

# CBT COMPETENCES - BASIC COMPETENCES

## Knowledge of basic principles of CBT and rationale for treatment

Knowledge of the behavioural component in behavioural and cognitive behavioural therapies – the ways in which people respond to distress by behaviours which can maintain or worsen their problem (for example, by avoidance or by reducing or restricting activity)	
Knowledge of the cognitive component in CBT - the way people think and create meaning about events in their lives, and how this links to the ways in which they develop beliefs about themselves, others and the world in which they live	
An ability to draw on knowledge of the basic principles that underpin the rationale for CBT:	
	the inter-relationship between thoughts and images, feelings and behaviours
	the aim of helping clients to become more aware of the how they reason and ascribe meaning, to develop alternative viewpoints and explanations for their difficulties and to use behavioural experiments to test-out the accuracy of these alternatives
	the aim of helping the person feel safe in order to test out their assumptions and fears and to change their behaviour
An ability to draw on knowledge of the importance of working collaboratively with the client:	
	a consistent philosophical and practical commitment to the notion that the client and the therapist work together to do the work
	awareness that the aim of therapy is to help clients tackle their problems by harnessing their own resources
An ability to draw on knowledge and awareness of the importance of the client putting what has been learned into practice between sessions (practice assignments, or “homework”)	

## Knowledge of common cognitive biases relevant to CBT

An ability to draw on knowledge of the common information processing biases (“cognitive distortions”) that are observed in all individuals, but which are especially relevant to the ways in which clients think*:
All or nothing thinking – viewing a situation in only two categories rather than on a continuum (e.g. oversimplifying events or beliefs as good/ bad or as right/wrong)
Catastrophising – predicting the future negatively without considering alternative outcomes
Disqualifying or discounting the positive – telling yourself that positive experiences/ qualities do not count
Emotional reasoning – reasoning from how you feel rather than from any evidence
Labelling – putting a fixed, global label on self or others without considering evidence that would lead to a less disastrous conclusion
Magnification/ minimisation - exaggerating the negative and minimising the positive (blowing things out of proportion or shrinking their importance)
Selective abstraction – paying undue attention to negative detail rather than seeing the whole picture
‘Mind-reading’ – making (negative) assumptions about the way in which others think about you when there is no evidence for this
Overgeneralisation – drawing a sweeping conclusions from a single incident and applying it to related and to unrelated situations
Personalisation – relating external events to yourself when there is no basis for making such a connection
Making ‘should’ and ‘must’ statements (“imperatives”) – having an over-precise idea of how you and others should behave, and overestimating the consequences of how bad it would be not to meet these expectations
Tunnel-vision – only seeing the negative aspects of a situation
Knowledge of the role of processing biases in the development and maintenance of problems

Source: Beck, J. (1995) Cognitive therapy: Basics and beyond New York: Guilford press

## Knowledge of the role of safety-seeking behaviours

Knowledge of the role of safety-seeking behaviours:	
	the ways in which safety-seeking behaviours give the client a sense of coping in the short term
	the ways in which safety-seeking behaviours reduce the opportunity for learning different and potentially more adaptive ways of coping with problems (e.g. because they prevent clients from learning that their worst fears won't happen)
	the importance of aiming to help the client desist from safety-seeking behaviours by the end of treatment
	the potential role of "residual" safety-seeking behaviours in relapse
An ability to draw on knowledge of safety-seeking behaviours in order to identify both overt and covert safety behaviours, and hence their impact in the development and maintenance of the client's problems	

## **Explaining and demonstrating the rationale for behavioural and for cognitive behavioural therapy**

### **Explaining the rationale**

An ability to explain the rationale for a focus on behaviours and cognitions, including the association between the cognitive triad (the link between how the person thinks about themselves, their environment and their future) and feelings, motivation and behaviour

An ability to explain the rationale for a focus on behaviours (e.g. because *in vivo* experience is more powerful and immediate than discussion, because the experience itself can provide immediate feedback regarding the client's expectations and assumptions, and because the experience can help the client become more aware of their perceptions and assumptions (because it taps into experiential/emotional processing)

An ability to present the cognitive model in terms of a focus on information processing that leads to unhelpful conclusions

An ability to ensure that the cognitive model is described in a way which implies that client is thinking unhelpfully rather than 'irrationally'

### **Demonstrating the rationale**

An ability to help the client see the potential relevance of the CBT model to their own difficulties (e.g. by working in a collaborative (rather than a didactic manner) to demonstrate the potential utility of the model by applying it to a specific example of the problems that the client has identified)

## Ability to agree goals for the intervention

An ability to help the client generate their own goals for the intervention, and to reach a shared agreement about these, by helping them:	
	to translate vague/abstract goals into concrete goals
	to identify goals which will be subjectively and objectively observable and potentially measurable (i.e. to ensure that if change takes place it will be noticeable to the client and to others)
An ability to work with the client to ensure that goals reflect the issues/problems with which they present	
An ability to work with the client to ensure that goals are realistic and achievable	

