

## CBT-specific metacompetences

### Capacity to implement CBT in a manner consonant with its underlying philosophy

#### ***Basic orientation***

An ability to base all therapeutic contact and conduct on a perspective which sees the world, including interactions with the therapist, from the perspective of the client's beliefs and information processing strategies
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#### ***Capacity to form and maintain a collaborative stance***

A capacity to form a collaborative relationship with the client, based on an active stance which focuses on enabling the client and therapist to work as a team
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An ability to discuss and resolve any disruptions to collaboration
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An ability to balance the need to structure sessions as against the need to allow the client to make choices and take responsibility
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An ability to avoid implementing CBT in a manner which becomes didactic directive, intellectual or controlling
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#### ***Maintaining a problem solving perspective***

An ability to avoid seeing the client themselves as a problem, but to maintain a problem-solving approach to the client's difficulties
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An ability to maintain a problem-solving attitude in the face of difficulties and frustrations
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#### ***Relationship between therapist and client***

An ability to detect unhelpful elements in the relationship (e.g. high levels of dependency and/or over-reliance on the therapist), and an ability to discuss and attempt to resolve them with the client
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### Capacity to formulate and to apply CBT models to the individual client

An ability to implement the CBT model in a manner which is consonant with a comprehensive formulation that takes into account all relevant aspects of the client's presentation
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An ability to hold the formulation in mind in order to anticipate and to respond to client's needs in the context of applying the CBT model
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An ability to hold the formulation in mind in order to ensure that CBT is implemented in relation to the client needs, and hence in a manner:
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which is flexible and appropriately adapted
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which ensures that important aspects of the client's presentation are acknowledged (and not ignored in order to simplify the intervention)
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which ensures that the intervention is not reductionist or simplistic
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### **Capacity to select and skilfully to apply the most appropriate CBT intervention method**

An ability draw on knowledge of CBT models and methods and on clinical experience in order to select from the complete range of both behavioural and cognitive methods, and skilfully apply them in a manner which is:
matched to the needs and capacities of the client
applied at the appropriate stage of therapy

### **Capacity to structure sessions and maintain appropriate pacing**

An ability to maintain adherence to an agreed agenda and to 'pace' the session in a manner which ensures that all agreed items can be given appropriate attention (i.e. ensuring that significant issues are not rushed)
An ability to balance the need to maintain adherence and pacing while being appropriately responsive to client need:
an ability to structure the session in a manner which is congruent with specific issues (e.g. the client's capacity to concentrate)
an ability to balance the need to maintain an appropriate pace against following up important issues raised by the client:
an ability to use clinical judgment to decide when issues needs to be pursued and when they could act to divert attention from the primary (and agreed) focus of the intervention

### **Capacity to manage obstacles to carrying out CBT**

An ability to work collaboratively with clients to identify beliefs that are potentially counter-therapeutic and that relate to a range of potential issues:
a misunderstanding of the cognitive model (e.g. that CBT is only positive thinking), <i>or</i>
difficulties the client is having in applying the model to themselves
incapacitating positive or negative attitudes/beliefs expressed either explicitly or implicitly towards the therapist, (usually through direct discussion of relevant feelings and beliefs)
An ability to work collaboratively with client behaviours that are potentially counter-therapeutic – for example, clients who:
find it difficult to talk
tend to talk too much and/or find it hard to stay focused
invent or distort material
are persistently late
An ability to continue to work in a manner which is congruent with the CBT model when client's symptoms/problems worsen
An ability for the therapist to identify their own unhelpful cognitions, especially self-defeating thoughts relating to lack of client progress
An ability to tolerate frustration and to remain task-focused (for example, in the face of slow progress)