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.

Post-traumatic Stress Disorder (PTSD)

Treatment of individuals who have been raped:
Foa & Rothbaum model

Source:
Foa E.B. & Rothbaum B.A. (1998) *Treating the trauma of rape: Cognitive behavioral therapy for PTSD.* New York: Guilford Press

PROBLEM SPECIFIC COMPETENCIES

Knowledge

An ability to be aware of, and to draw on, knowledge of the psychological and social difficulties presented by clients with a diagnosis of PTSD
An ability to draw on knowledge of the three components of the CBT model (exposure, cognitive restructuring and stress inoculation training)
An ability to draw on knowledge of the basic principles underlying therapeutic exposure

Engagement

An ability to demonstrate knowledge and expertise about PTSD and its treatment
An ability to provide the client with the rationale for the treatment and techniques
An ability to discuss common reactions to assault and normalise the client's response
An ability to help the client trust the therapist by conveying an attitude that the therapist can contain the client's disclosures and reactions
An ability to convey a sense of hope that the treatment programme will help to bring the client relief
An ability to help the client feel safe and understood and to use empathy to demonstrate (within and through the therapeutic relationship) that the client's current beliefs and feelings, as well as their actions at the time of the trauma, are comprehendible and acceptable

Assessment

An ability to distinguish between PTSD and other disorders that may be triggered by a traumatic event.
An ability to determine whether PTSD is the primary presenting problem, and to identify any other psychological, social and physical problems relevant to intervention
Where PTSD is not the primary problem, an ability to negotiate an initial focus on these areas with the client
An ability to use standardised measures to assess current severity and to generate a baseline against which to assess progress
An ability to help the client understand the rationale for self-monitoring, and to facilitate its use both as part of assessment and throughout the intervention
An ability to gather a comprehensive, specific and detailed account of the assault (using the Assault Information and History Interview (AIHI) to structure the interview)
An ability to address and manage with the client any difficulties which emerge in assessment, such as difficulties in self monitoring
An ability to work with clients who find it difficult to disclose the full extent of their experiences as a consequence of guilt and shame
An ability to work with the client to identify the primary behaviours to target in the initial stages of therapy

Deciding which components of the intervention to offer the client initially, and providing a rationale for the selected intervention

An ability to appraise and integrate information gathered from the assessment to make initial decisions about which components of the model to offer the client (usually prolonged exposure in cases of 'uncomplicated' PTSD characterised by anxiety and avoidance; the addition of cognitive restructuring where guilt, shame or debilitating anger are also present; the further addition of stress inoculation techniques to help clients who are very aroused or experience being very out of control, and/or are hesitant about undertaking exposure)
An ability to explain to the client the rationale for the main components of the intervention to be employed

Intervention

Capacity to facilitate discussion of the assault and its sequelae

An ability to help the client talk about their reactions to the assault and its impact, including discussion of any ways in which their life has changed (including any areas of avoidance linked to the assault)
An ability to help normalise the client's reactions through psychoeducation (using a handout describing "common reactions to sexual assault") and using discussion to relate these general themes to the client's own presentation
An ability for the therapist:
to tolerate the client's extreme negative reactions and affect
to be able to bear hearing the upsetting details of traumatic incidents,
to ensure that they have appropriate support to help manage their own feelings regarding client disclosures

Prolonged Exposure

Breathing retraining

An ability to present a rationale for breathing retraining
An ability to instruct the client in these techniques and to conduct in-session practice
An ability to help the client undertake breathing retraining as part of homework

In vivo exposure for avoided and feared situations

An ability to present a rationale for in-vivo exposure (that avoidance of feared situations and experiences contributes to symptom maintenance)
An ability to explain the concept of habituation (that repeated exposure is associated with a gradual reduction in anxiety)
An ability to help clients rate their fear and discomfort using SUDS (Subjective Units of Discomfort Scale)
An ability to help the client construct a hierarchy of avoided situations, people and places and to rate these using SUDS
An ability to help the client differentiate items in the hierarchy which are initially rated the same
An ability to help the client identify which of the items in the hierarchy represent hot spots'
An ability to work with the client to identify elements from the hierarchy which are suitable for in- vivo homework assignments
An ability to help the client understand the process of in-vivo exposure, specifically the need to move through the hierarchy, and to ensure that each exposure is of sufficient duration to allow anxiety to decrease significantly (in order to achieve habituation)
An ability consistently to review homework, and to plan future exposure assignments

Prolonged imaginal exposure to memories of the assault ("reliving")

