

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.

Post Traumatic Stress Disorder (PTSD)

Cognitive Processing Therapy (CPT)

Resick model

Sources:

Resick, P.A. & Schnicke, M.K (1996) *Cognitive processing therapy for rape victims*. London: Sage Publications

Resick P.A., Monson C.M. and Chard K.M. (2007) *Cognitive processing therapy: Veteran/Military version* Washington, DC: Department of Veterans' Affairs

Knowledge

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

An ability to draw on knowledge of the principles underlying Cognitive Processing Therapy (which combines cognitive restructuring and exposure, and whose goal is to help the client review and revise the schemas and beliefs about themselves which have developed as a consequence of trauma, and which contribute to the development and maintenance of symptoms of PTSD)

Assessment

An ability to use the assessment interview both to gather information, but also to normalise the client's reactions to the trauma (i.e. to help alleviate the client's concerns that PTSD symptoms represent an unusual reaction)

An ability to use a structured interview to gather information about the traumatic incident itself and the client's reactions to it, social support and any history of other traumatic events

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 that may be present

An ability to identify factors that have affected the severity of reactions, and which facilitated or hindered recovery (e.g. negative reactions from others in response to the trauma)

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| An ability to administer and interpret standardised measures of PTSD and depression (e.g the PTSD checklist (PCL), and the Beck Depression Inventory), and to monitor progress using these instruments |
| An ability to work with clients who find it difficult to disclose the full extent of their experiences as a consequence of guilt and shame |
| An ability to identify clients who may not be suited to CPT at this stage of their presentation: |
| clients who respond to any discussion of the trauma with very severe panic (who may require initial intervention focused on management of panic) |
| clients with very marked levels of dissociation |
| clients who show high levels of avoidance combined with low levels of intrusions, (and who may require specific help to manage and reduce avoidance in order to respond to the therapy) |

Engagement

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| An ability to help the client trust the therapist, by conveying an attitude that the therapist can listen to and contain the client's disclosures and reactions (e.g. by not overreacting to disclosures with obvious shock, blame or fear) |
| 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 traumatic event, are comprehensible and acceptable |
| An ability to recognise when secondary traumatisation reduces the therapist's capacity to respond to the client appropriately, and to seek support and supervision to manage this |

INTERVENTION

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| An ability to introduce and implement the components of the programme in a manner which is flexible and which is responsive to the issues the client raises, but which also ensures that all relevant components are included |
| An ability to ensure that the programme is implemented in a manner which is congruent with the principles of guided discovery |

Structuring sessions

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| An ability to ensure that the intervention as a whole is structured so as to introduce each elements of the intervention programme in an organized and progressive manner, integrating new information with continuous review of prior learning |
| An ability to convey to the client basic expectations of the programme (that sessions will be structured, and involve regular attendance and practice assignments) |

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| An ability to structure each session, by working with the client to construct an agenda |
| An ability to ensure that each session includes review of practice assignments, and discussion of plans for future practice assignments |
| Where clients have found it too difficult to carry out practice assignments as a consequence of avoidance, an ability to ensure that this is carried out in the session (i.e. to help the client manage and challenge avoidance) |

Education regarding PTSD and rationale for the intervention programme

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| An ability to outline the main symptoms of PTSD (re-experiencing of the event, avoidance of reminders of the event, and high levels of arousal), and to help the client relate this outline to their own experience (with the aim of helping to normalise their symptoms) |
| An ability to outline pathways to recovery from trauma, and the ways in which these can be disrupted in people with PTSD (fight-fright and “freezing” reactions, and their pairing with cues at the time of trauma) |
| An ability to offer a cognitive formulation in order help the client begin to understand the development and maintenance of their symptoms (i.e. that the client’s beliefs influence the way in which they have processed the trauma and its aftermath) |
| An ability to help the client distinguish between emotions engendered directly by the traumatic event, and feelings which reflect the client’s subsequent interpretations of the event |
| An ability to help the client understand the intervention programme, in particular its emphasis on the client’s thoughts and interpretations of the traumatic event |
| While acknowledging their fears, an ability to help the client understand the role of avoidance in maintaining their symptoms, to stress the importance of confronting their fears, and to signal the ways in which avoidance could manifest itself during therapy (e.g. in non-completion of practice assignments, or difficulty in coming to sessions) |
| An ability to help the client understand the rationale for self-monitoring, and to facilitate its use both as part of assessment and throughout the intervention by regular review of self-monitoring materials |

