

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.

Panic Control Therapy (PCT)¹ **Barlow model**

Source:

Craske M.G. and Barlow D.H. (2007) *Mastery of your anxiety and panic (Therapist guide)* 4th edition) Oxford: Oxford University Press

Problem specific competencies

Knowledge

An ability to make use of knowledge of the model underpinning PCT (which assumes that panic arises from a vicious cycle arising from catastrophic misattribution of bodily sensations mediated by interoceptive conditioning (a learned association between internal or external cues and unexpected panics) and maintained by avoidance behaviours).

An ability to make use of knowledge of the DSM criteria for panic disorder, and of organic conditions which may produce panic symptoms

Capacity to undertake assessment and derive a case formulation

An ability to conduct an assessment that aims to identify and appraise presenting problems in the domains of:

behaviours (e.g. avoidance, or other coping behaviours)

cognitions (e.g. perception of intensity of the symptoms and perceived consequences of symptoms)

somatic reactions (e.g. increased heart rate etc)

¹ Earlier versions of PCT included progressive muscle relaxation as a component of the intervention. As current versions of PCT do not include this, relaxation is not described in this competence list.

An ability to derive a detailed description of each clients idiosyncratic patterns of behavioural, cognitive and somatic reactions, and which also describes the social context in which these patterns present
An ability to establish that panic disorder is the primary presentation (i.e. to identify panic that arises in the context of other anxiety disorders (such as specific phobia or social phobia), and to exclude the possibility that other (particularly more serious problems) are more relevant
A capacity to apply the basic treatment model in order to construct an individual case formulation
An ability to make use of a 'graduated funnel' approach to obtain information (moving from global to more detailed questions)
An ability to determine functional relationships between a) avoidance behaviours, cognitions and panic, and b) internal/ external cues and panic.
An ability to assess both the range and the degree of reliance on safety signals which contribute directly to the maintenance of panic
An ability to instruct clients in the use of structured recording (e.g. <i>Weekly Record</i> and the <i>Panic Attack Record</i>)

Explaining the rationale for intervention

An ability to help the client understand their own experience of panic by giving them information regarding the somatic features and psychological responses which contribute to its maintenance (the vicious cycle of panic and the relationship between physiological arousal, cognitions and behaviour)
An ability to help clients understand the relevance of this model to themselves and to the intervention.
An ability to help clients understand the relevance of the three components of the intervention (breathing skills training, cognitive techniques and exposure therapy) and the rationale for their use

Intervention

Across all components of the intervention, and ability to work with the client to agree and regularly to review homework assignments, and to encourage self-monitoring using appropriate record forms

Cognitive treatment component

An ability to help clients to learn to monitor their cognitions, with a view to identifying the kinds of predictions, interpretations and self-statements they make in anxiety-provoking situations.
An ability to help clients to explore alternative explanations for anxiety-provoking cognitions

An ability to help clients to learn to treat their cognitions as hypotheses rather than facts, and to detect common information processing errors (such as overgeneralisation, all or nothing thinking etc)
An ability to help clients learn techniques for decatastrophising cognitions, especially those relating to the anticipated consequences of feared events
An ability to help clients worrying over specific events to identify which aspects of the situation they have control over, and which they do not, with the aim of reducing worry regarding events over which they have no control
An ability to construct behavioural experiments which help clients learn how to use behavioural experiments to test-out their beliefs regarding anxiety
An ability to help clients learn to use coping self-statements to help them manage fear and anxiety-provoking situations
An ability to help clients generalise cognitive coping skills to a range of situations

Breathing skills

An ability to help the client understand the physiological consequences of overbreathing and the way in which misconstrual of these effects can contribute to panic
An ability to help the client learn diaphragmatic breathing, with the primary aim of helping clients to employ this approach during exposure (helping them to break the panic cycle and hence engage with, and gain a sense of mastery in, anxiety-provoking situations)
An ability to help the client learn diaphragmatic breathing both in a relaxing environment and to generalise this skill to more anxiety-provoking situations

Exposure treatment component

An ability to explain the rationale for exposure therapy, in particular its use as a way of helping clients re-evaluate anticipated consequences and to learn to tolerate (rather than rigidly to avoid) fear and anxiety cued by both situational and interoceptive (somatic) stimuli
An ability to introduce the concept of hierarchical exposure and to help clients to construct a hierarchy of feared situations for both situational and interoceptive items, and their combination
An ability to work with the client to implement exposure in a manner which maximises the probability of benefit, in terms of its structure (e.g. number of situations faced, duration and pacing), as well as helping the client identify and circumvent any covert avoidance or the use of safety behaviours
An ability to identify, plan and implement interoceptive, <i>in vitro</i> and in vivo exposure to help clients learn that some physiological sensations can be induced behaviourally and / or cognitively
An ability to identify when it would be helpful to involve significant others in exposure, and to plan and implement this
An ability to help the client follow-up any therapist-directed exposure with self-directed exposure

An ability to help the client review exposure experiences

An ability to help clients draw upon skills learnt within the cognitive and relaxation components of the intervention to help them to manage anxiety when undergoing graded exposure tasks

Termination and relapse prevention

An ability to work with the client to reduce likelihood of relapse (e.g. by helping them identify the procedures they have learned for self-management, and by planning options for managing stress)

Metacompetences

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

Appendix A

Earlier versions of PCT (and hence contributing to evidence for efficacy of this approach) included a comprehensive package of relaxation training.

Current versions of PCT no longer employ these techniques, though training in diaphragmatic breathing has been retained. For reference the competences associated with relaxation in earlier versions were:

Relaxation treatment component

An ability to train clients in the techniques of relaxation (including progressive relaxation, discrimination training, and cue-controlled relaxation)
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An ability to teach clients diaphragmatic breathing
