

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.

DEPRESSION

Beck model

Sources:

Beck A.T., Rush A.J., Shaw B.F. & Emery, G. (1979) *Cognitive Therapy of Depression*. New York: Guilford Press

Blackburn, I.M. James, I.A. Milne D.L & Reichelt F.K. (2001) *Cognitive Therapy Scale – Revised (CTS-R)*

GENERIC COMPETENCES

Knowledge about depression

An ability to be aware of and draw on knowledge regarding the clinical manifestations, course and outcome of depression

An ability to be aware of and draw on knowledge about common factors linked to predisposition to, and precipitation of, depression
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An ability to be aware of and draw on knowledge of common indicators of suicide risk
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PROBLEM SPECIFIC COMPETENCES

Knowledge of the cognitive model of depression

An ability to apply understanding of the concept of the “cognitive triad” (core beliefs in three areas: self, others, and future)

An ability to apply understanding of concept of schemas (structural organisation of depressive thinking)
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An ability to identify and conceptualise common “processing biases” (e.g. arbitrary inference, selective abstraction, overgeneralisation, magnification/ minimisation etc)
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An ability to be aware of and draw on knowledge of importance of interpersonal factors in development/maintenance of depression, particularly the tendency to elicit reactions from others that confirm self-perceptions/beliefs and lead to self-fulfilling prophecies

An ability to make use of awareness with severely depressed clients of the likely benefit of focussing on behavioural rather than cognitive approaches in the early phases of therapy

Ability to undertake an initial assessment

An ability to gain an overview of the client's current life situation, any specific stressors and level social support
An ability to elicit information regarding diagnosis, past history and present life situation
An ability to help the client translate vague/ abstract complaints into more concrete and discrete problems
An ability to help client identify any 'chief complaints' or 'chief problems' through which depression is manifested
An ability to comprehend the client's "personal paradigm" (the belief system and information processing strategies through which they construe and interpret their world)
An ability to delineate/ identify the configuration of cognitive problems which contribute to the maintenance and exacerbation of target depressive symptoms
An ability to gain an overview of the client's coping mechanisms (e.g. stress tolerance, level of functioning and capacity for introspection and self-objectivity)
An ability to identify the presence and significance of comorbid psychological problems particularly personality disorders and substance abuse, but also other common comorbid complaints such as anxiety, PTSD and OCD
An ability to assess and to respond to indicators of risk of suicide
An ability to assess the client's attitude about and motivation for therapy

An ability to explain the rationale for cognitive therapy

An ability to explain the rationale for a focus on cognitions and to help the client consider this in relation to themselves using a recent/specific example to consider the link between the cognitive triad (how they think about themselves, their environment and their future) and feelings, motivation and behaviour
An ability to help the client focus on/identify information processing that leads to unhelpful conclusions
An ability to convey the cognitive model in a way which implies that client is thinking inaccurately rather than 'irrationally'

Intervention skills

Establishing whether there are priorities for intervention

An ability to work with the client in order to establish whether, and if so which, of the client's depressive symptoms and associated problems need to be prioritised for intervention
An ability to help clients who feel overwhelmed by problems to identify specific problems and working to identify solutions

Ability to apply cognitive techniques

Familiarity with key overarching principles

An ability to explore the client's meaning system in a manner which is collaborative and which models strategies that clients should be able to apply both during and after therapy

An ability to help the client understand the relevance of links between thinking, feeling and behaving in relation to their own difficulties, usually through eliciting concrete examples

An ability to help the client examine/explore evidence for their beliefs and assumptions based on their own behavioural experiments

Ability to use guided discovery as the basic stance for implementing CT

An ability to adopt an open and inquisitive style aimed at helping the client draw his/her own conclusions

An ability to make effective use of guided discovery to help the client discover useful information that can be used to help him/her to gain a better level of understanding (and to help the client adopt this strategy for themselves as the basis for exploring their own beliefs)

An ability to use guided discovery to create doubt in place of certainty, providing the client with the opportunity for re-evaluation and for new learning to occur

An ability to help the client develop hypotheses regarding his/her current situation and to generate potential solutions for him/herself

An ability to help the client develop a range of perspectives regarding his/her experience (by examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate

An ability to avoid attempting to impose a particular point of view on the client (for example by reliance on debate, persuasion, "lecturing", or "cross-examining" the client) and to ensure that this basic 'stance' pervades all interactions with the client