Identifying the meaning of the traumatic event

Impact statement

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| An ability to help the client initiate review of the trauma by asking them to write an “impact statement” as a practice assignment (focusing not on the details of the event, but: |
| on their thoughts about why the event occurred, its causes, and how it has impacted on themselves and on others |
| on the ways the event has influenced their beliefs about themselves, others and the world) |

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| An ability to identify, and help overcome, any difficulties or worries the client has about writing the statement (and other writing tasks involved in the exposure element of the programme) |
| An ability to help the client think about the impact of the traumatic event on their lives, by asking them to read the impact statement out loud in the session and discussing its meaning with them |
| An ability to use the impact statement to help the client begin thinking about the meaning of the traumatic event |
| An ability to identify potential 'stuck points' which interfere with acceptance (assimilation) of the event, and to note any extreme/over-generalised beliefs (over-accommodation to the trauma) held by the client |

Exposure and cognitive restructuring

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| An ability to help the client to remember the details of the trauma and its meaning for them, combining exposure with cognitive restructuring: | | | |
| <table border="1"> <tr> <td>an ability to help the client initiate exposure and cognitive restructuring by identifying the most traumatic event and asking them to provide a brief verbal account of its impact on them</td> </tr> <tr> <td>an ability to ask the client to write and to read a written account of the trauma (both in the session and as a practice assignment)</td> </tr> <tr> <td>by asking the client to revise and re-read their account throughout the therapy as more specific beliefs and details emerge (including sensory details, thoughts and feelings associated with the trauma)</td> </tr> </table> | an ability to help the client initiate exposure and cognitive restructuring by identifying the most traumatic event and asking them to provide a brief verbal account of its impact on them | an ability to ask the client to write and to read a written account of the trauma (both in the session and as a practice assignment) | by asking the client to revise and re-read their account throughout the therapy as more specific beliefs and details emerge (including sensory details, thoughts and feelings associated with the trauma) |
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| by asking the client to revise and re-read their account throughout the therapy as more specific beliefs and details emerge (including sensory details, thoughts and feelings associated with the trauma) | | | |
| An ability to help clients to express and to manage their feelings when recalling the trauma | | | |
| An ability to identify when recall and/or expression of feeling is inhibited by fears of being overwhelmed (e.g. where there is an absence of emotion during recall), or by shame or guilt, and to help clients through direct discussion of these factors | | | |
| An ability to help the client identify any "stuck points" and/or difficult memories which emerge in the account | | | |
| An ability to discuss with the clients the way in which many stuck points represent conflicts between prior beliefs and the experience of the traumatic event, or prior negative beliefs that are seemingly confirmed by the trauma | | | |

Identifying meanings

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| An ability to introduce the client to self-monitoring, with the aim of helping them to identify the connection between their thoughts and feelings, using an ABC chart which asks them to record: |
| A ctivating events |
| B eliefs (what they say to themselves in response to these events) |
| C onsequences (their resultant feelings and behaviours) |
| Based on the framework of client's written account of the trauma, an ability to help the client identify the meaning, and its impact on their life |
| Based on the iterations of the client's written account, an ability to help the client process the material and capture emergent meanings regarding the trauma |

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| An ability to help the client identify (label) specific emotions associated with the trauma |
| An ability to help the client understand how the interpretation of events can affect feelings and behaviours, using everyday examples as well as the client's own experiences |
| An ability to help the client identify 'stuck points' (conflicting beliefs or strong negative beliefs which result in powerful feelings or cause the client to behave in 'dysfunctional' ways) |
| An ability to review ABC charts with the client (e.g. clarifying distinctions between thoughts and feelings, identifying any themes and any stuck points) |

