' level of understanding of CBT theory and its application to anxiety, frustration and anger issues.
(2) Practice of an LFT exercise within a SP/SR framework provided trainees with a greater appreciation of the utility of behavioural interventions for working with anxiety, frustration and anger.
(3) Although initially considered challenging by trainees, the use of the technique as a form of experiential learning was well received.
(4) With experiential learning exercises it appears important to provide bridging questions to assist trainees to shift from reflection on personal development to professional development.
(5) Use of behavioural experiments within a SP/SR framework provides for the application of competency-based assessment in relation to formulation and intervention skills.

Acknowledgements. None.

Author contributions. **James Collard:** Conceptualization (lead), Data curation (lead), Formal analysis (lead), Methodology (lead), Project administration (lead), Writing – original draft (lead), Writing – review & editing (equal); **Michael Clarke:** Methodology (supporting), Project administration (supporting), Writing – review & editing (equal).

Financial support. This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Conflicts of interest. The authors declare none.

Ethics statements. Authors have abided by the APS Code of Ethics as set out by the Psychology Board of Australia. Informed written consent was obtained from all participants in the study. The study was approved by the Cairnmillar Institute Human Research Ethics Committee (reference number 2019/0207CMI).

Data availability statement. The data that support the findings of this study are available from the corresponding author, J.C., upon reasonable request.

Further reading

Bennett-Levy, J. (2019). Why therapists should walk the talk: the theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry*, *62*, 133–145. https://doi.org/10.1016/j.jbtep.2018.08.004

Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015). *Experiencing CBT from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists.* New York, USA: Guilford Press.

References

Beck, A. T. (2019). A 60-year evolution of cognitive theory and therapy. *Perspectives on Psychological Science*, *14*, 16–20. https://doi.org/10.1177/1745691618804187

Beck, J. S. (1995). *Cognitive Therapy: Basics and Beyond*. New York, USA: Guilford Press.

Beck, J. S. (2020). *Cognitive Behavior Therapy: Basics and Beyond* (3rd edn). New York, USA: Guilford Press. https://doi.org/10.1017/CBO9781107415324.004

Bennett-Levy, J. (2003). Mechanisms of change in cognitive therapy: the case of automatic thought records and behavioural experiments. *Behavioural and Cognitive Psychotherapy*, *31*, 261–277. https://doi.org/10.1017/S1352465803003035

Bennett-Levy, J. (2019). Why therapists should walk the talk: the theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry*, *62*, 133–145. https://doi.org/10.1016/j.jbtep.2018.08.004

Bennett-Levy, J., & Lee, N. K. (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

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

Bennett-Levy, J., Thwaites, R., Chaddock, A., & Davis, M. (2009). Reflective practice in cognitive behavioural therapy: the engine of lifelong learning. In *Reflective Practice in Psychotherapy and Counselling* (pp. 115–135). https://doi.org/10.13140/2.1.1111.9040

Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015). *Experiencing CBT from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists.* New York, USA: Guilford Press.

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.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

Chapman, A. L., Dixon-Gordon, K. L., & Walters, K. N. (2011). Experiential avoidance and emotion regulation in borderline personality disorder. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *29*, 35–52. https://doi.org/10.1007/s10942-011-0124-6

Chigwedere, C., Thwaites, R., Fitzmaurice, B., & Donohoe, G. (2019). Self-practice/self-reflection as an alternative to personal training-therapy in cognitive behavioural therapy training: a qualitative analysis. *Clinical Psychology & Psychotherapy*, *26*, 74–83. https://doi.org/doi:10.1002/cpp.2331

Clark, D. A. (2013). Collaborative empiricism: a cognitive response to exposure reluctance and low distress tolerance. *Cognitive and Behavioral Practice*, *20*, 445–454. https://doi.org/https://doi.org/10.1016/j.cbpra.2012.06.001

Collard, J., & Clarke, M. (2020). Experiential learning for trainee therapists through a shame attack exercise. *Cognitive Behaviour Therapist* (November). https://doi.org/10.1017/S1754470X20000549

Craske, M. G., Treanor, M., Conway, C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: an inhibitory learning approach. *Behaviour Research and Therapy*, *58*, 10–23. https://doi.org/10.1016/j.brat.2014.04.006

David, D., Lynn, S. J., & Montgomery, G. H. (eds) (2018). Evidence-based psychotherapy: the state of the science and practice. *Evidence-Based Psychotherapy: The State of the Science and Practice.* Wiley-Blackwell.

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/doi:10.1002/cpp.1884

Ellis, A. (1994a). Post-traumatic stress disorder (PTSD): a rational emotive behavioral theory. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *12*, 3–25. https://doi.org/10.1007/BF02354487

Ellis, A. (1994b). *Reason and Emotion in Psychotherapy*. Secaucus, NJ: Carol Publishing Group.

