Specific Phobia

Sources:

Butler, G. (1989) Phobic disorders pp 97-128 in K. Hawton, P.M. Salkovskis, J. Kirk and D.M. Clark Cognitive Behaviour Therapy for psychiatric problems: A practical guide Oxford: OUP
Craske, M.G., Antony, M. and Barlow D.H. (1997) Mastery of your specific phobia: Therapist Guide New York: OUP

Assessment

An ability to determine the precise nature of the phobia (in terms of specific symptoms, severity and its impact on daily living)
An ability to help the client identify the specific thoughts, feelings and behaviours associated with the phobia (including an ability to help the client identify these by exposure to feared situations, either behaviourally or in imagination)
An ability to identify patterns of avoidance and/or safety behaviours associated with the phobia
An ability to identify both adaptive and maladaptive coping skills employed by the client to manage their phobia
An ability to work with the client to develop a list of phobic objects and situations and to develop a graded hierarchy which can be used to guide exposure

An ability to identify the presence of other anxiety disorders and to evaluate whether they or the specific phobia represent the primary problem for intervention
An ability to assess the significance of coexisting problems which may make treatment less easy or more protracted (such as severe depression, substance misuse or severe personality disorder)

Explaining the rationale for intervention

An ability to help the client understand the nature of their phobic reaction(s)
An ability to convey to the client the rationale for a cognitive behavioural intervention, with its focus on behavioural and cognitive factors which maintain the phobic reaction
An ability to help the client define realistic goals for treatment

An ability to help the client to complete relevant self-monitoring records for use throughout the intervention

Intervention

An ability to help the client use self-monitoring to foster the development of a more objective sense of their reactions to phobic situations, and hence foster a greater sense of mastery and control

Cognitive restructuring

An ability to help the client understand the role of cognitions in maintaining phobias (e.g. misperception of risk associated with phobic situations, or misinterpretation of interoceptive cues related to overbreathing)
An ability to help the client understanding how fear of their physical reactions to phobic situations may contribute to maintenance ('fear of fear')
An ability to help the client identify thoughts and assumptions which are associated with anxiety, and to use guided discovery to generate alternative cognitions
An ability to help the client generate behavioural experiments (usually as part of the exposure component) to test the validity of cognitions and assumptions

Exposure component

An ability to convey the rationale for exposure – both to explain the behavioural model of phobic anxiety (using examples to explain how avoidance can maintain symptoms), and to convey the sense that exposure is an opportunity to test the validity of relevant cognitions and assumptions
An ability to work with the client to draw up a graduated list (or lists) of practice and homework tasks
An ability to work with the client to ensure that exposure is graduated, repeated and prolonged, and to identify any problems in the application of exposure
An ability to implement imaginal exposure where practical problems make it hard to implement in-vivo exposure
An ability to implement interoceptive exposure for clients who are fearful of bodily sensations in the phobic situation
An ability to help the client identify and circumvent any covert avoidance or the use of safety behaviours
An ability to help clients with blood and injury phobia learn applied tension techniques
An ability to help the client identify pertinent homework tasks (usually in-vivo exposure), to review progress and to plan further homework
An ability to make use of role playing and rehearsal
An ability to model non-phobic behaviour (e.g. approaching the phobic object)

Maintenance of gains

An ability to discuss strategies for the maintenance of gains and for managing setbacks and relapse

Social Phobia
Heimberg/ Hope model

Sources:
Hope, D.A , Heimberg, R.G, & Turk, Cynthia, L. (2006) *Managing social anxiety: A cognitive-behavioural approach.* Oxford: OUP
Heimberg R.G. and Becker, R.E. (2002) *Cognitive-behavioral group therapy for social phobia.* New York: Guilford Press

Knowledge of the CBT model being applied

Knowledge of the CBT model being employed, which indicates that in social situations in which socially anxious individuals perceive the potential for negative evaluation:
they will form a mental representation of themselves based on prior experience, current internal cues and cues based on their perceptions of the reactions of others
they will continuously contrast this representation with their appraisal of the 'standard' they perceive their "audience" to expect
they will preferentially allocate attention to monitor for evidence of any negative feedback
they will predict a high likelihood of negative evaluation and react to any detected evidence of this with cognitive, behavioural and physiological symptoms of anxiety, which in turn will feed back into their mental representation in subsequent social situations

Engagement and assessment

Establishing a working relationship

A capacity to recognise the problems associated with social anxiety that could adversely influence or inhibit the development of a therapeutic relationship
A capacity to adapt therapeutic style to manage client's interpersonal difficulties and excessive self-consciousness (e.g. using strategies such as reducing eye gaze, modulating social distance etc)

Assessment of social anxiety

An ability to conduct a thorough assessment of the client's difficulties, combining information from interview and relevant instruments in order to confirm a diagnosis of social anxiety
An ability to clarify the primacy of social phobia to other co-existing problems or psychological disorders, and to determine appropriate intervention plans in relation to comorbidity.
An ability to use measures to aid evaluation of the full clinical picture and to gain a pre-treatment baseline
Awareness of the potential impact of shame and anxiety on information given in the initial assessment, and an ability to supplement information from the interview with measures

An ability to devise and carry out a pre-treatment behaviour test as part of the assessment

Intervention

General considerations

An ability to be comfortable with, and to manage, manifestations of high levels of anxiety (including anger in response to perceived threat)
An ability to identify when clients are struggling with aspects of the intervention, to address the problem and if appropriate to adapt the intervention appropriately to meet the client's needs
An ability to integrate the main elements of the intervention (exposure and cognitive restructuring), and to implement treatment in a manner which is structured but responsive to the needs of the individual client

Psychoeducation

An ability to help the client conceptualise their own social anxiety in the context of the CBT model (the primacy of cognition, negative consequences of avoidance and habituation)
An ability to provide an overview of the treatment model, particularly its emphasis on the active role of the client in applying their coping skills through homework tasks
An ability to help the client conceptualise their difficulties in the context of the treatment model, but also to acknowledge ways in which the client's perspective differs from this model
An ability to present a biopsychosocial model of aetiology which acknowledges the role of genetics and early experience, but which emphasises the role of information processing biases in generating social anxiety and avoidance
An ability to link the model to the major components of treatment (exposure, cognitive restructuring and homework tasks)
An ability to assess the client's perception of the credibility of therapy, and to discuss these if there is an indication that the clients' perceptions are likely to impact on engagement (e.g. if the therapy is viewed sceptically or over-enthusiastically)

Establishing a hierarchy of feared situations

An ability to help the client construct a hierarchy of feared and avoided social situations by working with the client to:

"brainstorm" a list of feared and avoided social situations in order to ensure that all potentially relevant situations are included
identify a shortlist of approximately 10 situations that are representative of the client's current difficulties, and which range from mildly to more severely

anxiety provoking
rank order the situations
identify the dimensions that make the situations easier or harder to manage (e.g. characteristics of other persons present, or the nature of the situation)
rate the degree of fear and avoidance for each situation using SUDS (Subjective Units of Discomfort Scale)

Self-monitoring

An ability to help clients begin self-monitoring of their social anxiety and mood, using in-session practice to check that the client understands the procedure, that they understand the rationale for monitoring, and to identify and 'troubleshoot' any potential barriers to monitoring
An ability consistently to review the self-monitoring across and within all sessions
Where the client has difficulty in self-monitoring, an ability to help them identify and resolve any issues which make self-monitoring problematic

Cognitive Restructuring

An ability to explain the concept of automatic thoughts and to offer appropriate illustrative examples, with the aim of helping the client identify that it is not the event itself which creates anxiety, but their interpretation of that event
An ability to discuss the concept of cognitive restructuring with the client, with the aim of helping the client to understand this as an opportunity to appraise the validity of their thoughts, rather than to see these thoughts as 'wrong'
An ability to help clients identify and self-monitor automatic thoughts, and to make links between these and the emotions, behavioural and physiological reactions they give rise to
An ability to help clients who find it difficult to access automatic thoughts, using strategies such as review of specific situations, or helping them to translate of images of situations into verbal statements

An ability to help clients challenge automatic thoughts by:

explaining the concept of information processing biases and offering illustrative examples
helping the client to consider these biases in relation to their own automatic thoughts
making systematic use of "Disputing Questions (e.g. what evidence do I have that…, do I know for certain that … etc) to appraise the validity of their automatic thoughts
generating phrases or statements that summarise the most important points made when challenging specific automatic thoughts ('rational responses')

Exposure

An ability to conduct an initial in-session exposure by working with the client to:
- choose an appropriate situation, fixing an appropriate duration for the exposure and ensuring that the exposure is carried out
- identify and agree achievable behaviour goals for the role play
- identify automatic thoughts and using cognitive restructuring
- make ratings of SUDS during and after the exposure
An ability to debrief after exposure, ensuring that the client's perceptions are thoroughly explored
An ability to provide feedback on the exposure task in a constructive manner which is both accurate and honest, and which focuses on contrasting the client's actual performance with their prior beliefs
An ability to help the client summarise what they have learnt from the exposure that can be applied to future situations
An ability to plan appropriate in-session exposures
An ability (where appropriate) to make use of external role players (which will involve briefing the client and giving guidance to role-players regarding their feedback to the client)
With clients who refuse or avoid exposure, an ability to explore their concerns and to develop a plan for proceeding which accommodates these
Where clients react catastrophically to a completed exposure exercise, an ability to help them appraise their perceptions of the experience
An ability to agree and to assign self-exposure homework which explicitly includes the three elements of exposure, self- monitoring and cognitive restructuring
An ability to work with the client to design effective exposure tasks for specific manifestations of social anxiety (e.g. signing name in public, eating or drinking in public, fear of using public toilets), incorporating the feared outcome where a loss of control or fear of humiliation is a significant part of the anxiety

An ability to help the client focus on automatic thoughts prior to exposure in a graduated manner (usually starting with situationally-based performance-related thoughts, at later stages considering thoughts related to negative self-evaluation)
An ability to review homework tasks, and to explore and resolve any difficulties the client has in completing these tasks

Addressing core beliefs

An ability, usually at later stages of therapy, to identify core beliefs and to discuss with the client the ways in which these beliefs may generate and/or maintain their social anxiety
An ability to help the client 'unpack' the meaning of emotionally loaded words (such as 'perfect' 'right' 'best') in order to identify core beliefs
An ability to challenge core beliefs using cognitive restructuring and exposure

Ending therapy and planning for relapse prevention

An ability to assess overall progress, and to make decisions about further treatment based on measures and client self-monitoring forms
An ability explicitly to discuss the issue of relapse, and to help clients consider how they can employ the skills they have learned after treatment ends
An ability to acknowledge client's feelings about losing therapist contact

Social phobia
Clark and Wells model

Sources:
Clark, D.M. (2005) A cognitive Perspective on Social Phobia in W. Ray Crozicr W.R.& L.L. Alden.*The Essential Handbook of Social Anxiety for Clinicians* Chichester: John Wiley & Sons.
Wells, A. (1997). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. Chichester, United Kingdom: Wiley.
Clark D.M. (in press) Cognitive therapy for social phobia

Generic competencies

Assessment

An ability to gain an overview of the development and course of the problem and any prior treatment

Problem specific competencies

Knowledge

Knowledge of the cognitive model of social phobia, including a clear understanding of the maintaining factors specified in the model (self-focused attention, processing of the self as a social object and safety behaviours).

