

Problem-specific competences describe the knowledge and skills needed when applying CBT principles to specific conditions.

They are not a 'stand-alone' description of competences, and should be read as part of the CBT competence framework.

Effective delivery of problem-specific competences depends on their integration with the knowledge and skills set out in the other domains of the CBT competence framework.

## PTSD

### Ehlers and Clark model

#### Sources:

Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345

Ehlers, A., Clark, D.M., Hackmann, A., McManus, F., & Fennell, M. (2005). Cognitive therapy for PTSD: development and evaluation. *Behaviour Research and Therapy*, 43, 413-431.

Ehlers, A. (unpublished) *Cognitive Therapy for PTSD - treatment manual*

#### Knowledge

An ability to draw on knowledge of the cognitive model of PTSD and its emphasis on negative appraisal of the traumatic event and/or the sequelae of trauma, the implications of memory encoding in trauma, and its conceptualisation of behaviours and cognitions that maintain PTSD

An ability to be aware of and to draw on knowledge of the psychological and social difficulties presented by clients with a diagnosis of PTSD

## Assessment

#### Diagnosis

An ability to distinguish between PTSD and other disorders that may be triggered by a traumatic event.

An ability to determine whether PTSD is the primary presenting problem, and to identify any other psychological, social and physical problems relevant to intervention

An ability to administer and interpret appropriate interview schedules and questionnaires to help establish the full pattern of presenting problems

Where clients present with comorbid psychological or social problems, an ability to determine whether these or PTSD are the client's primary presenting problem

### **Nature of traumatic events and of the trauma memory**

An ability to help the client give a brief account of the trauma and the main intrusive memories associated with it
An ability to identify the characteristics and “deficits” of the trauma memory (e.g. whether there are gaps, the sequence of events seems confused, the extent to which the memory/intrusions have a ‘here and now’ quality and whether there are strong sensory and motor components)
An ability to identify how the client manages when experiencing intrusive memories
An ability to identify triggers of intrusive trauma memories

### **Significant cognitive themes**

An ability to identify the main cognitive themes that will be addressed in therapy, and aspects of the event which elicit especially strong distress (“hot spots”) and their meaning
An ability to identify the predominant emotions associated with trauma memories (e.g. guilt, anger, shame, sadness or fear)
An ability to identify what has been most distressing/difficult for the client since the event and to explore the client’s beliefs about their symptoms, their future and other people's behaviour toward them

### **Current behavioural and cognitive coping strategies**

An ability to identify how clients currently attempt to put the event behind them, and their sense of the best way of coping (e.g. what they avoid, how they deal with intrusions, what they think will happen if they allow themselves to think about the trauma or get upset about it, whether they ruminate about aspects of the event)
An ability to identify other behaviours that the client uses to control the symptoms or the perceived threat (such as safety behaviours, hypervigilance or avoidance, thought suppression, or substance use)

### **Use of measures**

An ability to administer and interpret measures for use in planning treatment, specifically measures which focus on the three domains specified in the model (trauma memories (intrusions); cognitive appraisal of the trauma and its aftermath including mental defeat (a sense of giving up and being deprived of sense of humanity during the trauma) and maintaining behaviours)
An ability to administer and interpret appropriate symptom measures to monitor progress and treatment outcome

### **Suitability for intervention**

An ability to determine suitability for treatment at this point, and whether any current circumstances will mitigate against intervention (e.g. continuing exposure to threat, extreme adverse life circumstances)
An ability to discuss the client’s expectations of treatment

### **Formulation and rationale for intervention**

An ability to develop with the client an individualised formulation which takes account of the client's perceptions and interpretations of themselves and the world, which suggests the three targets for intervention (trauma memory, appraisals and maintaining behaviours), and which gives clients an alternative way of understanding the threats they perceive.

An ability to directly relate the model to the client's pattern of symptoms and methods of coping with the trauma, and to identify the ways in which intervention will address itself to these factors

### **Intervention procedures**

#### **Establishing a working relationship for working with traumatised clients**

An ability to help the client feel safe and understood and to use empathy to demonstrate (within and through the therapeutic relationship) that the client's current beliefs and feelings, as well as their actions at the time of the trauma, are comprehensible and acceptable

An ability to normalise the client's reactions to the trauma

An ability to judge the client's sense of engagement with the trauma memory (e.g., dissociation, avoidance) and to adapt procedures accordingly

Ability to use a collaborative stance to mitigate previous effects of trauma and to maximise the client's sense of control over the pacing of, and techniques used, in therapy.

An ability to question the client's perceptions without invalidating or trivialising their experience

An ability to be flexible and understanding when the client's problems affect their ability to attend regularly, and to offer active help with regular attendance.

