

Cognitive Behaviour Therapy (CBT) for Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis/Encephalopathy (ME)

This intervention (and hence this listing of competences) assumes that practitioners are familiar with, and able to deploy, a number of CBT techniques.

These techniques are referred to briefly in this section, but are fully described in the Basic and Specific CBT domains of the CBT competence framework, which can be accessed at www.ucl.ac.uk/CORE/.

Knowledge of the CBT model of CFS/ME

An ability to draw on knowledge of the aetiology, epidemiology and presentation of CFS/ME, and the interventions commonly offered to treat it

An ability to draw on knowledge that the CBT model explicitly integrates biological and psychological factors and consistently aims to avoid promoting a dichotomous view of physical and psychological illness at any stage of the intervention

An ability to draw on knowledge of factors considered to contribute to the development of CFS/ME, including:

a period of physical illness (such as a viral infection, or a series of infections)

a busy lifestyle that does not include opportunities for relaxing

stressful life events

a tendency to set high standards in life (e.g. having high self-expectations and striving hard to achieve goals)

An ability to draw on knowledge of factors considered to maintain CFS/ME, particularly:

unhelpful beliefs about the illness linked to avoidance as a coping strategy (e.g. a fear that activity will make the illness worse, leading to avoidance of most activities)

'boom or bust' cycles (bursts of activity followed by long periods of rest) or consistent under-activity

disturbed sleep patterns (e.g. excessive day-time rest leading to poor sleep at night)

unhelpful interpretations of symptoms (e.g. catastrophising about the consequences of symptoms, or construing symptoms as a sign of 'damage')

focusing on, and attending intently to, CFS/ME symptoms

psychological reactions (such as anger/ resentment, low mood or worry) to the adverse impacts of CFS/ME symptoms on the capacity to maintain routine but important areas of functioning and activity (such as maintaining employment, or socialising with others)

high levels of perfectionism, leading to unhelpful patterns of coping (e.g. construing regular periods of rest as "a waste of valuable time", and falling into a 'boom or bust' pattern as a consequence)

An ability to draw on knowledge that the main components of a CBT intervention are to:

help the client describe and discuss their model of illness, and hence the ways in which they appraise and manage their situation

work collaboratively with the client to develop a shared model of their illness that includes biological and psychosocial predisposing, precipitating and maintaining factors, and which acts as a guide for specific interventions

improve functioning by implementing behavioural, cognitive and lifestyle changes that target factors that maintain the condition

help the client sustain progress by equipping them with an appropriate range of cognitive, behavioural and problem-solving skills

Engagement

An ability to help the client feel that their experience of CFS/ME is being listened to and respected:

by conveying a belief in the reality of their symptoms, distress and level of disability

by conveying, from the outset, an integrative (rather than exclusively psychological) model of CFS that incorporates and acknowledges the role of biological factors

by avoiding any direct challenge to the client's model

An ability to help the client to "tell their story" and give a full account of their illness experiences by employing an appropriate range of interviewing skills*

An ability to help the client feel that their perspective is understood by noting and adopting the specific words they use to describe their illness

*as detailed in the domain of Generic Therapeutic Competences

Assessment

An ability to conduct a comprehensive assessment that gathers detailed information on the client's experience of CFS/ME as well as garnering contextual information that can inform a formulation and intervention plan

An ability to initiate the assessment by helping the client to describe their sense of the main problems with which they are contending, as they perceive them

Onset and course

An ability to help clients describe the current, specific physical symptoms associated with CFS/ME, and to specify their frequency, intensity and duration, including:

fatigue

muscle pain

sleep disturbance

cognitive difficulties (such as poor concentration or short-term memory problems)

An ability to help the client identify and describe restrictions or modifications in their:

capacity for employment

leisure activities

capacity to carry out activities in the home (e.g. cooking, cleaning, childcare)

personal relationships

family relationships

social life

An ability to help the client identify their usual patterns of activity and rest by describing a typical day, and the extent of day-to-day variability in these patterns

An ability to help the client identify any triggers immediately prior to the onset of CFS/ME, such as:

physical illnesses (such as viral illnesses, episode of food poisoning)

changes in their lives (such as stress)

