

Cognitive Behaviour Therapy (CBT) for Irritable Bowel Syndrome (IBS)

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 IBS

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

Knowledge of the CBT model of IBS

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.

includes consideration of predisposing, precipitating and perpetuating factors

An ability to draw on knowledge that the CBT model suggests a number of factors that may predispose to the development or precipitation of IBS including:

a family history of IBS

pre-morbid distress and/or stress

personality (e.g. being hard-working and conscientious, with high expectations of self, striving hard to achieve in all areas of life)

gastrointestinal infections (through their impact on bowel functioning)

An ability to draw on knowledge that the CBT model suggests that IBS symptoms and distress are perpetuated and maintained by an iterative interaction between psychological, social and physiological factors, such as:

worries about IBS symptoms leading to hypervigilance and greater attentional focus to bodily sensations:

greater attentional focus leading to heightened sensitivity to pain and discomfort

greater discomfort leading to more worry and in turn to greater sensitivity

greater sensitivity to feelings of pain and movement within the digestive system

avoiding activities (such as socialising, or taking specific types of exercise) for fear of making symptoms worse, or because of embarrassment about symptoms

constantly changing eating habits and diet in response to symptoms

unhelpful toileting behaviours (such as checking stools, straining for long periods on the toilet, always sitting near exits in order to readily access to toilets)

'boom or bust' cycles of activity (e.g. catching up with missed work when IBS symptoms are under control, leading to symptom exacerbation and slowdown, leading to a cycle of over-vigorous activity alternating with enforced rest)

unhelpful and/or negative thoughts about the illness and symptoms (e.g. concerns about passing wind in public, or having fixed ideas about 'appropriate' bowel habits)

a concern about as-yet undetected biological/ medical causes for symptoms

An ability to draw on knowledge that the aim of CBT interventions for IBS is to help the client develop a more adaptive view of IBS:

from seeing IBS as an all-encompassing medical problem beyond their control to a belief that symptoms are (at least partially) subject to the client's control through changes in thoughts, feelings and behaviours

Engagement

An ability to help the client feel that their experience of IBS 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 IBS that incorporates and acknowledges the role of biological factors

by ensuring that if the client's model of their illness is challenged directly it is done so in a manner that respects their perspective and promotes discussion of alternative ways of understanding their condition

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*

*as detailed in the domain of Generic Therapeutic Competences

Assessment

An ability to draw on knowledge that, prior to assessment, clients should have received a medical evaluation that is sufficient to confirm a diagnosis of IBS, including (if clinically indicated):

tests to exclude alternative gastrointestinal conditions (e.g. inflammatory bowel disease, coeliac disease, cancer or lactose intolerance)

medically appropriate interventions

An ability to conduct a comprehensive assessment that gathers detailed information on the client's experience of IBS 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 IBS, and to specify their frequency, intensity and duration

An ability to help the client identify any triggers (e.g. gastrointestinal disorders, food poisoning, fatigue, psychosocial stressors)

An ability to help the client identify the impact of IBS symptoms on:

quality of life

capacity for employment

leisure activities

personal relationships

family relationships

social life

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 IBS

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

An ability to help the client describe the ways in which they cope with symptoms of IBS

An ability to help the client describe toileting behaviours (e.g. frequency of visits to the toilet, time spent in the bathroom, whether they strain in the absence of the reflex to pass stools)

An ability to help the client describe their beliefs about toileting behaviours (e.g. concerns about diarrhoea/ constipation, or being unable to control their bowel functioning in public)

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 that IBS has had on their lives

An ability to help the client describe the ways in which significant others perceive, and have reacted to, their illness

An ability to help the client discuss the psychological impacts of IBS (such as stress, low mood, anxiety or worry, panic, capacity for enjoyment, sense of self-worth, shame)

an ability to phrase questions about psychological factors in a way that does not imply that these are seen as the primary drivers of IBS

Client’s beliefs about IBS, perfectionism and associated behaviours

An ability to help the client discuss their beliefs about their illness and the factors that are maintaining it

An ability to help the client discuss IBS-related cognitions and their consequences e.g.:

worries about bowel performance leading to severe dietary restrictions (to foods that are seen as ‘safe’)

fear of losing bowel control when eating in social situations, leading to avoidance

worries about not being in control leading to attempts to restore a sense of control (e.g. only eating in restaurants where the location of toilets is already known)

fear of social disapproval leading to very limited disclosure about the illness (such that few people know about the IBS)

setting high personal standards of behaviour that make few allowances for the impact of the illness

An ability to help clients discuss common reactions to IBS e.g.:

anger and frustration about the illness

loss of control and erosion of a sense of self-efficacy

embarrassment and shame

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)

Intervention

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 discuss with client the ways in which interactions between current coping behaviours, their beliefs about IBS and symptoms are reflected in their current difficulties

An ability to work with the client to draw out an individualised formulation that illustrates the vicious cycle that connects precipitating events, maintaining factors and IBS symptoms, and that:

validates the reality of physical symptoms

considers the ways in which physical symptoms can be exacerbated by a range of factors, both physical (e.g. hormonal) and psychological

draws links between perceptions of threat, feelings of apprehension or anxiety, bodily sensation and interpretation of these sensations

illustrates how a cycle of cognition, sensation and emotion can spiral, and in turn potentiate and reinforce each component