Establishing a working relationship

A capacity to recognise the problems associated with social phobia that could adversely influence or inhibit the development of a therapeutic relationship
A capacity to adapt therapeutic style to manage client's interpersonal difficulties and excessive self-consciousness (e.g. using strategies such as reducing eye gaze, modulating social distance etc)

Assessment

An ability to clarify the primacy of social phobia to other co-existing problems or psychological disorders, and to determine appropriate intervention plans in relation to comorbidity.
An ability to identify details of the client's current social network
An ability to identify current psychotropic medication and recreational drug use and its impact on the social phobia
An ability to administer and review standardised questionnaires relating to social anxiety
An ability to integrate information from these questionnaires into the assessment interview, where appropriate using responses to guide questioning
An ability to gain detailed information about the social situations in which anxiety is manifested, or which are avoided because of fear
An ability to identify patients' specific negative automatic thoughts and fearful predictions about social interactions

An ability to identify the anxiety symptoms triggered by negative automatic thoughts
An ability to identify the specific ways in which increase self-focussed attention and self-monitoring are manifested in anxiety-provoking situations
An ability to elicit the images or impressions that form client's self-image in social situations (i.e. how they think they appear to others)
An ability to identify socially traumatic early experiences associated with the initial development of the client's negative self-image/impression.
An ability to identify the safety behaviours that arise in the context of negative automatic thoughts
An ability to identify the anticipatory negative thoughts and images which the client experiences prior to a social situation
An ability to identify 'post-mortem' negative thoughts and images which the client uses to review/appraise social experiences
An ability to identify any problematic social beliefs held by clients (such as excessively high standards, conditional beliefs and unconditional beliefs)
An ability to assess beliefs about what can be changed

Case formulation

An ability to construct an individualised cognitive model of social phobia (which links the main negative automatic thoughts, safety behaviours, anxiety symptoms and the contents of self-focussed attention (self-consciousness)
An ability to use an individualised cognitive model of social phobia to guide treatment, working with the client to build the model collaboratively

Intervention

Socialisation to the model

An ability to help the client understand the relevance of the cognitive model of social phobia to their difficulties using guided discovery rather than a didactic approach
An ability to clarify and agree with the client specific and realistic goals for the intervention

Manipulation of self-focused attention and safety behaviours

An ability to set up an experiential exercise in which clients vary their self-focused attention and safety behaviours (by role-playing a feared interaction, in one condition focusing attention on themselves and employing safety behaviours, in the other dropping safety behaviours and focusing on the other person)
An ability to use the experiential exercise to help clients become aware of the way in which self-focussed attention and safety behaviours increase (rather than decrease) their social anxiety (by increasing their negative views of their performance and interfering with the social interaction).

Helping clients to use feedback

An ability to make use of feedback to help clients obtain realistic information about how they appear in social situations, using feedback based on video, audio and still photographs, and eliciting and skilfully using feedback from other people in the interaction
An ability to help clients prepare for watching/listening to tapes by using cognitive preparation (such as describing and operationalising how they think they will appear prior to viewing tapes, and using this to contrast to actual behaviour)
When clients remain concerned about their social performance after reviewing tapes, an ability a) to engage in discussion of these concerns, and b) to identify instances where engaging in safety behaviours produces the behaviours which the client is concerned about.

Attention training

An ability to explain the rationale for training clients in non-evaluative, externally-focussed attention.
An ability to help clients develop the skill of being externally focussed in a non-evaluative manner in social situations, using a systematic programme of exercises that develop this skill in non-social and social situations.
An ability to set and review attention training homework.

Behavioural experiments

An ability to work with clients to develop behavioural experiments that can test their negative beliefs about how they appear to other people, as well as their beliefs about what will happen if they confront feared and avoided social events and tasks.
An ability to work with clients to devise behavioural experiments across a range of contexts (in-office tasks, out of the office but therapist accompanied tasks and homework tasks)
An ability to devise behavioural experiments which can correct overestimates of both the probability and the cost of feared outcomes
An ability to help patients to obtain the maximum amount of corrective information during behavioural experiments by dropping their safety behaviours and configuring their attention appropriately
An ability to structure behavioural experiments using a record sheet which identifies client's predictions about the social event, the 'experiment' used to test this prediction, the actual outcome and the learning which ensues.
Where clients have rigid rules about acceptable and unacceptable social behaviours an ability to construct behavioural experiments aimed at testing out the realism of these rules and increasing social flexibility
An ability to conduct and use surveys of other people's views to help clients change their negative beliefs.
An ability to use discussion and behavioural experiments (including positive

data logs) to challenge the client’s unconditional assumptions their social self (e.g. “I am unlikeable).

Managing anticipatory and post-event processing

An ability to help clients identify the ways in which they think and behave before social events
An ability to help the client weigh the pros and particularly the cons of anticipatory thoughts and behaviours
An ability to help the client to stop employing anticipatory thoughts and behaviours using behavioural experiments to test their (lack of) utility
An ability to help clients desist from using “post-mortem” analysis

Managing assumptions and negative automatic thoughts

An ability to help clients reappraise excessively high or rigid standards of social behaviour using behavioural experiments designed to test the realism of these standards
For clients who hold particularly strong negative self-beliefs, the ability to help clients operationalise and appraise these beliefs
For clients who are prone to discount information which contradicts negative self beliefs, an ability to facilitate client’s use of a positive data log
An ability to work collaboratively to challenge negative automatic thoughts by examining their validity, reframing in more realistic terms and considering strategies for managing realistic appraisals
An ability to help the client use discrete positive self statements (which they themselves have generated) to counter negative automatic thoughts or ‘self-processing’

Rescripting early memories linked to current, intrusive and negative self-images.

An ability to help client’s to identify links between memories of early socially traumatic events and their current negative, intrusive self-images in social situations
An ability to identify an “encapsulated belief” that summarizes the meaning of both the early memory and the intrusive self-image
An ability to use cognitive restructuring to help the client to reappraise the encapsulated belief and develop an alternative more realist perspective
An ability to incorporate the new perspective into the social trauma memory through a three stage imagery rescripting procedure, using changes in affect as the index of success

Metacompetencies

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

Panic Control Therapy (PCT)[1]
Barlow model

Source:
Craske M.G. and Barlow D.H. (2007) *Mastery of your anxiety and panic (Therapist guide)* 4th edition) Oxford: Oxford University Press

Problem specific competencies

Knowledge

An ability to make use of knowledge of the model underpinning PCT (which assumes that panic arises from a vicious cycle arising from catastrophic misattribution of bodily sensations mediated by interoceptive conditioning **(**a learned association between internal or external cues and unexpected panics) and maintained by avoidance behaviours).
An ability to make use of knowledge of the DSM criteria for panic disorder, and of organic conditions which may produce panic symptoms

Capacity to undertake assessment and derive a case formulation

An ability to conduct an assessment that aims to identify and appraise presenting problems in the domains of:	
	behaviours (e.g. avoidance, or other coping behaviours)
	cognitions (e.g. perception of intensity of the symptoms and perceived consequences of symptoms)
	somatic reactions (e.g. increased heart rate etc)

An ability to derive a detailed description of each clients idiosyncratic patterns of behavioural, cognitive and somatic reactions, and which also describes the social context in which these patterns present
An ability to establish that panic disorder is the primary presentation (i.e. to identify panic that arises in the context of other anxiety disorders (such as specific phobia or social phobia), and to exclude the possibility that other (particularly more serious problems) are more relevant
A capacity to apply the basic treatment model in order to construct an individual case formulation
An ability to make use of a 'graduated funnel' approach to obtain information (moving from global to more detailed questions)
An ability to determine functional relationships between a) avoidance behaviours, cognitions and panic, and b) internal/ external cues and panic.

[1] Earlier versions of PCT included progressive muscle relaxation as a component of the intervention. As current versions of PCT do not include this, relaxation is not described in this competence list.

An ability to assess both the range and the degree of reliance on safety signals which contribute directly to the maintenance of panic
An ability to instruct clients in the use of structured recording (e.g. *Weekly Record* and the *Panic Attack Record*)

Explaining the rationale for intervention

An ability to help the client understand their own experience of panic by giving them information regarding the somatic features and psychological responses which contribute to its maintenance (the vicious cycle of panic and the relationship between physiological arousal, cognitions and behaviour)
An ability to help clients understand the relevance of this model to themselves and to the intervention.
An ability to help clients understand the relevance of the three components of the intervention (breathing skills training, cognitive techniques and exposure therapy) and the rationale for their use

Intervention

Across all components of the intervention, and ability to work with the client to agree and regularly to review homework assignments, and to encourage self-monitoring using appropriate record forms

Cognitive treatment component

An ability to help clients to learn to monitor their cognitions, with a view to identifying the kinds of predictions, interpretations and self-statements they make in anxiety-provoking situations.
An ability to help clients to explore alternative explanations for anxiety-provoking cognitions
An ability to help clients to learn to treat their cognitions as hypotheses rather than facts, and to detect common information processing errors (such as overgeneralisation, all or nothing thinking etc)
An ability to help clients learn techniques for decatastrophising cognitions, especially those relating to the anticipated consequences of feared events
An ability to help clients worrying over specific events to identify which aspects of the situation they have control over, and which they do not, with the aim of reducing worry regarding events over which they have no control
An ability to construct behavioural experiments which help clients learn how to use behavioural experiments to test-out their beliefs regarding anxiety
An ability to help clients learn to use coping self-statements to help them manage fear and anxiety-provoking situations
An ability to help clients generalise cognitive coping skills to a range of situations

Breathing skills

An ability to help the client understand the physiological consequences of overbreathing and the way in which misconstrual of these effects can contribute to panic
An ability to help the client learn diaphragmatic breathing, with the primary aim of helping clients to employ this approach during exposure (helping them to break the panic cycle and hence engage with, and gain a sense of mastery in, anxiety-provoking situations)
An ability to help the client learn diaphragmatic breathing both in a relaxing environment and to generalise this skill to more anxiety-provoking situations

Exposure treatment component

An ability to explain the rationale for exposure therapy, in particular its use as a way of helping clients re-evaluate anticipated consequences and to learn to tolerate (rather than rigidly to avoid) fear and anxiety cued by both situational and interoceptive (somatic) stimuli
An ability to introduce the concept of hierarchical exposure and to help clients to construct a hierarchy of feared situations for both situational and interoceptive items, and their combination
An ability to work with the client to implement exposure in a manner which maximises the probability of benefit, in terms of its structure (e.g. number of situations faced, duration and pacing), as well as helping the client identify and circumvent any covert avoidance or the use of safety behaviours
An ability to identify, plan and implement interoceptive ,*in vitro* and in vivo exposure to help clients learn that some physiological sensations can by induced behaviourally and / or cognitively
An ability to identify when it would be helpful to involve significant others in exposure, and to plan and implement this
An ability to help the client follow-up any therapist-directed exposure with self-directed exposure
An ability to help the client review exposure experiences
An ability to help clients draw upon skills learnt within the cognitive and relaxation components of the intervention to help them to manage anxiety when undergoing graded exposure tasks

Termination and relapse prevention

An ability to work with the client to reduce likelihood of relapse (e.g. by helping them identify the procedures they have learned for self-management, and by planning options for managing stress)

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

Appendix A

Earlier versions of PCT (and hence contributing to evidence for efficacy of this approach) included a comprehensive package of relaxation training.

Current versions of PCT no longer employ these techniques, though training in diaphragmatic breathing has been retained. For reference the competences associated with relaxation in earlier versions were:

Relaxation treatment component
An ability to train clients in the techniques of relaxation (including progressive relaxation, discrimination training, and cue-controlled relaxation)
An ability to teach clients diaphragmatic breathing

PANIC DISORDER

Clark model

Source:
Clark, D.M. and Salkovskis P.M. (in press) Panic Disorder *in* Hawton, K., Salkovskis, P.M., Kirk, J. & Clark, D.M. (Eds). Cognitive Behaviour Therapy: A Practical Guide (2nd Edition). Oxford: Oxford University Press.

GENERIC COMPETENCIES

Assessment

An ability to assess medication and substance use
An ability to assess previous treatment
An ability to use and interpret relevant questionnaires to aid the assessment process

BASIC CBT COMPETENCIES

Using homework

An ability to identify and set homework tasks that encourage clients to apply information gleaned from in-session experiments to a range of external situations

SPECIFIC CBT COMPETENCIES

Behavioural experiments

An ability to discuss with the client (in a collaborative manner) the form and content of behavioural experiments, before these are carried out

PROBLEM SPECIFIC COMPETENCIES

Knowledge

An understanding of the cognitive model of panic, specifically:	
	a tendency to misinterpret bodily sensations (usually those associated with normal anxiety responses) in a catastrophic manner (i.e. as an indication of an immediately impending physical or mental disaster)
	hypervigilance (especially to introceptive cues) in response to this tendency
	safety-seeking behaviours and patterns of avoidance which maintain these negative interpretations

An ability to be aware of and draw on knowledge of how the cognitive model is translated into treatment, and the three main goals of treatment, specifically:

- helping clients to identify their catastrophic interpretations of bodily sensations
- generating alternative non-catastrophic interpretations
- testing the validity of catastrophic and non-catastrophic interpretations by discussion and behavioural experiments

Assessment

An ability to assess the detailed pattern of panic attacks, and to identify whether panic disorder is the main problem, or whether the pattern of panic is better accounted for by another diagnosis

An ability to gain a detailed description of panics, particularly, their frequency and severity, associated somatic sensations, fearful thoughts and safety seeking behaviours.