#### **Specific interventions reflecting three targets of treatment**

(Elaborating and integrating the trauma memory, modifying problematic appraisals and dropping dysfunctional behavioural and cognitive strategies)

An ability to help the client make links between intrusions and attempts at suppression using a 'thought-suppression experiment', and setting appropriate homework assignments to reinforce this link

An ability to help clients identify areas in which they have withdrawn from significant activities/relationships in response to the trauma, to identify beliefs which support withdrawal and to plan homework assignments to promote re-engagement ("reclaiming your life")

### **Reconstructing traumatic event and accessing problematic personal meanings**

An ability to ensure that the client is ready to engage in imaginal reliving or narrative writing, and that any concerns about the consequences of reliving (e.g. feeling overwhelmed or experiencing a physical catastrophe) are explored and addressed before commencing reliving
An ability to respond with appropriate empathy when eliciting meanings
An ability to ensure that the client retains a sense of control, and does not feel coerced into reliving against their will
An ability to track client's distress levels and level of emotional engagement during reliving, with the aim of ensuring that the client is neither disengaged from, nor overwhelmed by, the memories
An ability to help the client relive the event as completely as possible, prompting for thoughts, feelings, sensory impressions and body sensations while ensuring that the client stays aware that they are experiencing a memory in a safe environment
An ability to help the client detect the worst moments of the trauma ("hot spots"), to identify the meaning of these moments, identifying and making explicit any themes, and helping the client formulate these in their own words
An ability to detect and help the client drop strategies that dampen their response (such as cognitive avoidance, numbing, leaving out of important moments).
An ability to help the client write a "trauma narrative", with the aim of helping clients who initially find it too difficult to undertake reliving with the therapist, to help clients establish a clearer sequence of the course of the event, or to help consolidate reliving
An ability to detect personal meanings which emerge from client narratives (e.g. specific examples of misperceptions of the traumatic event which contribute to the client's current appraisal of the event)

### **Updating the trauma memory (changing personal meanings in the memory)**

An ability to help clients identify information that updates the personal meaning of the worst moments of the traumatic event using reconstruction of the order of events, discussion of details and/or cognitive restructuring.
An ability to help clients update the idiosyncratic personal meanings laid down at the time of the trauma by helping them access the worst moments of the event and their meanings in memory and simultaneously accessing the updating information (both in the trauma narrative and in imaginal reliving) using either verbal information, appropriate incompatible sensory stimulation and/or guided imagery to convey the updated meanings.
An ability to ensure that memory for all hot spots has been updated
An ability to use a probe reliving of the whole traumatic event to check whether any hot spots remain, and to address these accordingly.

### **Identifying and discriminating triggers for intrusive memories**

An ability to help the client develop an understanding of when and where triggers to intrusions arise, using information from in-session occurrences along with client self-observation

An ability to help clients become aware of the importance of sensory cues as triggers, to help them identify relevant cues and to link these to the trauma memory

An ability to help clients identify triggers to intrusions by accompanying them in situations where intrusions are likely to be triggered

An ability to help clients break links between triggers and trauma memory by helping them learn techniques for stimulus discrimination (e.g. helping them to refocus attention on their immediate present, and identifying similarities and differences between current context and trauma event)

### **Revisiting the site of trauma**

An ability to help the client revisit the site of trauma, with the aim of providing the client with updating information (e.g. that the trauma is over, to reconstruct what happened, to test predictions about the site)

An ability to identify when the client is ready for a visit, to prepare the client for the visit and to use approximations of the site if the original is not accessible or too overwhelming

An ability to help the client deal with unexpected events which occur during a site visit, utilising discrimination techniques.

### **Capacity to help clients identify and to change problematic appraisals (personal meanings) of the trauma and its sequelae**

An ability to help the client identify appraisals both of the trauma and the aftermath of the trauma that induce a sense of current threat

An ability to formulate the maintenance cycle between appraisals, sense of current threat, and the strategies the client uses to control the sense of threat.

An ability to integrate discussion and modification of appraisals with trauma memory work

Ability to track change in appraisals through belief ratings and discussion of remaining doubt

An ability to help the client identify appraisals in an explicit and concrete manner, identify the evidence (often the memories) they use to support the appraisal and help them consider how well the appraisal fits with reality. In particular, this may involve:

an ability to apply a range of specific behavioural and cognitive techniques in a collaborative manner (as well as general support and empathy) to help the client test out predictions or change strategies, e.g.:

memory work

guided discovery and Socratic questioning

behavioural experiments, and reclaiming life assignments

specific techniques such as pie charts, surveys, video feedback, cost-benefit analyses or anger management strategies

Where relevant to the individual client, an ability to identify and help address commonly observed appraisals linked to the client's:

inflated sense of responsibility for the trauma or its outcome

sense of humiliation and/or shame

sense of an unacceptable self, worthlessness and/or "mental defeat"

overgeneralised sense of danger

misinterpretations of intrusive memories and bodily sensations

persisting anger about and preoccupation with a sense of unfairness or revenge

grief reactions and their beliefs about responsibility for death, about death and/or the horror of dying

excessively negative interpretation of the physical consequences of trauma (such as scars or other injury)

### **Helping clients identify and desist from maintaining behaviours**

An ability to help the client understand the link between safety behaviours, hypervigilance and the maintenance of a sense of threat by using guided discovery, and an ability to help the client use behavioural experiments to drop or reverse their use

An ability to use guided discovery to help the client understand the link between the maintenance of symptoms and other maintaining behaviours (such as rumination, substance use or social withdrawal), and an ability to help the client use behavioural experiments to drop or reverse their use

An ability to help the client distinguish between intrusive memories of the trauma and rumination, and to help them reduce rumination about the trauma.

### **Ending treatment**

An ability to develop a 'blueprint' with the client which identifies what they learnt in therapy (particularly about what maintained the problem and what was helpful in managing it)

An ability to work with the client to plan strategies to deal with possible setbacks