An ability to help the client describe how they managed the immediate aftermath of any illnesses (for example, whether they took to their beds or persevered despite their illness)

An ability to help the client describe the course the CFS/ME has taken since its onset including its overall trajectory and any variations in intensity

Impact and management

An ability to help the client describe current and previous treatments (both conventional and “alternative”), and their sense of the impacts of these interventions
an ability to help the client describe their perceptions of the attitudes of health care professionals, and the impacts this has had on them
An ability to help the client identify medications (both prescribed or self-administered) taken to manage the CFS/ME
An ability to help the client describe the ways in which they cope with symptoms of CFS/ME, both initially, during the course of the illness and currently
An ability to help the client appraise the impact of their coping strategies on their symptoms
An ability to help the client identify any factors that they believe modify their symptoms
An ability to identify the client’s overall outlook by discussing their sense of the impact of CFS/ME on their lives
An ability to help the client describe the ways in which significant others perceive, and have reacted to, their illness (for example, in relation to the support that others offer)
An ability to help the client discuss the psychological impacts of CFS/ME (such as low mood or worry, panic, capacity for enjoyment, sense of self-worth, suicidal ideation/intent)
an ability to phrase questions about psychological factors in a way that does not imply that these are seen as the primary drivers of CFS/ME

Client’s beliefs about CFS/ME and symptoms

An ability to help the client discuss their beliefs about the causes of their illness and the factors that are maintaining it
An ability to gauge the strength of beliefs (e.g. how strongly they believe their illness has a purely physical cause, or how open they are to alternative multifactorial explanations)
An ability to identify and discuss fearful cognitions and their consequences (e.g. a fear that activity will lead to symptom exacerbation, leading to avoidance of activity)

Medical, psychiatric and personal history and current circumstances

An ability to help the client describe their concurrent and past medical history, including childhood illnesses, operations, similar episodes of illness, and any ongoing investigations
An ability to help the client describe any concurrent or past psychiatric history
An ability to gather information about the client’s family of origin, including:
their past and current relationships with other family members
illnesses within the family and how these were coped with
any family psychiatric history
family ‘atmosphere’ while they were growing up
An ability to gather information about the client’s personal history, including:
developmental issues (e.g. birth, milestones)
educational history
employment history
psychosexual development
social relationships
partners and children
An ability to ascertain the client’s:
current employment
finances and financial situation, including any benefits
housing circumstances
any future plans that will impact on the intervention (e.g. moving house)

Explaining the CBT model and the intervention

An ability to introduce the CBT model to the client in a manner that is individualised, relates to the client specifically, and which demonstrates that the client's problems have been understood

An ability to work with the client to collaboratively develop an individualised formulation that draws on the assessment, usually including a vicious circle of fatigue that includes:

predisposing factors (e.g. long term distress or stress, high personal expectations, genetics)

precipitating triggers for CFS/ME, separating and clearly identifying physical, social and emotional triggers

maintaining factors, including behavioural and cognitive factors

An ability to explain the CBT approach with the client (e.g. its emphasis on helping clients to develop self-management skills, its session structure, strategies that are commonly employed, and expectations of the client)

an ability to ensure that the client has the opportunity to discuss their expectations and concerns about the CBT approach

An ability to identify whether the client would find it helpful to have someone they know well to act as a "co-therapist" who can provide informal support for them informal, and to agree the role that this individual will play

Intervention

An ability to help the client learn to become their own therapist by:

reviewing their understanding of the CBT model and its application (and relevance) at each stage of the intervention

working collaboratively to ensure that they understand the rationale for the strategies that are being employed

integrating diaries into the assessment and the intervention, so as to foster their capacity for self-monitoring and self-awareness

as the intervention proceeds, encouraging them to suggest the ideas for their programme

An ability to consistently and explicitly positively reinforce all and any gains the client has achieved

An ability to ensure that practice assignments agreed in previous meetings are consistently reviewed in subsequent sessions

An ability to discuss with the client any difficulties they have in maintaining diary recordings, and to use appropriate strategies to address these