An ability to maintain a focus on examples of recent and severe panics in order to identify details of relevant negative thoughts, images and somatic reactions

An ability to draw links between specific somatic sensations and specific thoughts

An ability to identify safety seeking behaviours aimed at preventing or minimising catastrophic fears

An ability to identify the situations and activities associated with the occurrence of panics

An ability to identify patterns of avoidance (e.g. situations and activities, active and passive avoidance)

An ability to identify factors which influence the severity of panics (i.e. make them more or less manageable, better or worse)

An ability to appraise the client's own beliefs about the problem, and the likely implications of these on motivation for treatment

An ability to assess the attitudes/beliefs and responses of significant others to the problem

Formulating an individualised version of the cognitive model

An ability to conclude the assessment phase by working with the client to construct an individualised version of the cognitive model, which shows how their particular thoughts, sensations and behaviours contribute to the vicious circle of panic

Intervention

Establishing the session structure

An ability to use appropriate monitoring procedures, including questionnaires, panic diaries and in-session ratings of beliefs

An ability to negotiate an initial focus on catastrophic misinterpretations (rather than on controlling feared sensations)
An ability to interweave discussion techniques and behavioural experiments in response to client need and client progress

Using a range of techniques help clients identify panic-related negative automatic thoughts and images

Discussion techniques

An ability to discuss the observations that the client uses as evidence for their panic-related beliefs.
An ability to engage in psychoeducation focused on the specific beliefs the client holds regarding somatic sensations occurring before and during panics, tailoring this education to the specific concerns of the client
An ability to help the client identify any examples where panic intensity has been moderated by events that contradict their beliefs, and to help them recognise the significance of these
An ability to help clients modify images representing feared outcomes using image restructuring (through agreement regarding how realistic the image is, eliciting and reworking imagery in a graduated manner, and encouraging homework practice)

Behavioural experiments

An ability to devise and to conduct behavioural experiments aimed at modifying catastrophic misinterpretation of introceptive cues, ensuring that experiments are relevant to the client, and that the outcomes from experiments are used to help the client see how these challenge their beliefs.
An ability to carry out a 'paired associates' behavioural experiment in order to help the client discover the operation of the vicious cycle of panic
An ability to conduct a behavioural experiment utilising hyperventilation in order to help the client discover operation of the vicious cycle of panic
An ability to conduct behavioural experiments involving redirected of attention from an internal to an external focus in order to help the client discover the operation of the vicious cycle of panic
An ability to conduct a "chest pain" behavioural experiment in order to help the client discover the operation of the vicious cycle of panic
An ability to use behavioural experiments to in order to help the client discover that some safety seeking behaviours induce panic related sensations
An ability to prepare clients for behavioural experiments in which the client is asked to evoke feared sensations without attempts to prevent anticipated catastrophes, and to ensure that these are introduced only when the client is ready to undertake them

Adapting behavioural experiments to manage avoidance behaviour

A capacity to encourage clients to expose themselves to feared situations or activities, in particular focussing on the ways in which this enables the client to test specific beliefs
An ability for the therapist to model (role play) the social consequences of panic attacks which the client fears (such as fainting) with the aim of helping them discover that reactions to these events are less extreme than predicted

Relapse prevention

An ability to plan for relapse prevention by encouraging the client to anticipate strategies for the management of potential setbacks
An ability (towards the end of therapy) to review whether any remaining panic-related beliefs are considered credible, and to work on these residual beliefs prior to termination

Obsessive Compulsive Disorder (OCD)

Steketee/ Kozac & Foa combined model

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

Generalised Anxiety Disoder (GAD)
Combined self-control desensitisation and cognitive therapy
Borkovec model

N.B. This therapy has been delivered as separate components as well as a combination treatment

Sources:
Borkovec, T.D., & Sharpless, B. (2004). Generalized Anxiety Disorder: Bringing Cognitive Behavioral Therapy into the Valued Present. In S. Hayes, V. Follette, & M. Linehan (Eds.), *New directions in behavior therapy,* pp. 209-242. New York: Guilford Press.
Bernstein, D.A., Borkovec, T.D., & Hazlett-Stevens, H. (2000). *New directions in progressive relaxation training: A guidebook for helping professionals*. Westport, CT: Praeger Publishers
Borkovec, T.D. Protocol manuals:
Combined self-control desensitisation and cognitive therapy manual
Applied relaxation and self-control desensitisation

Basic CBT competences

An ability to establish and employ a collaborative relationship throughout all aspects of the therapy
An ability to structure sessions by agreeing and keeping to a joint agenda for each session
An ability to select, use and review session-by-session measures to guide intervention, as well as monitoring the outcome of therapy
An ability to ensure that each session concludes with a summary of the session, including any agreed homework tasks

Problem specific competences

Knowledge

An ability to be aware of and draw on knowledge of the SCD and CT models for the treatment of GAD
An ability to be aware of and apply knowledge of the over-arching aim of the techniques associated with the model, in particular to help clients to learn to focus attention onto the present moment

Explaining the rationale for SCD

An ability to explain the client the contribution of internal and external cues to the experience of anxiety (a spiral of interactions among thoughts, images, feelings, behaviours and somatic reactions)
An ability to explain the way in which reactions to cues associated with worry become habitual and strengthened over time

An ability to explain the rationale for learning to detecting internal and external cues at as early stage as possible using self-monitoring (specifically that this weakens habitual responses and reduce the probability that anxiety will be triggered by internal and external cues, and creates a new set of associations)

Explaining the rationale for CT

An ability to explain the rationale for CT, specifically the relationship between anxiety, perception of threat and perception of coping in the face of threat

Explaining rationale for combined SCD and CT

An ability to explain the rationale for combined SCD and CT

Exploring treatment credibility

An ability to respect client's views about the credibility of the rationale, and to help them test out the validity of the model using the various components of therapy

Self control desensitisation (SCD) component
(Self monitoring and early cue detection and applied relaxation)

Self-monitoring

An ability to explain self-monitoring procedures, including 'checking-in' on a regular basis, in new situations and in response to any increase in anxiety

An ability to help the client learn about self-monitoring techniques through in-session practice, using imagery to recall recent anxious experiences, with the aim of helping the client to identify and specify in detail the sequence of relevant internal and cues

An ability to help clients identify cues that indicate increasing anxiety and which can be used as prompts to self-monitoring

An ability to help the client plan to check anxious experiences on a regular and frequent basis, and regularly to review this with the client in sessions

Using relaxation in response to cues of anxiety or worry

An ability to teach progressive and applied relaxation, with the aim of helping the client manage incipient anxiety cues as well as to develop a more relaxed lifestyle

An ability to teach additional relaxation techniques (such as diaphragmatic breathing and meditational techniques)

An ability to help the client combine self-monitoring and relaxation techniques within therapy sessions

An ability to help clients plan for daily practice

In-session systematic practice

An ability to work with the client to develop a hierarchy for self-control desensitisation

An ability to grasp the thematic issues as well as the specific cues which trigger the client's anxiety
An ability to help the client learn how to use imaginal rehearsal of anxiety-provoking situations, in combination with relaxation (self-control desensitisation)
An ability to help clients pace the cues used for desensitisation, based on their progress
An ability to help clients plan daily practice, ensuring that this includes both new and past assignments, and to review the outcome of these assignments in subsequent sessions

In-vivo (real-life) systematic practice

An ability to help the client assess the effects of imaginal desensitisation by undertaking in-vivo practice combined with applied relaxation
An ability to help the client employ alternative relaxation techniques, matching technique to client feedback about their effectiveness
An ability to plan and to review homework assignments including real-life practice, including the use of daily diaries

Shifting attentional focus

An ability to help clients practice refocusing attention from worry about future events to a focus on the present (through practicing focusing on current events, tasks they are undertaking, or features of the environment they are in)

Cognitive component

Monitoring and identifying cognitions

An ability to help the client become more aware automatic thoughts, using a range of methods (e.g. imagery, reliving, discussion) to specify their content
An ability to help the client maintain a diary of anxiety-arousing cognitions and self-statements

Challenging automatic thoughts and beliefs

An ability to explain the nature of automatic thoughts
An ability to help the client to test automatic thoughts
An ability to help the client identify different thinking biases that contribute to their worry (e.g. filtering, polarised thinking, overgeneralisation, 'mind-reading', catastrophisation, personalisation, seeing self as helpless or seeing self as omnipotently responsible)
An ability to help clients treat their thoughts and beliefs as hypotheses rather than facts, and to appraise them using discussion which enables them to consider the influence of thinking biases and to examine evidence for their beliefs

An ability to help the client develop and generate alternative thoughts and beliefs in response to anxiety provoking or worrying situations, and to plan relevant homework assignments
An ability to help the client appraise worries using decatastrophisation techniques (to identify the specific feared consequences of an event or worry, to appraise them in the context of thinking biases, and the capacity of the client to manage these consequences
An ability to help the client reappraise worries or events experienced as potentially catastrophic using a 'counter-catastrophic' method which explicitly asks clients to consider (and weigh the probability of) the best as well as the worst anticipated outcomes
An ability to help the client construct behavioural experiments in order to test hypotheses and attributions based on anxiety-provoking thoughts or beliefs (including beliefs that worry makes feared outcomes less likely or aids coping)
An ability to help the client identify any underlying (deeper) beliefs, converting beliefs into statements which are amenable to appraisal
An ability to help clients plan regular homework practice of the various methods for challenging automatic thoughts and beliefs

Consolidation of learning

An ability to ensure that sessions include extensive opportunity for demonstration and practice of SCD and cognitive techniques
An ability to detect and draw attention to shifts in affect to cue clients to practice intervention techniques within the session, and as treatment progresses to apply both SCD and CT techniques at these points
An ability to help the client implement daily "worry-free" periods (involving self-monitoring and refocus attention, learning to postpone worry to a designated 'worry period', and to apply problem solving and CT techniques to worries which arise during this time)
An ability to help clients maintain a "worry outcome" diary in order refocus attention on actual rather than feared outcomes, and on the use of coping strategies for managing less positive outcomes

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 components are included
An ability to model the same flexibility that clients should learn from the programme itself, demonstrated through by a willingness to structure session content in relation to client need and progress, especially in response to difficulties or concerns the client presents in following or complying with the programme

Generalised Anxiety Disorder
Dugas/ Ladoueceur/ Freeston model

Sources:

Dugas (2004) CBT for GAD*: Learning to Tolerate Uncertainty and Emotional Arousal* Manual to accompany workshop at 34th European Association for Behavioural and Cognitive Therapies (EABCT) Conference

Dugas, M. J., & Koerner, N. (2005). The cognitive-behavioral treatment for generalized anxiety disorder: Current status and future directions. *Journal of Cognitive Psychotherapy: An International Quarterly,* **19***,* 61-81

Basic CBT competences

An ability to establish and employ a collaborative relationship throughout all aspects of the therapy
An ability to structure sessions by agreeing and keeping to a joint agenda for each session
An ability to select, use and review session-by-session measures to guide intervention, as well as monitoring the outcome of therapy
An ability to ensure that each session concludes with a summary of the session, including any agreed homework tasks

Problem specific competences

Knowledge

Knowledge of the CBT model of GAD (which includes intolerance of uncertainty, positive beliefs about worry, effects of poor problem solving and especially attitudes towards problems, cognitive avoidance)

Assessment

An ability to use standardised measures to assess and monitor GAD, including the use of self-report process measures (“intolerance of uncertainty scale”, “why worry scale”, “negative problem orientation questionnaire” “cognitive avoidance scale)