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, and to agree the role that this individual will play

Helping clients to self-monitor their symptoms

An ability to help clients use self-monitoring diaries to track bowel symptoms, bowel habits, toileting (diarrhoea/constipation), patterns of eating (e.g. what is eaten, regularity of meals), their thoughts and beliefs about these symptoms and their subsequent behaviour, with the aim of detecting links between symptoms, thoughts and behaviour

Negotiating targets and goals with the client

An ability to work with the client to agree on targets that they wish to work towards, ensuring that these are realistic and achievable, cover all relevant specific problem areas, and include careful grading of longer-term targets

Working with specific problem areas

Working with concerns about loss of bowel control (managing diarrhoea)

An ability to help the client identify concerns about a loss of bowel control and the actions they habitually take to manage this anxiety, e.g.:

- going to the toilet in the absence of an urge to pass stool (e.g. before going out or attending a meeting)
- taking antispasmodic medication when going on social visits
- checking where toilets are located on arrival at a new destination
- avoiding activities where there is a concern that toilets may not be easily accessible

An ability to work with the client to discuss ways in which their habitual reactions to symptoms ('safety' behaviours) could be maintaining or worsening their symptom

An ability to work with the client to identify and agree goals that relate to their toileting behaviour and associated safety behaviours e.g.:

- gaining more control over the reflex to go to the toilet by practicing strengthening anal muscles
- using the toilet only when there is an urge to pass a stool, or attending a meeting without using the toilet for one hour beforehand
- going on a social visit without taking anti-diarrhoea tablets
- not checking stools for abnormalities
- not checking where toilets are located unless there is an urge to go to the toilet
- eating meals at regular intervals, or deciding when and how previously-avoided foods will be re-introduced

Working with concerns about constipation

An ability to discuss the client's beliefs about 'normal' bowel habits and the consequences of constipation, and their responses to these beliefs

An ability to discuss ways of managing constipation e.g.:

- by avoiding straining and/or spending time in the toilet in the absence of an urge to pass stool
- by waiting for the reflex to pass a stool before using the toilet
- by considering lifestyle changes (e.g. including more fibre in the diet drinking large quantities of water or exercising)

Reviewing patterns of exercise and activity

An ability to work with the client to identify whether they engage in unhelpful patterns of exercise and activity e.g.:

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

consistent under-activity

consistent over-activity

An ability to work with the client to agree on goals that establish more adaptive patterns of exercise and activity

Reviewing eating patterns and diet

An ability to help the client review current patterns of eating and diet and to identify any unhelpful patterns (e.g. not eating regular meals, eating very restricted diets, avoiding certain foods)

Where unhelpful patterns are present, an ability to help the client work towards more consistent and regular patterns of eating and diet

Where certain foods are avoided because of concerns about food intolerance or worries about their impact on symptoms, an ability to help clients consider whether and how these can be re-introduced

Working with shame associated with IBS

An ability to identify when shame and a sense of humiliation are salient to the ways in which the client manages their condition

An ability to help the client identify and discuss potential sources of shame e.g.:

a sense of being judged by others, based on the absence of a medical explanation of symptoms (assuming that IBS lacks 'legitimacy' in the eyes of others)

a sense that there is a limited range of socially acceptable gastrointestinal-related behaviours, and that IBS symptoms represent a transgression (e.g. a rumbling stomach, or frequent visits to the toilet)

An ability to help clients consider how they can disclose their symptoms and condition to others (e.g. by using role play to practice)

An ability to help clients identify situations where they have been able to employ helpful coping strategies (rather than situations where they have coped poorly or have felt shamed or humiliated)

Working with beliefs about, and reactions to, bowel symptoms

An ability to help clients identify specific patterns of thoughts that relate to their bowel symptoms, and which link to associated behaviours and feelings

An ability to help the client to identify unhelpful automatic thoughts, for example:

by using thought records

through in-session discussion and review of recent incidents

by undertaking practice assignments that track the frequency and severity of bowel symptoms and monitor automatic thoughts that arise in response to these, along with their behavioural and affective consequences

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 the client consider ways of testing-out beliefs that certain behaviours will result in a worsening of symptoms

An ability to help clients learn to moderate anxious responses to internal gastrointestinal cues by practising attentional switching (e.g. by attending to an external, non-symptom related focus)

Stress-management

An ability to work with the client to identify areas of stress that may be contributing to their IBS symptoms and to engage them in interventions aimed at managing these more effectively by applying generic CBT stress-management strategies e.g.:

learning relaxation techniques (e.g. diaphragmatic breathing, progressive muscle relaxation, using guided imagery relaxation)

where clients have sleep difficulties, discussing strategies the client can employ to for their management (e.g. going to bed at a consistent time, avoiding day-time napping, practicing 'sleep hygiene')

where clients have difficulty in asserting themselves helping them to use problem solving to consider how they can gain a sense of greater control

where clients have difficulty in articulating or managing feelings (such as anxiety, anger, sadness or loss) helping them to discuss these emotions and to identify ways of setting goals for managing them more effectively

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, eating and sleeping)

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