Detecting and recording key cognitions (automatic thoughts/ images)

An ability to define 'cognitions' in a way which is meaningful for, and relevant to, the client and to explain the concept of automatic thoughts and images

An ability to help client understand general concept of links between thinking, feeling and behaving by using specific examples of distressing situations

An ability to help client make links between specific environmental events and cues associated with depressive cognitions and mood

An ability to help client detect automatic thoughts and images through devising specific 'projects' designed to help elicit and "catch" pertinent cognitions

An ability to elicit cognitions that are associated with distressing emotions, particularly the 'hot' cognitions most likely to have caused the relevant affect

An ability to use empathy and skill to determine cognitions associated with strong emotional expression which occur in the session, and to discuss these with the client in the context of their beliefs
An ability to identify the different forms of cognitive biases used to support the client's thinking
An ability to help clients use and complete relevant written records (e.g. Daily Record of Dysfunctional Thoughts), with the aim of helping the client learn to self-appraise the accuracy of their thoughts and beliefs

Examining and reality testing automatic thoughts/ images

An ability to help the client find alternative solutions to problems on the basis of helping the client to reconceptualise their difficulties (i.e. by examining the accuracy of the specific thoughts and underlying beliefs that operate in a given situation)
An ability to work with the client to record dysfunctional thoughts and responses to these thoughts, with the aim of with the aim of helping clients learn to self-appraise evidence and to generate alternative interpretations

Identification and modification of dysfunctional assumptions ("intermediate beliefs")

An ability to work with the client in order to identify dysfunctional assumptions in a manner which ensures that this is a process which is led by the client, and not one led by the therapist
An ability to take a "naïve", "unknowing" stance regarding the assumptions which shape the client's specific cognitions (an ability to avoid "jumping to conclusions")
An ability to examine assumptions using questions and offering alternative suggestions, and to avoid making this a didactic process (by 'lecturing' the client)
An ability to help the client consider how assumptions can become self-fulfilling
An ability to help client consider changing/discarding self-defeating assumptions by listing the advantages and disadvantages (benefits and costs) of holding on to these assumptions
An ability to help the client examine the long-term effectiveness of assumptions, especially when assumptions currently appear to be working in the client's) favour in the short-term
An ability to help the client generate and carry out behavioural experiments which help the client modify their assumptions (for example, comparing what they 'should' do with what they are able to do, or acting against their assumptions)

Ability to help client apply and test out change methods using homework

An ability to help the client think through the rationale for performing homework tasks (in terms of cognitive therapy), and to identify and problem solve any anticipated difficulties in carrying out tasks

An ability [using these methods] to obtain feedback regarding the client's level of understanding of prospective homework assignments (for example, by the client performing the task in-session)

An ability to help the client test-out cognitions practically, and gain experience in dealing with high levels of emotion

Helping clients to manage depression-specific cognitions and beliefs

An ability to help clients examine and reality-test their thoughts, but without assuming that all the client's pessimistic statements are necessarily invalid

An ability to help clients use self-monitoring and behavioural experiments to deal with excessive self-blame by helping them to be more aware of the frequency and nature of specific self-criticisms, and using appropriate strategies to manage these (e.g. looking at meanings and alternative responses, objectification, role play, learning how to use self-challenging responses)

An ability to help clients manage/challenge all-or-nothing thinking using appropriate strategies (e.g. looking for partial gains from adverse events, fostering self-questioning to think about all-or nothing responses)

An ability to use reattribution techniques/ strategies to manage excessive self-blame (for example, using pie charts)

An ability to challenge any core beliefs which undermine the client's self-worth

Helping clients to express difficult feelings and manage them in the context of the CT model

An ability to help the client express strong feelings, and to help them consider and test out the beliefs that lead to (or are consequent on expression of) these affects

→ an ability to help manage the consequences of catastrophisation or self condemnation in the context of low mood

→ an ability to help the client express, in the therapy session, strong feelings they may perceive as negative (such as guilt, shame or anger), to determine their meaning for the client, and to help the client use their relationship with the therapist to test beliefs about the reactions of others to expression of these feelings

→ an ability to help the client develop strategies which they can apply outside the therapy session for managing the expression of feelings they may perceive as negative

Behavioural activation

An ability to help the client make links between underactivity/ failure to engage in activities and their depressive ruminations/ preoccupations

An ability to use activity scheduling to help clients manage behavioural symptoms such as passivity, avoidance or inertia