Presentation of treatment rationale

An ability to convey the rationale for CBT therapy for GAD to the client
An ability explicitly to discuss the risks of dependency on the therapist, to convey the collaborative nature of therapeutic work in CBT and the expectation that the client will take an active role in therapy

Worry Awareness Training

An ability to present the client with a model of the main symptoms of GAD (excessive and uncontrollable worry), including the links between “what if..” questions, worry, anxiety, demoralisation and fatigue

An ability to identify situational variables that trigger symptoms
An ability to identify the role of "what if…" questions in triggering worry
An ability to clarify the distinction between worries regarding current problems and worries relating to potential problems (i.e. problems that do not currently exist)
An ability to distinguish between worry and anxiety, and the links between them
An ability to identify the links between chronic worry and anxiety, and demoralisation and fatigue

An ability to help the client establish and maintain a "worry diary"

Coping with uncertainty

An ability to explain the importance of "intolerance of uncertainty" in developing and maintaining worry (because it leads to clients asking more 'what if…' questions, which maintains a focus on worry about anticipated bad outcomes)
An ability to help the client understand that increasing their tolerance of uncertainty will involve action rather than thinking (placing themselves in situations which are avoided because they engender uncertainty and learning new ways of managing this uncertainty)
An ability to help the client identify a hierarchy of actions that involves addressing uncertainty, with the aim of ensuring that tasks are attainable and successfully undertaken
An ability to agree and to make use of homework tasks which help the client to become aware of their way of thinking about uncertainty, in particular by completing the "manifestations of intolerance of uncertainty form" (to help identify the situations and settings which engender uncertainty)
An ability to agree and make use of homework tasks in which the client places themselves in situations which engender uncertainty, and monitor their reactions and their leaning using the 'uncertainty and behaviour' form

Re-evaluating the usefulness of worrying

An ability to appraise and evaluate specific client beliefs about the value of worry (to identify clients who believe it is useful, and those who don't)
An ability to detect the various types of beliefs held by clients (that worry helps them find solutions to problems, that it motivates them to get things done, that it protects from negative emotions if adverse events occur as predicted, that worry can prevent adverse events occurring, or that worrying about others represents caring.
An ability to help the client examine evidence and explore arguments for and against the usefulness of their own worrying
An ability to create a homework task in which the client reviews their beliefs about worry using a structured questionnaire, giving personal examples, and writing down arguments for and against these beliefs

An ability to devise behavioural experiments which help the client generate new information about whether worry is or is not useful

Improving problem-solving ability

An ability to help the client improve their problem-solving strategies:

Improving problem orientation

An ability to help the client think about their orientation to dealing with problems, specifically identifying any of the following:

- avoidance of problems until they become unavoidable
- being unable to recognise that problems are a normal part of life and not a reflection on themselves
- seeing problems only as threats rather than as challenges

An ability to agree and make use of homework tasks in which the client completes the "recurrent problems checklist", with the aim of helping clients recognise and react to problems more quickly

Improving problem definition and goal formulation

An ability to help the client define problems more clearly and specifically

An ability to help clients define goals more clearly and specifically

An ability to help the client understand the importance of defining realistic and attainable goals

Defining alternative solutions

An ability to help the client see the value of brainstorming alternative solutions, applying principles of generating a number and a wide variety of solutions, and deferring judgment on solutions

Decision making

An ability to appraise alternative solutions in terms of their consequences and their viability

Applying solutions and assessing its impact

An ability to help the client apply a solution and evaluate its impact

An ability to set a homework task of recording the process of resolving a specified problem

Cognitive exposure [imaginal exposure]

An ability to help the client understand how cognitive avoidance tends to enhance the strength and frequency of the avoided thought and to maintain a 'worry cycle'

An ability to explain how attempts to neutralise worries maintains rather than reduces fears

An ability to use downward arrow techniques to help the client identify their core fears
An ability to carry out cognitive exposure by helping the client to record relevant core fears in detail (either in writing or on tape), and then to repeatedly read or listen to this scenario for an appropriate duration and frequency (following principles of imaginal exposure, and ensuring that no neutralising elements are introduced)
An ability to ensure that clients carry out exposure using covert response prevention (i.e. preventing themselves from using cognitive avoidance)

Relapse prevention

An ability to help the client plan for difficulties by normalising the likelihood of increased worry at points, and the capacity of the client to treat these as opportunities to practice their new skills

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 components are included
An ability to maintain a focus on worry as a process, while working on specific targets or content

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 (3rd 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 *actually* 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

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

Post Traumatic Stress Disorder (PTSD)

Cognitive Processing Therapy (CPT)
Resick model

Sources:

Resick, P.A. & Schnicke, M.K (1996) *Cognitive processing therapy for rape victims*. London: Sage Publications

Resick P.A., Monson C.M. and Chard K.M. (2007) *Cognitive processing therapy: Veteran/Military version* Washington, DC: Department of Veterans' Affairs

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 principles underlying Cognitive Processing Therapy (which combines cognitive restructuring and exposure, and whose goal is to help the client review and revise the schemas and beliefs about themselves which have developed as a consequence of trauma, and which contribute to the development and maintenance of symptoms of PTSD)

Assessment

An ability to use the assessment interview both to gather information, but also to normalise the client's reactions to the trauma (i.e. to help alleviate the client's concerns that PTSD symptoms represent an unusual reaction)
An ability to use a structured interview to gather information about the traumatic incident itself and the client's reactions to it, social support and any history of other traumatic events
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 that may be present
An ability to identify factors that have affected the severity of reactions, and which facilitated or hindered recovery (e.g. negative reactions from others in response to the trauma)
An ability to administer and interpret standardised measures of PTSD and depression (e.g the PTSD checklist (PCL), and the Beck Depression Inventory), and to monitor progress using these instruments
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 identify clients who may not be suited to CPT at this stage of their presentation:
clients who respond to any discussion of the trauma with very severe panic (who may require initial intervention focused on management of panic)
clients with very marked levels of dissociation
clients who show high levels of avoidance combined with low levels of intrusions, (and who may require specific help to manage and reduce avoidance in order to respond to the therapy)

Engagement

An ability to help the client trust the therapist, by conveying an attitude that the therapist can listen to and contain the client's disclosures and reactions (e.g. by not overreacting to disclosures with obvious shock, blame or fear)
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 traumatic event, are comprehendible and acceptable
An ability to recognise when secondary traumatisation reduces the therapist's capacity to respond to the client appropriately, and to seek support and supervision to manage this

INTERVENTION

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
An ability to ensure that the programme is implemented in a manner which is congruent with the principles of guided discovery

Structuring sessions

An ability to ensure that the intervention as a whole is structured so as to introduce each elements of the intervention programme in an organized and progressive manner, integrating new information with continuous review of prior learning
An ability to convey to the client basic expectations of the programme (that sessions will be structured, and involve regular attendance and practice assignments)
An ability to structure each session, by working with the client to construct an agenda
An ability to ensure that each session includes review of practice assignments, and discussion of plans for future practice assignments

Where clients have found it too difficult to carry out practice assignments as a consequence of avoidance, an ability to ensure that this is carried out in the session (i.e. to help the client manage and challenge avoidance)

Education regarding PTSD and rationale for the intervention programme

An ability to outline the main symptoms of PTSD (re-experiencing of the event, avoidance of reminders of the event, and high levels of arousal), and to help the client relate this outline to their own experience (with the aim of helping to normalise their symptoms)
An ability to outline pathways to recovery from trauma, and the ways in which these can be disrupted in people with PTSD (fight-fright and "freezing" reactions, and their pairing with cues at the time of trauma)
An ability to offer a cognitive formulation in order help the client begin to understand the development and maintenance of their symptoms (i.e. that the client's beliefs influence the way in which they have processed the trauma and its aftermath)
An ability to help the client distinguish between emotions engendered directly by the traumatic event, and feelings which reflect the client's subsequent interpretations of the event
An ability to help the client understand the intervention programme, in particular its emphasis on the client's thoughts and interpretations of the traumatic event
While acknowledging their fears, an ability to help the client understand the role of avoidance in maintaining their symptoms, to stress the importance of confronting their fears, and to signal the ways in which avoidance could manifest itself during therapy (e.g. in non-completion of practice assignments, or difficulty in coming to sessions)
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 by regular review of self-monitoring materials

Identifying the meaning of the traumatic event

Impact statement

An ability to help the client initiate review of the trauma by asking them to write an "impact statement" as a practice assignment (focusing not on the details of the event, but:	
	on their thoughts about why the event occurred, its causes, and how it has impacted on themselves and on others
	on the ways the event has influenced their beliefs about themselves, others and the world)
An ability to identify, and help overcome, any difficulties or worries the client has about writing the statement (and other writing tasks involved in the exposure element of the programme)	

An ability to help the client think about the impact of the traumatic event on their lives, by asking them to read the impact statement out loud in the session and discussing its meaning with them
An ability to use the impact statement to help the client begin thinking about the meaning of the traumatic event
An ability to identify potential ‘stuck points’ which interfere with acceptance (assimilation) of the event, and to note any extreme/over-generalised beliefs (over-accommodation to the trauma) held by the client

Exposure and cognitive restructuring

An ability to help the client to remember the details of the trauma and its meaning for them, combining exposure with cognitive restructuring:	
	an ability to help the client initiate exposure and cognitive restructuring by identifying the most tramautic event and asking them to provide a brief verbal account of its impact on them
	an ability to ask the client to write and to read a written account of the trauma (both in the session and as a practice assignment)
	by asking the client to revise and re-read their account throughout the therapy as more specific beliefs and details emerge(including sensory details, thoughts and feelings associated with the trauma)
An ability to help clients to express and to manage their feelings when recalling the trauma	
An ability to identify when recall and/or expression of feeling is inhibited by fears of being overwhelmed (e.g. where there is an absence of emotion during recall), or by shame or guilt, and to help clients through direct discussion of these factors	
An ability to help the client identify any “stuck points” and/or difficult memories which emerge in the account	
An ability to discuss with the clients the way in which many stuck points represent conflicts between prior beliefs and the experience of the traumatic event, or prior negative beliefs that are seemingly confirmed by the trauma	

Identifying meanings

An ability to introduce the client to self-monitoring, with the aim of helping them to identify the connection between their thoughts and feelings, using an ABC chart which asks them to record:
Activating events
Beliefs (what they say to themselves in response to these events)
Consequences (their resultant feelings and behaviours)
Based on the framework of client’s written account of the trauma, an ability to help the client identify the meaning, and its impact on their life
Based on the iterations of the client’s written account, an ability to help the client process the material and capture emergent meanings regarding the trauma
An ability to help the client identify (label) specific emotions associated with the trauma

An ability to help the client understand how the interpretation of events can affect feelings and behaviours, using everyday examples as well as the client's own experiences
An ability to help the client identify 'stuck points' (conflicting beliefs or strong negative beliefs which result in powerful feelings or cause the client to behave in 'dysfunctional' ways)
An ability to review ABC charts with the client (e.g. clarifying distinctions between thoughts and feelings, identifying any themes and any stuck points)

Cognitive restructuring

Introducing the client to cognitive restructuring

An ability to help the client begin appraising their beliefs about the traumatic event (usually beliefs which represent stuck points) by using a list of 'challenging questions' (e.g. what is the evidence for and against your belief, are you thinking in all-or-nothing terms), and helping the client consider how these questions can be applied to the beliefs they hold
An ability to help the client begin appraising automatic thoughts by describing common "problematic thinking patterns" and their role in generating negative automatic thoughts and behaviours, and helping the client consider the relevance of these biases to their current presentation
An ability to introduce the client to the use of the "challenging beliefs worksheet" (which helps them systematically challenge beliefs by identifying the feelings and automatic thoughts evoked by activating events, to challenge these thoughts (using both "challenging questions" and the list of cognitive processing biases), and to generate alternative thoughts and to decatastrophise)
An ability to help the client make systematic use of the "challenging beliefs worksheet" when working with specific beliefs (with the aim of helping them identify and challenge beliefs in the context of ongoing self-monitoring)