Cognitive restructuring

Introducing the client to cognitive restructuring

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| An ability to help the client begin appraising their beliefs about the traumatic event (usually beliefs which represent stuck points) by using a list of 'challenging questions' (e.g. what is the evidence for and against your belief, are you thinking in all-or-nothing terms), and helping the client consider how these questions can be applied to the beliefs they hold |
| An ability to help the client begin appraising automatic thoughts by describing common "problematic thinking patterns" and their role in generating negative automatic thoughts and behaviours, and helping the client consider the relevance of these biases to their current presentation |
| An ability to introduce the client to the use of the "challenging beliefs worksheet" (which helps them systematically challenge beliefs by identifying the feelings and automatic thoughts evoked by activating events, to challenge these thoughts (using both "challenging questions" and the list of cognitive processing biases), and to generate alternative thoughts and to decatastrophise) |
| An ability to help the client make systematic use of the "challenging beliefs worksheet" when working with specific beliefs (with the aim of helping them identify and challenge beliefs in the context of ongoing self-monitoring) |

Working with beliefs

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| An ability to work with the client to help them identify and resolve problems arising from extreme or over-generalised beliefs |
| An ability to help the client identify, appraise and revise relevant beliefs in a series of specific domains (safety, trust, power and control, self-esteem and intimacy) |
| An ability to help the client consider any relevant beliefs in each of these domains, using worksheets which describe how beliefs related to the self and beliefs related to others may have developed through prior experience, the symptoms associated with holding these beliefs too rigidly, and the ways in which these may be resolved through reappraisal of the belief), using these materials as the basis for in-session discussion and for self-monitoring (using the |

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| challenging beliefs worksheet) |
| An ability to work on each domain in a manner which is systematic, but also flexible and responsive (e.g. prioritising domains which are clearly salient for the client, or spending less time on a domain if it is clear that the issues are not relevant for the client) |
| An ability to help the client focus and work on any 'stuck points' that emerge |

Safety

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| An ability to help the client work on issues of safety by: |
| identifying pertinent beliefs (e.g. negative beliefs regarding the relative safety of others, or her ability to protect herself from harm), and the ways in which these beliefs lead to increased anxiety and to avoidance |
| differentiating appropriate safety practices from fear-based avoidance |
| recognising anxiety-inducing self-statements, and introducing alternative (more moderate and less fear-provoking) statements |
| appraising the realistic probability of the trauma reoccurring |

Trust

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| An ability to help the client work on issues of trust by: |
| helping them appraise an 'all-or-nothing' approach to trust (which leads to avoidance of relationships) and to develop strategies for allowing a graduated approach to developing trust in others by (for example): |
| focussing on the actual behaviour of others rather than applying global judgments |
| asking for support from others |

Power and control

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| An ability to help the client work on issues of power and control by: |
| identifying and appraising beliefs around self-efficacy (e.g. beliefs that the traumatic event confirms a sense of helplessness or lack of control over events, or beliefs that only complete control over everything ensures an experience of safety) |
| identifying and appraising beliefs around control in interpersonal relationships (particularly beliefs that only complete control of the other person ensures safety) |
| validating anger as a legitimate reaction to the trauma, and helping the client to experience and to talk about it without fearing that they will lose control (e.g. by becoming aggressive) |

Self esteem

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| An ability to help the client work on issues of self-esteem by: |
| identifying assumptions that impact on esteem and mood |
| exploring the effects of the trauma on the development or reinforcement of these assumptions |

helping the client to feel worthy of compliments and/or pleasant events without having to earn or disown them

Intimacy

An ability to help the client work on issues of intimacy by:

discussing the impact of the traumatic event on intimacy with others (both close family and friends as well as sexual intimacy), and on self-intimacy (the ability to self-soothe, and to be alone without feeling lonely)

identifying any unhelpful external attempts at self-soothing (e.g. use of alcohol or drugs, excessive eating or under-eating, excessive spending)

identifying the extent to which unresolved issues of control and of trust relate to ongoing problems with intimacy, and applying skills learned earlier in therapy to manage these

exploring any withdrawal from and/or avoidance of potential support (family and friends) and helping to redress this

Preparing for termination

An ability to review the meaning of the trauma with the client, in part by asking the client to rewrite and review their account of the traumatic event

An ability to help the client to consider how their beliefs have changed and to note any remaining beliefs and/or stuck points that would benefit from further intervention

An ability to help the client review the concepts and skills introduced over the course of therapy

An ability to help the client appreciate their own contribution to maintaining recovery (i.e. to convey a sense that the re-emergence of problems can be managed by practising the skills they have learned)

An ability to ask the client to reflect on their progress, and to take credit for dealing with the trauma