

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.

Obsessive Compulsive Disorder (OCD)

Steketee/ Kozac & Foa combined model

Sources:

Steketee G.S. (1993) *Treatment of Obsessive Compulsive Disorder*. New York: Guilford Press

Kozac M.J. and Foa E.B. (1997) *Mastery of Obsessive Compulsive Disorder: A cognitive behavioural approach (Therapist guide)*. Oxford: Oxford University Press

PROBLEM SPECIFIC COMPETENCIES

Knowledge

An ability to be aware of and draw on knowledge of clinical and research findings regarding OCD, and the rationale for behavioural treatment using exposure and response prevention

Assessment and Treatment planning

An ability to establish a collaborative and respectful relationship between the client and therapist

An ability to assess the client's thoughts, feelings and behaviours in order to understand the context of OCD symptoms and hence to devise appropriate treatment strategies

An ability to integrate different sources of information regarding symptoms, including clinical interviews, behavioural observations, questionnaires and information from significant others

An ability to gain a detailed list of obsessive ideas and rituals, using standardised instruments as a prompt (e.g. the Yale-Brown Inventory and other relevant instruments)

An ability to help the client generate a detailed list of internal cues and external situations that provoke obsessive fears

An ability to help the client become aware of and report thoughts, images or impulses that trigger obsessive fears, and to enable the client to overcome any reluctance to discuss these (e.g. because the client feels shame or anxiety about disclosure)

An ability to help the client identify situations they knowingly or unknowingly avoid in order to reduce discomfort related to obsessional fears

An ability to help the client identify all behavioural and cognitive rituals used to reduce discomfort caused by obsessional beliefs
An ability to identify the specific consequences/disasters the client fears will follow when their obsessive concerns are cued
An ability to assess the client's insight into the validity/reality of their obsessional fears, especially their overestimation of the likelihood of actual harm
An ability to assess levels of support from family and significant others, and the degree to which the client's family/significant others have become involved in actions which help the client maintain avoidance or complete rituals
Where there are indications that clients have difficulties in observing and/or reporting their own behaviours, an ability to undertake direct observation of the client in contexts where avoidance and rituals are likely (particularly in their home)
An ability to help the client monitor specific obsessions and compulsions, with the aim of identifying the specific patterns of their symptoms for treatment planning
An ability to help establish the importance of homework, and to manage any difficulties clients have in beginning self-monitoring
An ability to identify, administer and interpret any relevant questionnaires in order to ensure that the pattern of symptoms is clear
An ability to collate information from assessment to determine the nature and context for in vivo exposures
An ability to collate information from assessment to determine whether there is a need for imaginal exposure
An ability to identify the relevance to treatment planning of any comorbid conditions

Intervention

A capacity to engage the client with the intervention

An ability to provide a general explanation of the aetiology and maintenance of symptoms, and to respond to the client's queries about this
An ability to describe and explain the rationale for the behaviour therapy program, and to respond to the client's queries about this
An ability to assess the client's motivation to engage in exposure and relapse prevention
An ability to ensure that homework planning and review occurs in all sessions

In vivo exposure

An ability to work with the client to develop a hierarchy (or if relevant, multiple hierarchies) for exposure
An ability to revise the hierarchy in relation to the client's response (for example their actual, as contrasted to their predicted, response to each element), and as new information about obsessional discomfort becomes available during the intervention
An ability to implement direct exposures and adjust the duration of exposure to the needs of the client (as gauged by their self-reported anxiety levels)
An ability to help the client manage high anxiety during exposure
An ability to encourage clients fully to focus their attention on exposure situations
An ability to use therapist modelling when this seems relevant
An ability to agree on homework tasks with the client at the end of each session

An ability to facilitate the client's taking responsibility for planning the exposures and carrying out homework, including identifying further situations that provoke obsessional discomfort, self-exposures and prevention of rituals

For clients who do not initially undertake self-conducted exposure in their usual surroundings, an ability to generalise symptom reduction from treatment site to natural situations

Imaginal exposure

An ability to decide whether the addition of imaginal to in-vivo exposure is appropriate (usually offering this for clients whose fears predominantly involve mental images rather than external events, who report fears of disastrous consequences if they do not ritualise, or those whose fears are predominantly focused on harming others)

An ability to test the client's ability to bring to mind images which are vivid enough to permit exposure

An ability to construct a hierarchy and agree with the client specific content of each image

An ability to contract with the client to prevent neutralising rituals during the images, and if relevant to agree on strategies to ensure that these are not carried through

An ability to describe the exposure image as if it were happening in real time, and to encourage the client to use various sensory modalities (sight, sound, touch, smell) to retain a strong image and to become aware of emotional reactions to the events in the image

An ability to continue or repeat the exposure image in a vivid manner until the client's discomfort reduces noticeably (as gauged by the client's verbal report during the image)

Ritual Prevention

An ability to agree a plan for ritual prevention with the client, preferably by eliminating rituals, but modifying this as relevant to the client's presentation and capacity to tolerate this

An ability to help clients self-monitor and record rituals throughout the exposure process

An ability to work with the client to identify any previously unidentified "mental" rituals that emerge during exposure and to implement strategies to control or prevent these (e.g. implementing exposure through the use of loop tape)

An ability to discuss client anxieties about desisting from rituals, especially when these expose clients to taking a risk

An ability to manage complications which arise during ERP, such as refusal to engage in exposure, failure to habituate, undetected avoidance or the emergence of new obsessive fears

Relapse prevention

An ability to work with the client to reduce likelihood of relapse (e.g. by planning options for managing stress, for exploring the use of additional time created by the absence of rituals)