An ability to explain the rationale for reliving (that this reduces avoidance of memories feared and distressing experiences, and provides an opportunity to regain control over intrusive and distressing memories) and to discuss this with the client	
An ability to explain the procedure for reliving (that the client will be asked vividly to recall the assault without avoidance), to discuss this with the client and to help the client manage anticipatory anxiety about reliving	
An ability to carry out reliving by:	
	ensuring that there is enough session time to complete the exposure, ensuring that the client does not leave with high levels of anxiety
	arranging for the reliving to be recorded on audiotape (for use in homework)
	asking the client to recall the trauma vividly in present tense
	taking SUDS ratings at regular intervals
	asking the client to repeat the account of the assault
	at the end of exposure, reviewing the client's experience of reliving
An ability to encourage the client during exposure and to help them manage their anxiety during this process, and to provide appropriate prompts in order to help the client maintain their focus on reliving	
As reliving progresses, an ability to ask specific questions about the client's thoughts feelings and physical reactions during the assault in order to identify the most anxiety-provoking thoughts ('hot spots')	
An ability to conduct reliving focused on hot spots, and to encourage the client stay with the intense fear-evoking cues this evokes	
An ability to help clients who have difficulty expressing their feelings by encouraging discussion of factors which may make this harder for them (e.g. worry about being overwhelmed, concern over anger, guilt or shame)	
An ability to notice when clients are avoiding or controlling the emergence of strong feeling during reliving, and to help the client refocus their attention on their experience	
An ability to review each experience of reliving with the client, and to agree on use of the tape as part of homework	

Cognitive restructuring

An ability to identify important themes that would benefit from cognitive restructuring (based on the client's narrative and exposure homework), and to introduce this approach at an appropriate point in the therapy
An ability to explain the rationale for cognitive restructuring and to help the client understand the relationship between facts, beliefs and emotions
An ability to help the client consider the relevance of this rationale for their reactions to the assault by discussing changes to their perceptions and beliefs which are linked to the assault

An ability to help the client to identify emotionally distressing situations or thoughts, to identify the emotions these trigger, and the automatic thoughts or beliefs that cause the emotion
An ability to help the client self-monitor and appraise their thoughts and beliefs using a diary record (of triggering situations, negative thoughts and beliefs, evidence for and against these thoughts and beliefs, and the subsequent appraisal of these thoughts and beliefs)
An ability to help clients identify negative automatic thoughts by focusing on specific fear-evoking or distressing situations
An ability to help clients learn about common information processing biases, and to consider how these relate to their own negative thoughts
An ability to use Socratic questioning to help clients identify underlying and/or general dysfunctional beliefs, and to appraise and to challenge these by collecting evidence to refute/support them

Stress inoculation training

An ability to use clinical judgment to determine which (if any) stress inoculation techniques are employed, based on appraisal of the client's needs and their responses to other components of the intervention

Thought stopping

An ability to introduce the client to thought stopping by conducting an in-session demonstration of the technique
Subsequent to this demonstration, an ability to explain the rationale for thought stopping (as a technique for managing distressing thoughts when imaginal exposure cannot be employed, or where distraction may be an appropriate strategy)
An ability to help the client practice thought-stopping using a 'stop' command and other distraction techniques (such as snapping a rubber band or using distracting and/or calming imagery)

Guided self-dialogue

An ability to present a rationale for guided self-dialogue (the role of negative self-talk in generating anxiety), and which links the technique to the client's skills of thought stopping and cognitive restructuring
An ability to help the client to focus on their self-talk (the statements they make to themselves), to identify self-talk that is negative or 'irrational', and replace this with more adaptive self-talk
An ability to help the client to challenge unhelpful self talk by generating statements and questions which aim to identify what the client is afraid of and the probability that this will occur, manage avoidance, control self-criticism and self-devaluation, and encourage self-reinforcement for having confronted the stressor

An ability to work with the client to generate statements and questions which help them:
prepare to confront a stressor
confront and managing the stressor
cope with feelings of being overwhelmed
reinforce the client's sense of achievement for managing a stressor

Relaxation training

An ability to present a rationale for relaxation training
An ability to help the client to learn progressive muscle relaxation, cue controlled relaxation and differential relaxation

Role playing and covert modelling

An ability to present a rationale for role playing (an opportunity to practice coping behaviours, especially assertiveness)
An ability to help the client distinguish between assertion and aggression, and to exemplify this by modelling assertive, non-assertive and aggressive behaviours
An ability to identify assault-related situations for role play
An ability to role play, initially with the therapist taking the role of the client, and helping the client to review positive and negative aspects of the therapist's behaviours before role playing for themselves
An ability to help the client apply learning from role playing to real-life situations
An ability to explain the rationale for covert modelling (role play in imagination): to help the client identify coping skills in scenarios which they currently find too difficult to approach in vivo
An ability to help the client identify assault-related situations for which covert modelling would be helpful
An ability to demonstrate covert modelling by initially taking the part of the client
An ability to help the client apply learning from covert modelling to real-life situations

Termination

An ability to help the client review the techniques used in the therapy and consider their usefulness in managing their problems, with the aim of identifying techniques which will be useful after the therapy ends
An ability to review the client's progress and identify any remaining concerns or anticipated difficulties

META-COMPETENCIES

Capacity to manage obstacles to CBT therapy

An ability to respond flexibly and responsively when obstacles arise which directly reflect the client's difficulty in processing the traumatic experience (such as avoidance of homework tasks or difficulty in attending for planned exposure sessions)

Capacity to apply CBT model to individuals who have been sexually assaulted

An ability to recognise the reality of the client's experience, and to apply therapeutic interventions in a manner which acknowledges (and accommodates to) the degree to which their fears and perceptions are realistic