Working with beliefs

An ability to work with the client to help them identify and resolve problems arising from extreme or over-generalised beliefs
An ability to help the client identify, appraise and revise relevant beliefs in a series of specific domains (safety, trust, power and control, self-esteem and intimacy)
An ability to help the client consider any relevant beliefs in each of these domains, using worksheets which describe how beliefs related to the self and beliefs related to others may have developed through prior experience, the symptoms associated with holding these beliefs too rigidly, and the ways in which these may be resolved through reappraisal of the belief), using these materials as the basis for in-session discussion and for self-monitoring (using the challenging beliefs worksheet)

An ability to work on each domain in a manner which is systematic, but also flexible and responsive (e.g. prioritising domains which are clearly salient for the client, or spending less time on a domain if it is clear that the issues are not relevant for the client)
An ability to help the client focus and work on any ‘stuck points’ that emerge

Safety

An ability to help the client work on issues of safety by**:**
identifying pertinent beliefs (e.g. negative beliefs regarding the relative safety of others, or her ability to protect herself from harm), and the ways in which these beliefs lead to increased anxiety and to avoidance
differentiating appropriate safety practices from fear-based avoidance
recognising anxiety-inducing self-statements, and introducing alternative (more moderate and less fear-provoking) statements
appraising the realistic probability of the trauma reoccurring

Trust

An ability to help the client work on issues of trust by:
helping them appraise an ‘all-or-nothing’ approach to trust (which leads to avoidance of relationships) and to develop strategies for allowing a graduated approach to developing trust in others by (for example):
focussing on the actual behaviour of others rather than applying global judgments
asking for support from others

Power and control

An ability to help the client work on issues of power and control by:
identifying and appraising beliefs around self-efficacy (e.g. beliefs that the traumatic event confirms a sense of helplessness or lack of control over events, or beliefs that only complete control over everything ensures an experience of safety)
identifying and appraising beliefs around control in interpersonal relationships (particularly beliefs that only complete control of the other person ensures safety)
validating anger as a legitimate reaction to the trauma, and helping the client to experience and to talk about it without fearing that they will lose control (e.g. by becoming aggressive)

Self esteem

An ability to help the client work on issues of self-esteem by:
identifying assumptions that impact on esteem and mood
exploring the effects of the trauma on the development or reinforcement of these assumptions
helping the client to feel worthy of compliments and/or pleasant events without having to earn or disown them

Intimacy

An ability to help the client work on issues of intimacy by:
discussing the impact of the traumatic event on intimacy with others (both close family and friends as well as sexual intimacy), and on self-intimacy (the ability to self-soothe, and to be alone without feeling lonely)
identifying any unhelpful external attempts at self-soothing (e.g. use of alcohol or drugs, excessive eating or under-eating, excessive spending)
identifying the extent to which unresolved issues of control and of trust relate to ongoing problems with intimacy, and applying skills learned earlier in therapy to manage these
exploring any withdrawal from and/or avoidance of potential support (family and friends) and helping to redress this

Preparing for termination

An ability to review the meaning of the trauma with the client, in part by asking the client to rewrite and review their account of the traumatic event
An ability to help the client to consider how their beliefs have changed and to note any remaining beliefs and/or stuck points that would benefit from further intervention
An ability to help the client review the concepts and skills introduced over the course of therapy
An ability to help the client appreciate their own contribution to maintaining recovery (i.e. to convey a sense that the re-emergence of problems can be managed by practising the skills they have learned)
An ability to ask the client to reflect on their progress, and to take credit for dealing with the trauma

PTSD
Ehlers and Clark model

Sources:

Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder*. Behaviour Research and Therapy, 38,* 319-345
Ehlers, A., Clark, D.M., Hackmann, A., McManus, F., & Fennell, M. (2005). Cognitive therapy for PTSD: development and evaluation. *Behaviour Research and Therapy, 43*, 413-431.
Ehlers, A. (unpublished) *Cognitive Therapy for PTSD - treatment manual*

Knowledge

An ability to draw on knowledge of the cognitive model of PTSD and its emphasis on negative appraisal of the traumatic event and/or the sequelae of trauma, the implications of memory encoding in trauma, and its conceptualisation of behaviours and cognitions that maintain PTSD
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

Assessment

Diagnosis

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
An ability to administer and interpret appropriate interview schedules and questionnaires to help establish the full pattern of presenting problems
Where clients present with comorbid psychological or social problems, an ability to determine whether these or PTSD are the client's primary presenting problem

Nature of traumatic events and of the trauma memory

An ability to help the client give a brief account of the trauma and the main intrusive memories associated with it
An ability to identify the characteristics and "deficits" of the trauma memory (e.g. whether there are gaps, the sequence of events seems confused, the extent to which the memory/intrusions have a 'here and now' quality and whether there are strong sensory and motor components)
An ability to identify how the client manages when experiencing intrusive memories
An ability to identify triggers of intrusive trauma memories

Significant cognitive themes

An ability to identify the main cognitive themes that will be addressed in therapy, and aspects of the event which elicit especially strong distress (‘hot spots’) and their meaning
An ability to identify the predominant emotions associated with trauma memories (e.g. guilt, anger, shame, sadness or fear)
An ability to identify what has been most distressing/difficult for the client since the event and to explore the client’s beliefs about their symptoms, their future and other people's behaviour toward them

Current behavioural and cognitive coping strategies

An ability to identify how clients currently attempt to put the event behind them, and their sense of the best way of coping (e.g. what they avoid, how they deal with intrusions, what they think will happen if they allow themselves to think about the trauma or get upset about it, whether they ruminate about aspects of the event)
An ability to identify other behaviours that the client uses to control the symptoms or the perceived threat (such as safety behaviours, hypervigilance or avoidance, thought suppression, or substance use)

Use of measures

An ability to administer and interpret measures for use in planning treatment, specifically measures which focus on the three domains specified in the model (trauma memories (intrusions); cognitive appraisal of the trauma and its aftermath including mental defeat (a sense of giving up and being deprived of sense of humanity during the trauma) and maintaining behaviours)
An ability to administer and interpret appropriate symptom measures to monitor progress and treatment outcome

Suitability for intervention

An ability to determine suitability for treatment at this point, and whether any current circumstances will mitigate against intervention (e.g. continuing exposure to threat, extreme adverse life circumstances)
An ability to discuss the client’s expectations of treatment

Formulation and rationale for intervention

An ability to develop with the client an individualised formulation which takes account of the client’s perceptions and interpretations of themselves and the world, which suggests the three targets for intervention (trauma memory, appraisals and maintaining behaviours), and which gives clients an alternative way of understanding the threats they perceive.
An ability to directly relate the model to the client’s pattern of symptoms and methods of coping with the trauma, and to identify the ways in which intervention will address itself to these factors

Intervention procedures

Establishing a working relationship for working with traumatised clients

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
An ability to normalise the client's reactions to the trauma
An ability to judge the client's sense of engagement with the trauma memory (e.g., dissociation, avoidance) and to adapt procedures accordingly
Ability to use a collaborative stance to mitigate previous effects of trauma and to maximise the client's sense of control over the pacing of, and techniques used, in therapy.
An ability to question the client's perceptions without invalidating or trivialising their experience
An ability to be flexible and understanding when the client's problems affect their ability to attend regularly, and to offer active help with regular attendance.

Specific interventions reflecting three targets of treatment

(Elaborating and integrating the trauma memory, modifying problematic appraisals and dropping dysfunctional behavioural and cognitive strategies)

An ability to help the client make links between intrusions and attempts at suppression using a 'thought-suppression experiment', and setting appropriate homework assignments to reinforce this link
An ability to help clients identify areas in which they have withdrawn from significant activities/relationships in response to the trauma, to identify beliefs which support withdrawal and to plan homework assignments to promote re-engagement ("reclaiming your life")

Reconstructing traumatic event and accessing problematic personal meanings

An ability to ensure that the client is ready to engage in imaginal reliving or narrative writing, and that any concerns about the consequences of reliving (e.g. feeling overwhelmed or experiencing a physical catastrophe) are explored and addressed before commencing reliving
An ability to respond with appropriate empathy when eliciting meanings
An ability to ensure that the client retains a sense of control, and does not feel coerced into reliving against their will
An ability to track client's distress levels and level of emotional engagement during reliving, with the aim of ensuring that the client is neither disengaged from, nor overwhelmed by, the memories

An ability to help the client relive the event as completely as possible, prompting for thoughts, feelings, sensory impressions and body sensations while ensuring that the client stays aware that they are experiencing a memory in a safe environment
An ability to help the client detect the worst moments of the trauma ("hot spots"), to identify the meaning of these moments, identifying and making explicit any themes, and helping the client formulate these in their own words
An ability to detect and help the client drop strategies that dampen their response (such as cognitive avoidance, numbing, leaving out of important moments).
An ability to help the client write a "trauma narrative", with the aim of helping clients who initially find it too difficult to undertake reliving with the therapist, to help clients establish a clearer sequence of the course of the event, or to help consolidate reliving
An ability to detect personal meanings which emerge from client narratives (e.g. specific examples of misperceptions of the traumatic event which contribute to the client's current appraisal of the event)

Updating the trauma memory (changing personal meanings in the memory)

An ability to help clients identify information that updates the personal meaning of the worst moments of the traumatic event using reconstruction of the order of events, discussion of details and/or cognitive restructuring.
An ability to help clients update the idiosyncratic personal meanings laid down at the time of the trauma by helping them access the worst moments of the event and their meanings in memory and simultaneously accessing the updating information (both in the trauma narrative and in imaginal reliving) using either verbal information, appropriate incompatible sensory stimulation and/or guided imagery to convey the updated meanings.
An ability to ensure that memory for all hot spots has been updated
An ability to use a probe reliving of the whole traumatic event to check whether any hot spots remain, and to address these accordingly.

Identifying and discriminating triggers for intrusive memories

An ability to help the client develop an understanding of when and where triggers to intrusions arise, using information from in-session occurrences along with client self-observation
An ability to help clients become aware of the importance of sensory cues as triggers, to help them identify relevant cues and to link these to the trauma memory
An ability to help clients identify triggers to intrusions by accompanying them in situations where intrusions are likely to be triggered
An ability to help clients break links between triggers and trauma memory by helping them learn techniques for stimulus discrimination (e.g. helping them to refocus attention on their immediate present, and identifying similarities and differences between current context and trauma event)

Revisiting the site of trauma

An ability to help the client revisit the site of trauma, with the aim of providing the client with updating information (e.g. that the trauma is over, to reconstruct what happened, to test predictions about the site)
An ability to identify when the client is ready for a visit, to prepare the client for the visit and to use approximations of the site if the original is not accessible or too overwhelming
An ability to help the client deal with unexpected events which occur during a site visit, utilising discrimination techniques.

Capacity to help clients identify and to change problematic appraisals (personal meanings) of the trauma and its sequelae

An ability to help the client identify appraisals both of the trauma and the aftermath of the trauma that induce a sense of current threat
An ability to formulate the maintenance cycle between appraisals, sense of current threat, and the strategies the client uses to control the sense of threat.
An ability to integrate discussion and modification of appraisals with trauma memory work
An ability to track change in appraisals through belief ratings and discussion of remaining doubt

An ability to help the client identify appraisals in an explicit and concrete manner, identify the evidence (often the memories) they use to support the appraisal and help them consider how well the appraisal fits with reality. In particular, this may involve:		
	an ability to apply a range of specific behavioural and cognitive techniques in a collaborative manner (as well as general support and empathy) to help the client test out predictions or change strategies, e.g.:	
		memory work
		guided discovery and Socratic questioning
		behavioural experiments, and reclaiming life assignments
		specific techniques such as pie charts, surveys, video feedback, cost-benefit analyses or anger management strategies

Where relevant to the individual client, an ability to identify and help address commonly observed appraisals linked to the client's:	
	inflated sense of responsibility for the trauma or its outcome
	sense of humiliation and/or shame
	sense of an unacceptable self, worthlessness and/or "mental defeat"
	overgeneralised sense of danger
	misinterpretations of intrusive memories and bodily sensations
	persisting anger about and preoccupation with a sense of unfairness or revenge
	grief reactions and their beliefs about responsibility for death, about death

and/or the horror of dying
excessively negative interpretation of the physical consequences of trauma (such as scars or other injury)

Helping clients identify and desist from maintaining behaviours

An ability to help the client understand the link between safety behaviours, hypervigilance and the maintenance of a sense of threat by using guided discovery, and an ability to help the client use behavioural experiments to drop or reverse their use
An ability to use guided discovery to help the client understand the link between the maintenance of symptoms and other maintaining behaviours (such as rumination, substance use or social withdrawal), and an ability to help the client use behavioural experiments to drop or reverse their use
An ability to help the client distinguish between intrusive memories of the trauma and rumination, and to help them reduce rumination about the trauma.