In collaboration with the client, an ability to revise a graded hierarchy of daily activities, in line with client response to earlier phases of activity scheduling

An ability to help the client set realistic expectations of their capacity to complete planned activities and to help the client identify beliefs regarding their achievability

An ability to use cognitive rehearsal to help the client identify potential problems in achieving tasks
An ability to use role playing to help the client identify and manage barriers to carrying out activities (including modelling, coaching and behavioural rehearsal and role playing)
An ability to work with the client to ensure accurate recording of activities undertaken, including ratings of mastery and pleasure
An ability to review homework with the client and identify relevant cognitions and beliefs related both to accomplishments and to areas where the client was unable to carry out planned assignments

Helping clients to manage specific problems frequently associated with depression

An ability to identify anxiety symptoms which appear in the context of depression, and to employ appropriate techniques for their management
An ability to help clients find strategies to manage concentration and memory problems
An ability to help the client manage indecisiveness
An ability to help the client overcome problems of low motivation and avoidance of constructive activity using appropriate cognitive and behavioural techniques
An ability to help clients manage sleep disturbance (for example, education about sleep, teaching relaxation methods, 'sleep hygiene' methods)

Responding to the needs of suicidal clients

An ability to detect indicators of increased suicidal intent
An ability to explore motives for suicidal wishes with the client
An ability to adopt strategies for managing suicidal thoughts, and to deal with feelings of, and particularly beliefs leading to, hopelessness
An ability to help suicidal clients to articulate their sense of being trapped and to redefine their dilemmas as a problem to be solved, and to adopt appropriate problem-solving techniques
An ability to help suicidal clients anticipate and consider how they will manage increases in suicidal intent
An ability to specify, negotiate with the client and put in place appropriate practical strategies for managing suicidal episodes

Ending therapy and helping the client guard against relapse

An ability to ensure that from the outset the client is clear that therapy is time-limited, and that a major objective is for the client to learn how to become their own therapist
An ability to terminate therapy in a manner which is planned, and with plans for termination signalled at appropriate points throughout
An ability to help clients who have recovered identify problematic events which have led them to become depressed or anxious in the past and explicitly to plan ways in which they can implement relevant coping strategies they have learned during therapy

An ability to help the client discuss any concerns about termination (e.g. that they need support to manage on their own or that they will relapse) at all stages of therapy, and not just at its end

METACOMPETENCES

Capacity to implement therapy

An ability to implement CT model in a manner that is neither stylised nor rigid

An ability to implement CT without being overly reductionistic or simplistic, but which nonetheless conveys a set of coherent principles to the client

An ability to adapt CT models to the individual case, ensuring that the model works for the client, and not that the client is fitted to the model

An ability to avoid being excessively didactic, and to maintain a stance that invites clients to explore and learn from their own experience

An ability to use humour judiciously, modulated so as to be appropriate to the developing relationship between therapist and client

An ability to structure the session in a manner which is responsive to the client's needs, and especially to their capacity to concentrate

Capacity to identify and address therapeutic impasses

An ability to identify and work collaboratively with client beliefs about the CT model that are potentially countertherapeutic and that relate to :

- a misunderstanding of the cognitive model (e.g. that CT is only positive thinking), or
- difficulties the client is having in applying the model to themselves

An ability to identify and work collaboratively with client behaviours that may limit progress in treatment (e.g. clients who find it difficult to talk, who talk too much and go off on tangents, who fabricate material, who are chronically late etc)

An ability to recognise when difficulties in the relationship with the client relate to the impact of childhood antecedents on their current behaviour, and a capacity to address these issues with the client using a cognitive framework

An ability to recognise and to acknowledge therapist errors, and to use such acknowledgements in a constructive way to identify and to repair any damage to the therapeutic relationship (by acknowledging and apologising for the error, and by exploring its impact on client beliefs, including their beliefs about the therapy and themselves)

An ability to avoid reacting negatively (or to be drawn into) to the depressed client's behaviour and beliefs, especially instances of hopelessness

An ability to detect the difference between dependency which is "constructive" (using the relationship with the therapist to help learn how to resolve problems) and an over-reliance on the therapist to help resolve problems

An ability to capitalise both on improvements and on exacerbation of symptoms

Therapist self-management skills

An ability for the therapist to identify their own dysfunctional 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)
An ability to avoid seeing the client themselves as a problem and to maintain a problem-solving attitude in the face of difficulties and frustrations