Planning patterns of activity and rest

An ability to introduce and discuss the underlying approach to planning patterns of activity and rest;

that this will be structured

that patterns of activity and rest will be scheduled, rather than being responsive to symptoms

that the aim is to maintain a consistent pattern of activity (e.g. avoiding excessive activity on a 'good' day)

that if under-activity is characteristic, then small and realistic initial goals and targets will be set

that targets will be gradually increased each week (unless there is a setback where the goal would be to maintain current targets)

An ability to discuss any concerns that the client may have about adopting a structured approach (e.g. that this will exacerbate symptoms)
an ability to help the client approach the plan as a behavioural experiment, such that their concerns can be tested

An ability to work with the client to identify long-term activity targets that are realistic, specific and measurable, ensuring:
that these are targets that the client would like to achieve and sees as relevant and important
that these are targets whose achievement would represent recovery or improvement for the client
that targets are broken down into manageable steps that involve graduated (rather than sudden) changes in activity level

An ability to help the client complete an activity diary in order to establish baseline patterns of activity and rest over a typical week, and to maintain the diary over subsequent sessions
An ability to work with the client to review self-monitoring diaries in order to establish the extent to which the planned activities and planned rest were met
an ability to adapt and revise activity plans, guided by the client's capacity to achieve the targets set
An ability to discuss any adverse impacts of the plan with the client (e.g. being more fatigued than previously)

Identifying and managing sleep problems

An ability to discuss sleeping patterns and to identify any problems (e.g. time getting up, day-time sleeping, length of time before falling asleep, wakefulness during the night)
an ability to help the client to monitor sleep patterns using sleep diaries
An ability to discuss strategies for sleep-management in those clients for whom this is an issue e.g.
sleep restriction (agreeing a schedule so as to gradually restrict day-time sleep)
only going to bed when really tired
agreeing a set time for getting up
developing a pre-sleep routine
scheduling "worry time"

Working with unhelpful thoughts

An ability to help the client become aware of unhelpful thoughts that may adversely impact on their ability to undertake practice assignments, for example, thinking that:
fatigue is best responded to by avoiding or reducing activity
exercise will result in pain or discomfort
scheduling rest into their routine is unacceptable
symptoms are always a sign that something 'damaging' is happening
things need to be done perfectly or not at all
it is important to be liked by everyone in order to be acceptable
An ability to use examples from the client's own experience to help them link thoughts, feelings (both emotional and physical) and behaviour that may impact on their perceptions of:
their symptoms and their illness
their approach to taking rests
their self-esteem
their performance
their expectations of themselves

An ability to help clients challenge unhelpful thoughts by:
finding evidence for and against thoughts
generating alternative thoughts
measuring their belief in unhelpful thoughts before and after generating alternative thoughts
An ability to help the client test negative beliefs by implementing gradual behavioural change using behavioural experiments

An ability to help clients use self-monitoring diaries to monitor unhelpful thoughts and to identify alternative, more helpful, cognitions
An ability to work collaboratively with the client to review self-monitoring diaries and practice assignments in subsequent sessions

Working with potential blocks to recovery

An ability to identify potential blocks to recovery and to work with the client to consider their impact e.g.:
marked lack of support from significant others
ongoing stresses
illnesses additional to CFS/ME
concerns about benefit payments being withdrawn if improvements are made

An ability to identify any areas of worry or concern over areas of functioning that are becoming salient as symptoms improve, e.g:
loss of confidence about socialising
worry about returning to work
worry about managing finances

An ability to help the client address concerns using appropriate cognitive-behavioural strategies, e.g.:
using problem-solving techniques to identify, evaluate and implement potential solutions
using gradual exposure to situations that generate anxiety
using anxiety-management techniques
addressing unhelpful thoughts and beliefs

Ending the intervention

An ability to help clients prepare for the end of therapy by:
reviewing the client's understanding of the CBT model and its associated techniques
an ability to review the usefulness of specific CBT techniques that the client has applied, aiming to foster their confidence in applying these techniques in the future
helping clients identify ways of setting and monitoring a programme of practice assignments for themselves
helping the client review their lifestyle, aiming to ensure that this will sustain and support improvements (e.g. by taking a balanced approach to work and rest)
helping clients to identify indicators of relapse, and to consider strategies for responding to them
agreeing goals for the period after the end of the intervention