Ending treatment

An ability to develop a ‘blueprint’ with the client which identifies what they learnt in therapy (particularly about what maintained the problem and what was helpful in managing it)
An ability to work with the client to plan strategies to deal with possible setbacks

DEPRESSION
Beck model

Sources:
Beck A.T., Rush A.J., Shaw B.F. & Emery, G. (1979) *Cognitive Therapy of Depression.* New York: Guilford Press
Blackburn, I.M. James, I.A. Milne D.L & Reichelt F.K. (2001) *Cognitive Therapy Scale – Revised (CTS-R)*

GENERIC COMPETENCES

Knowledge about depression

An ability to be aware of and draw on knowledge regarding the clinical manifestations, course and outcome of depression
An ability to be aware of and draw on knowledge about common factors linked to predisposition to, and precipitation of, depression
An ability to be aware of and draw on knowledge of common indicators of suicide risk

PROBLEM SPECIFIC COMPETENCES

Knowledge of the cognitive model of depression

An ability to apply understanding of the concept of the "cognitive triad" (core beliefs in three areas: self, others, and future)
An ability to apply understanding of concept of schemas (structural organisation of depressive thinking)
An ability to identify and conceptualise common "processing biases" (e.g. arbitrary inference, selective abstraction, overgeneralisation, magnification/ minimisation etc)
An ability to be aware of and draw on knowledge of importance of interpersonal factors in development/maintenance of depression, particularly the tendency to elicit reactions from others that confirm self-perceptions/beliefs and lead to self-fulfilling prophecies
An ability to make use of awareness with severely depressed clients of the likely benefit of focussing on behavioural rather than cognitive approaches in the early phases of therapy

Ability to undertake an initial assessment

An ability to gain an overview of the client's current life situation, any specific stressors and level social support
An ability to elicit information regarding diagnosis, past history and present life situation
An ability to help the client translate vague/ abstract complaints into more concrete and discrete problems

An ability to help client identify any ‘chief complaints’ or ‘chief problems’ through which depression is manifested
An ability to comprehend the client’s “personal paradigm” (the belief system and information processing strategies through which they construe and interpret their world
An ability to delineate/ identify the configuration of cognitive problems which contribute to the maintenance and exacerbation of target depressive symptoms
An ability to gain an overview of the client’s coping mechanisms (e.g. stress tolerance, level of functioning and capacity for introspection and self-objectivity)
An ability to identify the presence and significance of comorbid psychological problems particularly personality disorders and substance abuse, but also other common comorbid complaints such as anxiety, PTSD and OCD
An ability to assess and to respond to indicators of risk of suicide
An ability to assess the client’s attitude about and motivation for therapy

An ability to explain the rationale for cognitive therapy

An ability to explain the rationale for a focus on cognitions and to help the client consider this in relation to themselves using a recent/specific example to consider the link between the cognitive triad (how they think about themselves, their environment and their future) and feelings, motivation and behaviour
An ability to help the client focus on/identify information processing that leads to unhelpful conclusions
An ability to convey the cognitive model in a way which implies that client is thinking inaccurately rather than ‘irrationally’

Intervention skills

Establishing whether there are priorities for intervention

An ability to work with the client in order to establish whether, and if so which, of the client’s depressive symptoms and associated problems need to be prioritised for intervention
An ability to help clients who feel overwhelmed by problems to identify specific problems and working to identify solutions

Ability to apply cognitive techniques

Familiarity with key overarching principles

An ability to explore the client’s meaning system in a manner which is collaborative and which models strategies that clients should to be able to apply both during and after therapy

An ability to help the client understand the relevance of links between thinking, feeling and behaving in relation to their own difficulties, usually through eliciting concrete examples
An ability to help the client examine/explore evidence for their beliefs and assumptions based on their own behavioural experiments

Ability to use guided discovery as the basic stance for implementing CT

An ability to adopt an open and inquisitive style aimed at helping the client draw his/her own conclusions
An ability to make effective use of guided discovery to help the client discover useful information that can be used to help him/her to gain a better level of understanding (and to help the client adopt this strategy for themselves as the basis for exploring their own beliefs)
An ability to use guided discovery to create doubt in place of certainty, providing the client with the opportunity for re-evaluation and for new learning to occur
An ability to help the client develop hypotheses regarding his/her current situation and to generate potential solutions for him/herself
An ability to help the client develop a range of perspectives regarding his/her experience (by examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate
An ability to avoid attempting to impose a particular point of view on the client (for example by reliance on debate, persuasion, “lecturing”, or “cross-examining” the client) and to ensure that this basic ‘stance’ pervades all interactions with the client

Detecting and recording key cognitions (automatic thoughts/ images)

An ability to define ‘cognitions’ in a way which is meaningful for, and relevant to, the client and to explain the concept of automatic thoughts and images
An ability to help client understand general concept of links between thinking, feeling and behaving by using specific examples of distressing situations
An ability to help client make links between specific environmental events and cues associated with depressive cognitions and mood
An ability to help client detect automatic thoughts and images through devising specific ‘projects’ designed to help elicit and “catch” pertinent cognitions
An ability to elicit cognitions that are associated with distressing emotions, particularly the ‘hot’ cognitions most likely to have caused the relevant affect
An ability to use empathy and skill to determine cognitions associated with strong emotional expression which occur in the session, and to

discuss these with the client in the context of their beliefs
An ability to identify the different forms of cognitive biases used to support the client's thinking
An ability to help clients use and complete relevant written records (e.g. Daily Record of Dysfunctional Thoughts), with the aim of helping the client learn to self-appraise the accuracy of their thoughts and beliefs

Examining and reality testing automatic thoughts/ images

An ability to help the client find alternative solutions to problems on the basis of helping the client to reconceptualise their difficulties (i.e. by examining the accuracy of the specific thoughts and underlying beliefs that operate in a given situation)
An ability to work with the client to record dysfunctional thoughts and responses to these thoughts, with the aim of with the aim of helping clients learn to self-appraise evidence and to generate alternative interpretations

Identification and modification of dysfunctional assumptions ("intermediate beliefs")

An ability to work with the client in order to identify dysfunctional assumptions in a manner which ensures that this is a process which is led by the client, and not one led by the therapist
An ability to take a "naïve", "unknowing" stance regarding the assumptions which shape the client's specific cognitions (an ability to avoid "jumping to conclusions")
An ability to examine assumptions using questions and offering alternative suggestions, and to avoid making this a didactic process (by 'lecturing' the client)
An ability to help the client consider how assumptions can become self-fulfilling
An ability to help client consider changing/discarding self-defeating assumptions by listing the advantages and disadvantages (benefits and costs) of holding on to these assumptions
An ability to help the client examine the long-term effectiveness of assumptions, especially when assumptions currently appear to be working in the client's) favour in the short-term
An ability to help the client generate and carry out behavioural experiments which help the client modify their assumptions (for example, comparing what they 'should' do with what they are able to do, or acting against their assumptions)

Ability to help client apply and test out change methods using homework

An ability to help the client think through the rationale for performing homework tasks (in terms of cognitive therapy), and to identify and problem solve any anticipated difficulties in carrying out tasks
An ability [using these methods] to obtain feedback regarding the client's level of understanding of prospective homework assignments (for example, by the client performing the task in-session)
An ability to help the client test-out cognitions practically, and gain experience in dealing with high levels of emotion

Helping clients to manage depression-specific cognitions and beliefs

An ability to help clients examine and reality-test their thoughts, but without assuming that all the client's pessimistic statements are necessarily invalid
An ability to help clients use self-monitoring and behavioural experiments to deal with excessive self-blame by helping them to be more aware of the frequency and nature of specific self-criticisms, and using appropriate strategies to manage these (e.g. looking at meanings and alternative responses, objectification, role play, learning how to use self-challenging responses)
An ability to help clients manage/challenge all-or-nothing thinking using appropriate strategies (e.g. looking for partial gains from adverse events, fostering self-questioning to think about all-or nothing responses)
An ability to use reattribution techniques/ strategies to manage excessive self-blame (for example, using pie charts)
An ability to challenge any core beliefs which undermine the client's self-worth

Helping clients to express difficult feelings and manage them in the context of the CT model

An ability to help the client express strong feelings, and to help them consider and test out the beliefs that lead to (or are consequent on expression of) these affects

- → an ability to help manage the consequences of catastrophisation or self condemnation in the context of low mood
- → an ability to help the client express, in the therapy session, strong feelings they may perceive as negative (such as guilt, shame or anger), to determine their meaning for the client, and to help the client use their relationship with the therapist to test beliefs about the reactions of others to expression of these feelings
- → an ability to help the client develop strategies which they can apply outside the therapy session for managing the expression of feelings they may perceive as negative

Behavioural activation

An ability to help the client make links between underactivity/ failure to engage in activities and their depressive ruminations/ preoccupations
An ability to use activity scheduling to help clients manage behavioural symptoms such as passivity, avoidance or inertia
In collaboration with the client, an ability to revise a graded hierarchy of daily activities, in line with client response to earlier phases of activity scheduling
An ability to help the client set realistic expectations of their capacity to complete planned activities and to help the client identify beliefs regarding their achievability
An ability to use cognitive rehearsal to help the client identify potential problems in achieving tasks
An ability to use role playing to help the client identify and manage barriers to carrying out activities (including modelling, coaching and behavioural rehearsal and role playing)
An ability to work with the client to ensure accurate recording of activities undertaken, including ratings of mastery and pleasure
An ability to review homework with the client and identify relevant cognitions and beliefs related both to accomplishments and to areas where the client was unable to carry out planned assignments

Helping clients to manage specific problems frequently associated with depression

An ability to identify anxiety symptoms which appear in the context of depression, and to employ appropriate techniques for their management
An ability to help clients find strategies to manage concentration and memory problems
An ability to help the client manage indecisiveness
An ability to help the client overcome problems of low motivation and avoidance of constructive activity using appropriate cognitive and behavioural techniques
An ability to help clients manage sleep disturbance (for example, education about sleep, teaching relaxation methods, ‘sleep hygiene’ methods)

Responding to the needs of suicidal clients

An ability to detect indicators of increased suicidal intent
An ability to explore motives for suicidal wishes with the client
An ability to adopt strategies for managing suicidal thoughts, and to deal with feelings of, and particularly beliefs leading to, hopelessness
An ability to help suicidal clients to articulate their sense of being trapped and to redefine their dilemmas as a problem to be solved, and to adopt appropriate problem-solving techniques
An ability to help suicidal clients anticipate and consider how they will manage increases in suicidal intent
An ability to specify, negotiate with the client and put in place appropriate practical strategies for managing suicidal episodes

Ending therapy and helping the client guard against relapse

An ability to ensure that from the outset the client is clear that therapy is time-limited, and that a major objective is for the client to learn how to become their own therapist
An ability to terminate therapy in a manner which is planned, and with plans for termination signalled at appropriate points throughout
An ability to help clients who have recovered identify problematic events which have led them to become depressed or anxious in the past and explicitly to plan ways in which they can implement relevant coping strategies they have learned during therapy
An ability to help the client discuss any concerns about termination (e.g. that they need support to manage on their own or that they will relapse) at all stages of therapy, and not just at its end

