

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.

## **Generalised Anxiety Disorder (GAD)**

### **Zinbarg, Craske and Barlow model**

#### **Sources:**

Zinbarg, R.E. Craske, M.G. & Barlow D.A. (2006). *Mastery of your anxiety and worry*. Oxford: OUP  
Brown, O'Leary and Barlow D.A. (2001). Generalized Anxiety Disorder pp 154-208 in D.A. Barlow (Ed) *Clinical Handbook of psychological disorders; a step by step manual (3<sup>rd</sup> edition)*. New York: Guilford Press

### **PROBLEM SPECIFIC COMPETENCIES**

#### **Knowledge**

An ability to be aware of, and to draw on, knowledge of the presenting problems associated with GAD, with the diagnostic criteria for GAD, and with diagnostic criteria for conditions which pose a 'boundary' problem with GAD

An ability to draw on knowledge of the model of GAD being applied, namely:

that chronic worry and anxiety reflects a tendency to perceive aversive events as unpredictable and uncontrollable, and that this state is maintained by hypervigilance (an attentional bias towards a perception of threat) and by avoidance (both behavioural and cognitive)

that worry itself can foster avoidance of threatening imagery (and hence make it less likely that this is processed)

that a tendency towards ineffective problem solving contributes in turn to further worry

that an inability to terminate bouts of worry characterises the disorder

An ability to draw on knowledge of the main components of the intervention:

progressive muscle relaxation

cognitive restructuring

imagery exposure

in-vivo exposure

#### **Capacity to carry out a structured assessment**

An ability to carry out a structured interview aimed at identifying whether GAD is the most appropriate conceptualisation of the client's anxiety and worry (either using the ADIS (Anxiety Disorders Interview Schedule)) or by adopting an appropriately structured and comprehensive interview format)

An ability to determine whether worry is excessive and/or unrealistic

An ability to identify whether worry relates to coexisting conditions (e.g. worry about panic, OCD obsessions or negative social evaluation)
An ability to administer and interpret appropriate questionnaires (particularly the Penn State Worry Questionnaire (PSWQ))
An ability to help the client complete self-report measures, both to aid assessment and to help monitor progress

### **Motivation for change and goal setting**

An ability to help the client articulate their motivation for the programme, and where this is potentially low an ability to discuss possible reasons for this (e.g. attributions of worry to biological factors, or difficulty in linking worry to readily identifiable triggers)
An ability to help the client articulate their goals, with the aim of making these as concrete and as specific as possible

## **Intervention**

### **Establishing a framework and a rationale for the components of the intervention**

An ability to help clients learn about anxiety, helping them to understand that anxiety is a normal response, and that the aim of the intervention is to manage excessive levels of anxiety, not to remove it completely
An ability to help the client identify the physiological, cognitive and behavioural components of anxiety, and how these can interact to increase or reduce anxiety
an ability to help the client to apply these distinctions to their own experience
An ability to help the client distinguish between reactions to fear (perception of immediate threat) and to anxiety (a perception of more distant threat)
an ability to help the client to apply these distinctions to their own experience
An ability to help the client learn about the factors thought to lead to their excessive anxiety and worry:
biological/genetic factors, specifically a tendency to muscular tension and physiological arousal
a tendency to see threat as ever-present
life experiences that create a sense that they are not able to control negative events
stressful events
An ability to help the client learn about the factors thought to maintain their excessive anxiety and worry:
the way in which high levels of anxiety interfere with a capacity to perform and to problem solve
a tendency to interpret information in a way which results in a sense of threat (judgment bias)
a tendency to shift from one worry to the next in a way which makes it hard objectively to appraise any one worry ('chaining' of worry)
automatic connections between thinking and feeling

a belief that worry has positive value (i.e. a belief that worry decreases the likelihood of negative events happening in the future)

a belief that worry has catastrophic consequences (e.g. "it will drive me crazy")

a tendency to use cognitive avoidance and/or distraction

An ability to discuss any concerns or queries clients have regarding these aetiological and maintaining factors, balancing a didactic approach with Socratic questioning

An ability to structure the intervention by working with the client to set an agenda for each session which includes:

review of prior learning and homework tasks

introduction to, and discussion of, any new elements of the programme

time for in-session practice (dependent on the stage of the intervention)

construction of appropriate homework tasks which are related to the stage of the programme, and (at later stages) help them to integrate the various components of the intervention

### **Self-monitoring**

An ability to introduce the client to the role of self-monitoring (helping them to observe the processes which contribute to anxiety, rather than focusing on the anxiety itself)

An ability to review self-monitoring records at each session, and to help and to encourage clients to maintain self-monitoring records throughout the intervention

An ability to help clients manage any obstacles to self-monitoring, usually through identification and discussion of factors which make this difficult (especially difficulties which reflect the GAD itself, such as discomfort generated by focusing on worrying issues and thoughts)

### **Progressive muscle relaxation**

#### **Ability to help the client learn to relax**

An ability to present a rationale for learning to relax (the role of tension and arousal in GAD, and the role of relaxation in helping clients detect and manage signs of increased tension)

An ability to help clients learn progressive muscle relaxation, and to identify and manage any problems (especially difficulty focussing on the sensation of relaxation or tension as a consequence of being distracted by worries, or relaxation-induced anxiety)

