

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 DISORDER**

### **Clark model**

#### **Source:**

Clark, D.M. and Salkovskis P.M. (in press) Panic Disorder in Hawton, K., Salkovskis, P.M., Kirk, J. & Clark, D.M. (Eds). Cognitive Behaviour Therapy: A Practical Guide (2nd Edition). Oxford: Oxford University Press.

## **GENERIC COMPETENCIES**

### **Assessment**

An ability to assess medication and substance use

An ability to assess previous treatment

An ability to use and interpret relevant questionnaires to aid the assessment process

## **BASIC CBT COMPETENCIES**

### **Using homework**

An ability to identify and set homework tasks that encourage clients to apply information gleaned from in-session experiments to a range of external situations

## **SPECIFIC CBT COMPETENCIES**

### **Behavioural experiments**

An ability to discuss with the client (in a collaborative manner) the form and content of behavioural experiments, before these are carried out

## PROBLEM SPECIFIC COMPETENCIES

### Knowledge

An understanding of the cognitive model of panic, specifically:	
	a tendency to misinterpret bodily sensations (usually those associated with normal anxiety responses) in a catastrophic manner (i.e. as an indication of an immediately impending physical or mental disaster)
	hypervigilance (especially to interoceptive cues) in response to this tendency
	safety-seeking behaviours and patterns of avoidance which maintain these negative interpretations
An ability to be aware of and draw on knowledge of how the cognitive model is translated into treatment, and the three main goals of treatment, specifically:	
	helping clients to identify their catastrophic interpretations of bodily sensations
	generating alternative non-catastrophic interpretations
	testing the validity of catastrophic and non-catastrophic interpretations by discussion and behavioural experiments

### Assessment

An ability to assess the detailed pattern of panic attacks, and to identify whether panic disorder is the main problem, or whether the pattern of panic is better accounted for by another diagnosis
An ability to gain a detailed description of panics, particularly, their frequency and severity, associated somatic sensations, fearful thoughts and safety seeking behaviours.
An ability to maintain a focus on examples of recent and severe panics in order to identify details of relevant negative thoughts, images and somatic reactions
An ability to draw links between specific somatic sensations and specific thoughts
An ability to identify safety seeking behaviours aimed at preventing or minimising catastrophic fears
An ability to identify the situations and activities associated with the occurrence of panics
An ability to identify patterns of avoidance (e.g. situations and activities, active and passive avoidance)
An ability to identify factors which influence the severity of panics (i.e. make them more or less manageable, better or worse)
An ability to appraise the client's own beliefs about the problem, and the likely implications of these on motivation for treatment
An ability to assess the attitudes/beliefs and responses of significant others to the problem

### **Formulating an individualised version of the cognitive model**

An ability to conclude the assessment phase by working with the client to construct an individualised version of the cognitive model, which shows how their particular thoughts, sensations and behaviours contribute to the vicious circle of panic
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## **Intervention**

### **Establishing the session structure**

An ability to use appropriate monitoring procedures, including questionnaires, panic diaries and in-session ratings of beliefs
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An ability to negotiate an initial focus on catastrophic misinterpretations (rather than on controlling feared sensations)
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An ability to interweave discussion techniques and behavioural experiments in response to client need and client progress
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## **Using a range of techniques help clients identify panic-related negative automatic thoughts and images**

### **Discussion techniques**

An ability to discuss the observations that the client uses as evidence for their panic-related beliefs.
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An ability to engage in psychoeducation focused on the specific beliefs the client holds regarding somatic sensations occurring before and during panics, tailoring this education to the specific concerns of the client
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An ability to help the client identify any examples where panic intensity has been moderated by events that contradict their beliefs, and to help them recognise the significance of these
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An ability to help clients modify images representing feared outcomes using image restructuring (through agreement regarding how realistic the image is, eliciting and reworking imagery in a graduated manner, and encouraging homework practice)
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### **Behavioural experiments**

An ability to devise and to conduct behavioural experiments aimed at modifying catastrophic misinterpretation of interoceptive cues, ensuring that experiments are relevant to the client, and that the outcomes from experiments are used to help the client see how these challenge their beliefs.
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An ability to carry out a 'paired associates' behavioural experiment in order to help the client discover the operation of the vicious cycle of panic
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An ability to conduct a behavioural experiment utilising hyperventilation in order to help the client discover operation of the vicious cycle of panic
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An ability to conduct behavioural experiments involving redirected of attention from an internal to an external focus in order to help the client discover the operation of the vicious cycle of panic

An ability to conduct a “chest pain” behavioural experiment in order to help the client discover the operation of the vicious cycle of panic

An ability to use behavioural experiments to in order to help the client discover that some safety seeking behaviours induce panic related sensations

An ability to prepare clients for behavioural experiments in which the client is asked to evoke feared sensations without attempts to prevent anticipated catastrophes, and to ensure that these are introduced only when the client is ready to undertake them

### **Adapting behavioural experiments to manage avoidance behaviour**

A capacity to encourage clients to expose themselves to feared situations or activities, in particular focussing on the ways in which this enables the client to test specific beliefs

An ability for the therapist to model (role play) the social consequences of panic attacks which the client fears (such as fainting) with the aim of helping them discover that reactions to these events are less extreme than predicted

### **Relapse prevention**

An ability to plan for relapse prevention by encouraging the client to anticipate strategies for the management of potential setbacks

An ability (towards the end of therapy) to review whether any remaining panic-related beliefs are considered credible, and to work on these residual beliefs prior to termination