METACOMPETENCES

Capacity to implement therapy

An ability to implement CT model in a manner that is neither stylised nor rigid
An ability to implement CT without being overly reductionistic or simplistic, but which nonetheless conveys a set of coherent principles to the client
An ability to adapt CT models to the individual case, ensuring that the model works for the client, and not that the client is fitted to the model
An ability to avoid being excessively didactic, and to maintain a stance that invites clients to explore and learn from their own experience
An ability to use humour judiciously, modulated so as to be appropriate to the developing relationship between therapist and client
An ability to structure the session in a manner which is responsive to the client's needs, and especially to their capacity to concentrate

Capacity to identify and address therapeutic impasses

An ability to identify and work collaboratively with client beliefs about the CT model that are potentially countertherapeutic and that relate to :	
	a misunderstanding of the cognitive model (e.g. that CT is only positive thinking), *or*
	difficulties the client is having in applying the model to themselves
An ability to identify and work collaboratively with client behaviours that may limit progress in treatment (e.g. clients who find it difficult to talk, who talk too much and go off on tangents, who fabricate material, who are chronically late etc)	
An ability to recognise when difficulties in the relationship with the client relate to the impact of childhood antecedents on their current behaviour, and a capacity to address these issues with the client using a cognitive framework	

An ability to recognise and to acknowledge therapist errors, and to use such acknowledgements in a constructive way to identify and to repair any damage to the therapeutic relationship (by acknowledging and apologising for the error, and by exploring its impact on client beliefs, including their beliefs about the therapy and themselves)
An ability to avoid reacting negatively (or to be drawn into) to the depressed client's behaviour and beliefs, especially instances of hopelessness
An ability to detect the difference between dependency which is "constructive" (using the relationship with the therapist to help learn how to resolve problems) and an over-reliance on the therapist to help resolve problems
An ability to capitalise both on improvements and on exacerbation of symptoms

Therapist self-management skills

An ability for the therapist to identify their own dysfunctional cognitions, especially self-defeating thoughts relating to lack of client progress
An ability to tolerate frustration and to remain task-focused (for example, in the face of slow progress)
An ability to avoid seeing the client themselves as a problem and to maintain a problem-solving attitude in the face of difficulties and frustrations

DEPRESSION

Behavioural Activation (BA)
Martel, Addis & Jacobson model

Source
Martel, C.R., Addis, M.E., and Jacobson N.S. (2001). *Depression in Context; Strategies for Guided Action.* New York: WW Norton

GENERIC COMPETENCES

Knowledge about depression

An ability to be aware of and draw on knowledge regarding the clinical manifestations, course and outcome of depression
An ability to be aware of and draw on knowledge about common factors linked to predisposition to, and precipitation of, depression
An ability to be aware of and draw on knowledge of common indicators of suicide risk

Ability to undertake a generic assessment of depression

An ability to gain an overview of the client's current life context, and to elicit information regarding diagnosis, past history and present life situation
An ability to identify the presence and significance of comorbid psychological problems particularly personality disorders and substance abuse, but also other common comorbid complaints such as anxiety, PTSD and OCD
An ability to assess and to respond to indicators of risk of suicide

PROBLEM SPECIFIC COMPETENCES

Knowledge of the Behavioural Activation model of depression

An ability to draw on knowledge of the basic assumptions of the Behavioural Activation model of depression:	
	that depression is best understood by looking at the context in which it arises – that the response of the individual to the environment is crucial to the development and maintenance of depression
	that secondary coping behaviours (such as avoidance, inactivity or rumination) play a significant role in the maintenance of depression
	that while cognitions are important, the therapeutic focus is on the context in which these arise (the antecedents and consequences) rather than their content

An ability to draw on knowledge of behavioural theory regarding:	
	the concepts of, and distinctions between, positive reinforcement, negative reinforcement, and punishment
	the importance of ensuring that behaviours are positively, rather than negatively reinforced
An ability to draw on knowledge regarding the role of functional analysis in BA:	
	that the application of a carefully conducted functional analysis is central to BA
	that BA is not simply about increasing pleasant activities, but focuses on contingencies which maintain behaviour
	that clients can be helped by helping them to focus on their behaviours rather than their thoughts, and on the contingencies that maintain their behaviour
	that all behaviour serves a function (whether "external" or "internal" (in the form of thoughts)), and that BA focuses on function, not intention
An ability to draw on and apply knowledge regarding the concept of acceptance and central role in BA (i.e. that clients should be helped to learn how to engage in activities despite feelings such as fear, sadness or low motivation)	
Knowledge of the distinction between the feeling and action elements of depression	

Ability to assess features of depression central to BA

An ability to comprehend the client's overall context and its relation to mood and behaviour
An ability to help the client translate vague or abstract complaints into more concrete and discrete problems related to the overall context
An ability to work with the client to identify ways in which the development and maintenance of depression relates to low levels of positive reinforcement and the narrowing of behavioural repertoires
An ability to work collaboratively with the client to develop a functional analysis which focuses on the contingencies that are maintaining the depression

Ability to explain the rationale for BA

An ability to explain the rationale for a focus on behavioural activation and to help the client consider the relationship between mood and behaviour
An ability to help the client understand the purpose of a functional analysis, stressing function, not the form, of the behaviour
An ability to explain that cognitions are relevant in BA, but that the focus is on the *context* rather than the *content* of thoughts, and hence on the antecedents and consequences of cognitions

Intervention skills

Core elements of Behavioural Activation

An ability to socialise the client into the BA model, where appropriate making use of written materials
An ability to help the client focus on the external world and its role in maintaining depression
An ability to help the client to characterise their problems in a highly specific and concrete manner which can be directly translated into activities
An ability to work collaboratively with the client to develop a case formulation which leads to the identification of treatment goals
An ability to work collaboratively with the client to identify any patterns of avoidance (secondary problems), and to identify these as primary targets in treatment
An ability to help the client engage in activities despite feelings such as fear, sadness or low motivation which may be distressing or initially increased by engaging in action (i.e. an ability to help the client accept their current feeling, rather than have the current feeling inhibit them trying out potentially useful activities)
An ability to help the client focus on external, environmental cues (including a specific plan for action) rather than responding to internal cues such as sadness (acting from the "outside-in" rather from the 'inside-out')

Structure of the intervention

An ability to develop a structure for the overall treatment
An ability to work with the client to set an agenda for each session
An ability to work with the client to identify "homework" tasks
An ability to discuss with the client difficulties in achieving "homework" tasks
An ability to elicit and make use of regular feedback on individual session from the client
An ability to use regular use of formal monitoring tools (such as the BDI) to help the client track their progress
An ability to draw attention to exemplars of the client's behaviour during sessions that function to maintain depressive states
An ability to listen to (and not directly to challenge) client's attributions of depression to internal feeling states, while not reinforcing this mode of thinking

Specific elements of Behavioural Activation

Ability to help clients conduct a functional analysis (TRAP and ACTION tools)

An ability to help clients carry out a simple functional analysis (linking antecedents, behaviours and consequences)
Where avoidance is prominent, an ability to help clients understand the TRAP and ACTION tools
An ability to help clients use the TRAP tool (which links Triggers, Responses and Avoidance Patterns)
An ability to help clients use the ACTION tool (which Assesses the function of behaviour(s), helps the client consider their Choices for action or avoidance Try new behaviours, Integrate these behaviours into a routine, Observe the outcome and persist in trying out the New behaviours

Ability to help the client complete activity charts

An ability to help clients use activity charts to help them establish the relationship between activity and mood	
An ability to help clients to use activity charts:	
	to rate the mastery and pleasure associated with certain activities
	to monitor patterns of avoidance behaviour
	to support and monitor guided activity
	to evaluate progress at each session

Ability to help clients develop action plans

An ability to work with the client to develop short-term achievable goals which are consistent with the overall goals of treatment
An ability to help clients establish or re-establish routine which may be absent or have been disrupted

Ability to help clients carry out action plans

An ability to empathise with the difficulties of implementing action plans
An ability to help the client develop action plans by focusing on specific concrete actions
An ability to use help clients break down activities into manageable steps (graded tasks assignments) to facilitate achievement of goals
An ability to help the client use verbal (mental) rehearsal to identify any obstacles to the completion of assigned tasks
An ability to help the client identify situational reinforcers that are also ‘natural’ contingencies (i.e. that are naturally associated with carrying out the plan) rather than relying on arbitrary self-reinforcement (e.g. giving oneself a specific reward for completing the plan))
An ability to use role-play and therapist modelling of activation strategies to help the client achieve activity goals

An ability to help clients to “act towards a goal” (adopt a manner consistent with how they would like to feel, or would like to be perceived by others, rather than acting according to how they feel), both during sessions and as homework, in order to help them understand the potential benefits of acting in accordance with a goal rather than with their feelings
An ability to act as a coach to the client, particularly when engaging in “guided activity” (helping the client to use a range of BA strategies to encourage action)

Ability to help clients use distraction techniques

An ability to use clinical judgment to indicate when avoidance techniques are appropriate (e.g. the client is dangerously depressed and cannot manage to confront their avoidance at this point in the therapy, or where adverse events are not avoidable)
An ability to help the client use techniques such as distraction from unpleasant events, limiting contact with unpleasant situations or “behavioural stopping”

Ability to help clients manage ruminative thinking

An ability to help the client think about the context in which rumination takes place, in order to develop a functional analysis of triggers to ruminative thinking
An ability to help clients attend to environmental cues to rumination and to develop alternative activity-focused strategies for countering ruminative thinking
An ability to help people attend to the physical experience of an activity rather than the accompanying thoughts

Ability to help clients overcome skills deficits

An ability to identify where clients may have a limited repertoire for solving specific problems that confront them, distinguishing between a skills-deficit and avoidance
An ability to help clients develop proactive rather than passive coping strategies (i.e. reacting to difficulties rather than engaging with them)
An ability to help clients define and specify short- and long-term goals, as part of an action plan
An ability to work with the client to ensure that problem solving behaviours are reinforced by ‘natural’ environmental reinforcers, in order to ensure that they are maintained

Ability to involve significant others in treatment

An ability to identify when the involvement of significant others would enhance the effectiveness of BA, and to agree with the client that this is an option to which they are agreeable

An ability to present a rationale for involvement both to the client and to the significant other which makes clear that the specific focus of treatment is the client rather than the dyad or the family
An ability to make use the involvement of the significant other to consolidate the client's understanding of the BA model (by asking them to explain the model to the significant other)
An ability to enlist the support of the significant other in achieving therapy goals
An ability to enlist the support of the significant other in helping improve understanding of the client's behaviour outside sessions

Ability to respond to the needs of suicidal clients

An ability to detect indicators of increased suicidal intent
An ability to help the client apply strategies they have learned in therapy, particularly a functional analysis of suicidal thoughts and the use of the TRAP tool
An ability to help suicidal clients anticipate and consider how they will manage increases in suicidal intent
An ability to specify, negotiate with the client and put in place appropriate practical strategies for managing suicidal episodes

Ability to ending therapy and guard against relapse

An ability to ensure that from the outset the client is clear that therapy is time-limited, and that a major objective is for the client to learn how to become their own therapist
An ability to terminate therapy in a manner which is planned, and with plans for termination signalled at appropriate points throughout
An ability to help clients who have recovered identify problematic events which have led them to become depressed or anxious in the past and explicitly to plan ways in which they can implement relevant coping strategies they have learned during therapy
An ability to help the client discuss any concerns about termination (e.g. that they need support to manage on their own or that they will relapse) at all stages of therapy, and not just at its end

METACOMPETENCES

Capacity to implement therapy

An ability to implement BA model in a manner that is neither stylised nor rigid
An ability to implement BA without being overly reductionistic or simplistic, but which nonetheless conveys a set of coherent principles to the client
An ability to adapt BA models to the individual case, ensuring that the model works for the client, and not that the client is fitted to the model
An ability to avoid being excessively didactic, and to maintain a stance that

invites clients to explore and learn from their own experience
An ability to use humour judiciously, modulated so as to be appropriate to the developing relationship between therapist and client
An ability to structure the session in a manner which is responsive to the client's needs, and especially to their capacity to concentrate

Capacity to identify and address therapeutic impasses

An ability to identify and work collaboratively with client beliefs about the BA model that are potentially countertherapeutic and that relate to:	
	a misunderstanding of the cognitive model (e.g. that BA is only about pleasurable activity), *or*
	difficulties the client is having in applying the model to themselves
An ability to identify and work collaboratively with client behaviours that may limit progress in treatment (e.g. clients who find it difficult to talk, who talk too much and go off on tangents, who fabricate material, who are chronically late etc)	
An ability to recognise and to acknowledge therapist errors, and to use such acknowledgements in a constructive way to identify and to repair any damage to the therapeutic relationship (by acknowledging and apologising for the error, and by exploring its impact on client beliefs, including their beliefs about the therapy and themselves)	
An ability to avoid reacting negatively (or to be drawn into) to the depressed client's behaviour and beliefs, especially instances of hopelessness	
An ability to capitalise both on improvements and on exacerbation of symptoms	

Therapist self-management skills

An ability to tolerate frustration and to remain task-focused (for example, in the face of slow progress)
An ability to avoid seeing the client themselves as a problem and to maintain a action-orientated attitude in the face of difficulties and frustrations

Behavioural Activation
(low intensity intervention)

Sources:
Lejuez, C.W., Hopko, D.R., Hopko, S.D. (2001). A brief behavioral activation treatment for depression: Treatment manual. *Behavior Modification 25*: 255-286.