### **Working with automatic thoughts and cognitive restructuring**

An ability to introduce the client to the notion of negative automatic thoughts and the rationale for focussing on these (that they form the basis for generating a sense of threat in specific situations through specific predictions, hypotheses, images or interpretations)
An ability to help the client first learn about detecting automatic thoughts and cognitive restructuring by working on a specific (anxiety-provoking) example in the session, in order to help them manage the likely anxiety that these procedures generate in the initial stages of therapy
An ability to help the client to treat thoughts as hypotheses, and to evaluate the evidence for them and for alternative construals (usually through the use of Socratic questioning)
An ability to help the client to identify behaviours that make it less likely that they will develop alternative construals (e.g. safety or avoidance behaviours which the client believes help to ward off their feared catastrophe)
An ability to help clients identify their patterns of thinking at times of high anxiety (identifying both conscious and automatic thoughts)
An ability to help the client to use cognitive restructuring to appraise their worries (i.e. to identify whether they are realistic), and to challenge unrealistic worries by evaluating the evidence for them and considering alternatives
An ability to help clients who have difficulty in identifying automatic thoughts to conduct in- session behavioural experiments to detect these
An ability to help clients to identify and manage any difficulties cognitive restructuring (e.g. finding it hard to identify automatic thoughts, being reluctant to identify thoughts in case anxiety increases, being reluctant to focus on one worry when they are preoccupied by others worries)

#### **a) Ability to focus on overestimation of risk**

An ability to help the client to identify the actual likelihood of a feared events by questioning the objective probability that the feared event will occur
An ability to help the client understand that when they are highly anxious they are more likely to overestimate the probability of a negative event (i.e. to help them notice that their cognitions are state dependent), and that this contributes to a vicious circle of worry
An ability to help the client adjust their estimates of the probability of an event

#### **b) Ability to focus on catastrophising**

An ability to introduce the client to the notion of catastrophisation and the rationale for its management
An ability to help the client understand that when they are highly anxious they are more likely to experience events as unbearable or insufferable (i.e. to help them notice that their cognitions are state dependent), and that this contributes to a vicious circle of worry
An ability to help the client understand that the evaluation of an event as insufferable or as unbearable directly contributes to anxiety
An ability to help the client focus on coping skills they already possess, as well as helping them to generate a range of skills for managing if the feared event <i>actually</i> occurred
An ability to use Socratic questioning to help the client evaluate catastrophic thoughts and consider alternative construals

An ability to help the client decide whether strategies for managing probability overestimation or catastrophisation would be most effective in managing specific events (i.e. deciding whether a focus on both is appropriate, or whether one or the other is better)

## **Exposure techniques**

### **Exposure to worrying images (imaginal exposure)**

An ability to explain the rationale for exposure to worrying images

An ability to help the client learn to use imaginal exposure by initially conducting in-session exposure, and to help the client manage any difficulties in getting started (particularly a worry about exposure to worry)

An ability to enhance the client's sense of control by helping them identify imagery which is appropriately anxiety provoking, initiate exposure with images that they themselves choose to start with, and to allowing them to decide how quickly they wish to progress to more anxiety-provoking worries

An ability to help the client expose themselves to images which are "imagery-rich", and to facilitate this by periodically asking them to describe their imagery, using the present tense (i.e. as if it were actually happening)

An ability to help the client experience the images, without employing strategies that tend to maintain anxiety (such as chaining, distraction or using worry to avoid processing the image)

An ability to help the client confront images repeatedly until their anxiety is reduced

An ability to help the client confront the most catastrophic scene associated with a given worry

An ability to help the client work through any 'stuck points' which emerge, usually by identifying automatic thoughts associated with imagery

### **Managing avoidance and the use of safety behaviours (in-vivo exposure and response prevention)**

An ability to judge whether avoidance and the use of safety behaviours represent a significant problem for the client (and hence whether to employ exposure techniques)

An ability to explain the rationale for in-vivo exposure (that anxiety can be maintained by avoidance, use of safety behaviours and misinterpretation of evidence)

An ability to help the client devise a hierarchy and to set goals for self-directed practice

An ability to help the client manage any problems implementing exposure (e.g. helping them break down tasks into smaller steps if they find exposures too overwhelming)

An ability to help clients identify whether they are using avoidance or safety behaviours during exposure, and to understand the predictions they are making that cue their use

An ability to help clients integrate previously learned anxiety management techniques (relaxation and cognitive restructuring) with exposure

### **Time management and problem solving**

An ability to explain the rationale for time management and problem solving (a focus on helping to manage real stressors effectively)

An ability to help the client identify any cognitive “biases” or styles that contribute to problems in time management (e.g. being perfectionistic, or finding it hard to refuse unreasonable demands)

An ability to help the client establish an agenda which structures their daily activities and prioritises tasks

An ability to help the client undertake problem-solving in an effective manner (including describing problems in a concrete and specific way, and brainstorming initial ideas without censoring possible solutions)

An ability to help clients develop alternative (backup) plans which they can put in place if their first plan does not work

### **Termination and relapse prevention**

An ability to help clients evaluate their progress based on an appraisal of their self-monitoring records (rather than on based on recall)

In clients where there has been a lack of progress, an ability to help identify any factors which may have contributed to this, and to plan for further steps accordingly

An ability to help clients plan for possible recurrence of symptoms or problems (by noting that they have learned to intervene in a maladaptive cycle which leads to unwarranted anxiety, and that if there is a recurrence of problems, especially in response to stressful events, they have strategies which can be employed to intervene in this cycle)

An ability to encourage continued practice of skills in order to maintain improvements

## **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