Fassbinder, E., Schweiger, U., Martius, D., Wilde, O. B., & Arntz, A. (2016). Emotion regulation in schema therapy and dialectical behavior therapy. *Frontiers in Psychology*, *7*. Retrieved from: http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2016-48153-001&site=ehost-live

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, *5*, 80–92. https://doi.org/10.1177/160940690600500107

Freeston, M. H., Thwaites, R., & Bennett-Levy, J. (2019). "Courses for horses": designing, adapting and implementing self practice/self-reflection programmes. *Cognitive Behaviour Therapist* (May). https://doi.org/10.1017/S1754470X19000138

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/doi:10.1111/papt.12026

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

Harrington, N. (2005a). Dimensions of frustration intolerance and their relationship to self-control problems. *Journal of Rational - Emotive and Cognitive - Behavior Therapy*, *23*, 1–20. https://doi.org/10.1007/s10942-005-0001-2

Harrington, N. (2005b). It's too difficult! Frustration intolerance beliefs and procrastination. *Personality and Individual Differences*, *39*, 873–883. https://doi.org/10.1016/j.paid.2004.12.018

Harrington, N. (2005c). The frustration discomfort scale: development and psychometric properties. *Clinical Psychology and Psychotherapy*, *12*, 374–387. https://doi.org/10.1002/cpp.465

Harrington, N. (2006). Frustration intolerance beliefs: their relationship with depression, anxiety, and anger, in a clinical population. *Cognitive Therapy and Research*, *30*, 699–709. https://doi.org/10.1007/s10608-006-9061-6

Harrington, N. (2007). Frustration intolerance as a multidimensional concept. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *25*, 191–211. https://doi.org/10.1007/s10942-006-0051-0

Harrington, N. (2011). Frustration intolerance: therapy issues and strategies. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *29*, 4–16. https://doi.org/10.1007/s10942-011-0126-4

Leyro, T. M., Zvolensky, M. J., & Bernstein, A. (2010). Distress tolerance and psychopathological symptoms and disorders: a review of the empirical literature among adults. *Psychological Bulletin*, *136*, 576–600. https://doi.org/10.1037/a0019712

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press

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

McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive-behavioral therapy for substance use disorders. *Psychiatric Clinics of North America*, *33*, 511–525. https://doi.org/10.1016/j.psc.2010.04.012.Cognitive-Behavioral

Meindl, P., Yu, A., Galla, B. M., Quirk, A., Haeck, C., Goyer, J. P., … **& Duckworth, A. L.** (2019). A brief behavioral measure of frustration tolerance predicts academic achievement immediately and two years later. *Emotion*, *19*, 1081–1092. https://doi.org/10.1037/emo0000492

Motivational Interviewing Network of Trainers (2014). *Motivational Interviewing Training: New Trainers Manual*. Retrieved from: https://motivationalinterviewing.org/motivational-interviewing-training

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*, *67*, 828–842. https://doi.org/10.1002/jclp.20821

Padesky, C. A. (1996). Developing cognitive therapist competency: teaching and supervision models. *Frontiers of Cognitive Therapy*. New York, USA: Guilford Press.

Pittig, A., Treanor, M., LeBeau, R. T., & Craske, M. G. (2018). The role of associative fear and avoidance learning in anxiety disorders: gaps and directions for future research. *Neuroscience and Biobehavioral Reviews*, *88*, 117–140. https://doi.org/10.1016/j.neubiorev.2018.03.015

Rodman, S. A., Daughters, S. B., & Lejuez, C. W. (2009). Distress tolerance and rational-emotive behavior therapy: a new role for behavioral analogue tasks. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *27*, 97–120. https://doi.org/10.1007/s10942-009-0090-4

Scott, J., Yap, K., Bunch, K., Haarhoff, B., Perry, H., & Bennett-Levy, J. (2021). Should personal practice be part of cognitive behaviour therapy training? Results from two self-practice/self-reflection cohort control pilot studies. *Clinical Psychology and Psychotherapy*, *28*, 150–158. https://doi.org/10.1002/cpp.2497

Spendelow, J. S., & Butler, L. J. (2016). Reported positive and negative outcomes associated with a self-practice/self-reflection cognitive-behavioural therapy exercise for CBT trainees. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, *26*, 602–611. https://doi.org/10.1080/10503307.2015.1058983

Suso-Ribera, C., Jornet-Gibert, M., Ribera Canudas, M. V., McCracken, L. M., Maydeu-Olivares, A., & Gallardo-Pujol, D. (2016). There's more than catastrophizing in chronic pain: low frustration tolerance and self-downing also predict mental health in chronic pain patients. *Journal of Clinical Psychology in Medical Settings*, *23*, 192–206. https://doi.org/10.1007/s10880-016-9454-y

Thwaites, R., Bennett-Levy, J., Cairns, L., Lowrie, R., Robinson, A., Haarhoff, B., … **& Perry, H.** (2017). Self-practice/self-reflection (SP/SR) as a training strategy to enhance therapeutic empathy in low intensity CBT practitioners. *New Zealand Journal of Psychology*, *46*, 63–70.

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). Wiley-Blackwell.

Thwaites, R., Cairns, L., Bennett-Levy, J., Johnston, L., Lowrie, R., Robinson, A., … **& Perry, H.** (2015). Developing metacompetence in low intensity cognitive-behavioural therapy (CBT) interventions: evaluating a self-practice/self-reflection programme for experienced low intensity CBT practitioners. *Australian Psychologist*, *50*, 311–321. Retrieved from http://10.0.4.87/ap.12151

von Treuer, K. M., & Reynolds, N. (2017). A competency model of psychology practice: articulating complex skills and practices. *Frontiers in Education*, *2*, 1–7. https://doi.org/10.3389/feduc.2017.00054

Waltman, S. H., Frankel, S. A., & Williston, M. A. (2016). Improving clinician self-awareness and increasing accurate representation of clinical competencies. *Practice Innovations*, *1*, 178–188. https://doi.org/10.1037/pri0000026

Waltz, J. L., Fruzzetti, A., & Linehan, M. (1998). The role of supervision in dialectical behavior therapy. *The Clinical Supervisor*, *17*, 101–113.

Cite this article: Collard J and Clarke M. Use of a low frustration tolerance exercise for trainee therapists in a SP/SR framework. *The Cognitive Behaviour Therapist*. https://doi.org/10.1017/S1754470X22000071

https://doi.org/10.1017/S1754470X22000071 Published online by Cambridge University Press