Generic Competencies

Establishing a positive relationship with the client

An ability to develop an empathetic, warm and genuine relationship
An ability to communicate effectively through appropriate use of empathic statements, reflection, clarification, verbal and non-verbal behaviours

Establishing good relationships with relevant professionals

An ability to communicate effectively with professionals about the nature of the clients difficulties, the intervention(s) and the outcomes

Giving clients information about depression

An ability to impart accurate information on the nature and course of depression, and to discuss this with the client

Assessing the client's main problems using a semi-structured interview

An ability to help the client identify key problem area(s) and to identify the impact of emotional distress on work, home, social and private leisure and close personal relationships
An ability to elicit information regarding diagnosis, past history and present life situation
An ability to gather information on current and past treatment (including medical, psychological, social and pharmacological interventions)
An ability to gain an overview of the client's current life situation, any specific stressors and their level of social support
An ability to use agreed protocols to assess risk to self and others and self neglect (distinguishing between ideation and intent)
An ability to gather information on drug and alcohol use

An ability to use appropriate information gathering techniques	
	an ability to use open and closed question styles flexibly and responsively
	an ability to phrase questions unambiguously
	an ability to use regular within-interview summarising

Gathering information using measures

An ability to administer and interpret formal measures of mental health (e.g. PHQ-9, the BDI, activity problem and goal schedules), and to use these both initially and to monitor progress
An ability to help clients who need support to complete formal measures
An ability to support the client in use of formal mental health measures to determine the pace of the intervention

Basic CBT competencies

Establishing a service context for the intervention

An ability to convey that the intervention is client led and collaborative in nature
An ability to convey a context for the intervention, through providing the client with a clear explanation of the practitioner role
An ability to support that the client in understanding the nature and the timing of sessions and the schedule of contacts

Providing a rationale for Behavioural Activation

An ability to provide the rationale for behavioural activation to clients in an encouraging but realistic manner
An ability to help the client understand that the main focus of behavioural activation is to increase activities bring a sense of pleasure or accomplishment
An ability to give realistic information regarding outcomes from behavioural activation

Decision making regarding the appropriateness of the intervention

An ability to reach agreement with the client that the service is suitable for their needs
An ability to help the client decide if behavioural activation (and the circumscribed nature of treatment) is appropriate for their current problems
An ability to help the client assess whether they are motivated to engage in a behavioural activation programme (bearing in mind the link between depressive symptoms and low motivation)
An ability to negotiate and agree with the client the next steps in contact (i.e. organisational and therapeutic arrangements)
An ability to identify clients whose problems lie outside the scope of low intensity behavioural activation and to liaise with a supervisor to consider referral to alternative interventions

Gathering information specific to a BA model

Agreeing the aims of the intervention

An ability to construct and to share a concise problem summary with the client (which includes information on environmental and/or intra-personal triggers, physiological, behavioural and cognitive components of the main problem and the broader impact of this problem on the client's functioning)
An ability to use check the accuracy of the the problem summary with the client and to agree intervention goals
An ability to negotiate and agree the specific components of a BA-based intervention
An ability to help the client prioritise key problem area (s) and identify their goals for the intervention

Facilitating client self-monitoring

An ability to introduce the rationale for self-monitoring and to help the client undertake this using diaries (including behavioural activation, exposure, sleep and thought diaries)
An ability to review diary records with the client, and to discuss any issues or implications which arise from these observations

Facilitating client-led interventions

An ability to help the client use self help materials, including written materials and the use of self-monitoring materials
An ability to help clients problem solve any difficulties they encounter when using written materials and self-monitoring materials
An ability to help the client think through the rationale for performing homework and related tasks, and to help identify and problem solve any anticipated difficulties in carrying out tasks

Ending the intervention

An ability to negotiate an appropriate finish to the intervention, including discussion of relapse prevention

Problem Specific Competencies

Assessment specific to a low-intensity Behavioural Activation programme

An ability to gather information relevant to an ABC model (antecedents, behaviours and consequences)
An ability to identify disruptions to the client's routine pleasurable and necessary activities
An ability to identify environmental cues for behavioural deficits and excesses

An ability to help a client identify desired routine, pleasurable and necessary activities for a programme of behavioural activation
An ability to help a client set up, structure and review behavioural activation hierarchy lists necessary activities for a programme of behavioural activation

Information-giving specific to Behavioural Activation

An ability to discuss with the client the essential components of a behavioural activation programme, including the concepts of depressed and healthy behaviours and avoidance
An ability to use written material to communicate the rationale and essential components of a behavioural activation programme
An ability to help the client to use written tools for a behavioural activation programme, including hierarchies and behavioural activation diaries
An ability to assimilate, review and reflect back to client information collected in their behavioural activation diaries.

Shared decision-making specific to Behavioural Activation

An ability to support the client in determining the specific components of their behavioural activation programme
An ability to support the initiation of a structured behavioural activation programme in a collaborative, client-centred manner
An ability to adjust the pace and content of a behavioural activation programme according to a client's progress and wishes

Facilitating behavioural activation

An ability to understand the use, by the client, of behavioural activation materials (including written materials) and self-monitoring materials, and an ability to support the client in their use.
An ability to help the client think through the rationale for performing homework and related tasks, and to identify and problem solve any difficulties they anticipate in carrying out tasks
An ability to communicate effectively about the delivery, implementation and monitoring of a behavioural activation programme both in face to face contacts and in telephone contacts
An ability to help the client identify and use appropriate rewards for achieving their identified goals.
An ability to help a client problem-solve any areas of the BA programme where progress is less than expected

Ending the intervention

An ability to negotiate an appropriate end to the intervention which includes discussion of strategies the client can follow to manage relapse

Meta-competencies

An ability to maintain a clear distinction between acting as a facilitator of behavioural activation and taking on the more extensive role of a therapist

An ability, with clients who are not making progress or who show low motivation, to identify when to persist with the intervention and when to re-evaluate its appropriateness
An ability in the context of indicators of client progress, to maintain fidelity to the intervention model in the face of client complexity

An ability to use supervision to identify gaps in knowledge and understanding, and reflect on and to learn from experience

Competencies for the delivery of CBT- based Guided Self-Help Interventions

Sources:
Training and service manuals developed by Professor David Richards
Training protocols developed by Dr Judy Lebiowitz for Camden and Islington NHS guided self help programme

Generic Competencies

Establishing a positive relationship with the client

An ability to develop an empathetic, warm and genuine relationship
An ability to communicate effectively through appropriate use of empathic statements, reflection, clarification, verbal and non-verbal behaviours

Establishing good relationships with relevant professionals

An ability to communicate effectively with professionals about the nature of the client's difficulties, the intervention(s) offered and the resulting outcomes

Gathering background information

An ability to gain an overview of the client's current life situation, any specific stressors and level social support
An ability to elicit information regarding diagnosis, past history and present life situation
An ability to gather information relating to the impact of emotional distress including work, home, social and private leisure and close personal relationships

Establishing the framework for CBT based guided self-help

Establishing a context for the service and providing rationale for the client of the self-help model

An ability to help the client understand that the main purpose of the intervention is to facilitate the use of self-help material(s)
An ability provide a rationale for guided self-help to clients in an encouraging and realistic manner
An ability to establish a context for the intervention, through clear explanation of the practitioner role
An ability to ensure that the client understands the nature and the timing of sessions and the schedule of contacts
An ability to convey to the client the client led, collaborative nature of a self-help intervention

Giving clients specific information relevant to the intervention

An ability to impart accurate information on the nature, course and frequency of the presenting problem
An ability to give the client information about alternative available evidence-based psychological therapies treatment-choices, as set out in the agreed protocol for the delivery of guided self-help
An ability to give realistic information regarding outcomes and the prognosis for the client's condition relevant to the self-help interventions

Assessing the client's main problems using a semi-structured interview

An ability to use open and closed question styles flexibly and responsively
An ability to phrase questions unambiguously
An ability to give the client regular summaries during the interview
An ability to assess, using agreed protocols; risk to self, others and self neglect (distinguishing between thoughts, actions and plans) and establish preventative factors
An ability to gather information on current and past treatment (including relevant medical, psychological, social and pharmacological interventions)
An ability to gather relevant information on drug and alcohol use
An ability to identify the key problem(s) through appropriate information gathering relating to the impact of emotional distress including work, home, social and private leisure and close personal relationships

Gathering information using formal assessment methods

An ability to administer and interpret formal measures of mental health (e.g. PHQ-9, CORE-OM, the BDI, problem and goal statements)
An ability to support the client in the completion of formal measures of mental health and to support the client in using these to monitor their progress
An ability to support the client in use of formal measures of mental health to determine the content and pace of the intervention

Decision making regarding the appropriateness of the intervention

An ability to agree on the suitability of the self-help intervention for the client
An ability to collaboratively negotiate and agree with a client the next steps in contact including organisational and therapeutic arrangements
An ability, where necessary in conjunction with a supervisor, to identify clients whose problems lie outside the scope of low intensity interventions and when alternative interventions are require
An ability to recognise, where necessary in conjunction with a supervisor, when referral to another part of the service is appropriate

Basic CBT competencies

Socialising the client to a CBT model

Socialising the client to a CBT model
An ability to communicate the essential components of a Cognitive, and/or Behaviourally based self help programme
An ability to communicate the options available to a client within a CBT based self help programme

Agreeing the aims of the intervention

Agreeing the aims of the intervention
An ability to summarise information gathered from the assessment into a concise problem summary which is shared and checked with the client (which includes information on environmental and/or intrapersonal triggers, physiological, behavioural and cognitive components of the main problem and the broader impact of this problem on the client's functioning)
An ability to use the problem summary to agree intervention goals with the client
An ability to negotiate and agree the specific components of a self-help CBT based intervention

Facilitating client self-monitoring

Facilitating client self-monitoring
An ability to support self-monitoring through the use of client-completed diaries (including activity schedules, sleep and thought diaries)
An ability to review diary records with the client, and to discuss any implications of these observations with the client

Facilitating client led interventions

Facilitating client led interventions
An ability to understand the use of appropriate self help materials (including written materials) and self-monitoring materials, and support the client in the use of relevant and effective materials.
An ability to help the client problem solve difficulties encountered in the use of written materials, and self-monitoring materials.
An ability to help the client think through the rationale for performing homework and related tasks, and to identify and problem solve any anticipated difficulties in carrying out tasks
An ability to communicate effectively about the delivery, implementation and monitoring of self-help interventions both in face-to-face contacts and in telephone contacts

Ending the intervention

Ending the intervention
An ability to negotiate an appropriate ending to the intervention, including discussion of relapse prevention

Meta-competencies

An ability to maintain a clear distinction between acting as a facilitator of self-help and taking on the more extensive role of a therapist

An ability, with clients who are not making progress or who show low motivation, to identify when to persist with the intervention and when to re-evaluate its appropriateness
An ability in the context of indicators of client progress, to maintain fidelity to the intervention model in the face of client complexity

An ability to use supervision to identify gaps in knowledge and understanding, and reflect on and to learn from experience