## Ability to structure sessions

An ability to structure sessions
An ability to share responsibility for session structure & content*
An ability to agreeing and adhering to an agreed agenda*
An ability to plan and review “practice assignments” (or “homework”)*
An ability to use summaries and feedback to structure the session*

\* all these specific areas of activity have their own competence lists

## Sharing responsibility for session structure and content

An ability to be explicit about expectations regarding the sharing of responsibility
An ability to be appropriately structured (especially in the initial stages of the intervention), but also to avoid becoming inappropriately didactic
An ability to invite shared responsibility by explicitly asking the client to take more responsibility for the agenda, or to provide their own capsule summaries
An ability to identify and discuss difficulties clients have regarding sharing responsibility (especially when these directly reflect aspects of the client's problems), and to work with these in a manner which is congruent with the CBT model
An ability for the therapist to reflect on their practice in order to detect when their actions may make it harder for the client to share or to take responsibility (e.g. by being too didactic, by over-structuring sessions, or by taking decisions for the client)

## **Ability to adhere to an agreed agenda**

An ability to work collaboratively with the client to set a mutually agreed agenda at the start of each session	
An ability to set an agenda that is:	
	appropriate to the client's presentation
	appropriate for the stage of therapy
	consistent with the formulation
An ability to prioritise agenda items, and set an agenda which fits with the time available	
An ability to adhere to the agenda	

## **Pacing and efficient use of time**

An ability to 'time manage' the session in relation to the agenda	
An ability to pace the session in relation to the client's needs and learning speed	

## Ability to plan and to review 'practice assignments' ('homework')

### Planning practice assignments

An ability to integrate practice assignments (homework) into therapy by offering the client a clear rationale for homework, by clarifying the client's attitude to homework and checking their understanding of its importance

An ability to ensure the client can give clear feedback regarding their understanding of the rationale for undertaking homework (to test out ideas, try new experiences, predict and deal with potential obstacles, and experiment with new ways of responding)

An ability to tailor homework to the individual client, ensuring that this is appropriate to the stage of therapy and in line with the case conceptualisation

An ability to work with the client to agree appropriate and manageable homework tasks with clear and specific precise goals

An ability to work with client to identify strategies which will help ensure that homework tasks are carried out

An ability to work collaboratively with the client to consider the reasons for non-completion of homework tasks (within the framework of the cognitive model)

### Reviewing practice assignments

An ability to ensure that homework that the client has undertaken is carefully discussed and reviewed with them in the next session, with the aim of helping them identify what they have learned from their experiences

An ability to help clients appraise the outcomes of homework:

when outcomes are in line with the prior expectations of the therapist and client

when there is a different outcome from that which has been predicted

An ability to integrate learning from homework into the session, and to build on this learning in identifying further homework assignments

## Using summaries and feedback to structure the session

An ability to structure the therapy session by regularly giving feedback to the client, and by eliciting regular feedback from the client	
	An ability to elicit and respond both to verbal and non-verbal feedback from the client throughout the session (i.e. to take into account explicit statements made by the client, their in-session emotional reactions, and the therapy process as a whole)
	An ability to give verbal feedback to the client throughout the session, by offering 'capsule' summaries and by 'chunking' important (salient) information and/or topics
	An ability to invite summaries from the client (to check that the therapist understands the client's problems and that the client understands what the therapist is saying)
	An ability to offer summaries at the start of sessions (e.g. a review of prior sessions) and at the end of the session (covering the main points of the session)

## **Ability to use measures and self-monitoring to guide therapy and to monitor outcome**

### **Knowledge of measures**

An ability to draw on knowledge of commonly used questionnaires and rating scales, and to select measures relevant to the client's presentation

### **Ability to interpret measures**

An ability to draw on knowledge regarding the interpretation of measures (e.g. basic principles of test construction, norms and clinical cut-offs, reliability, validity, factors which could influence (and potentially invalidate) test results)

An ability to be aware of the ways in which the reactivity of measures and self-monitoring procedures can bias client report

### **Knowledge of self-monitoring**

An ability to draw on knowledge of self-monitoring forms developed for use in specific interventions (as published in articles, textbooks and manuals)

Knowledge of the advantages of using self-monitoring (to gain a more accurate concurrent description of behaviours (rather than relying on recall), to help adapt the intervention in relation to client progress, and to provide the client with feedback about their progress)

Knowledge of the role of self-monitoring in CBT (a means of helping the client to become an active, collaborative participant in their own therapy by identifying and appraising how they react to events (in terms of their own physiological reactions, behaviours, feelings and cognitions))

An ability to draw on knowledge of measurement to ensure that procedures for self-monitoring are relevant (i.e. related to the question being asked), valid (measuring what is intended to be measured) and reliable (i.e. reasonably consistent with how things actually are)

### **Ability to integrate measures into the intervention**

An ability to use and to interpret relevant measures at appropriate points throughout the intervention, with the aim of establishing both a baseline and indications of progress

An ability to share information gleaned from measures with the client, with the aim of giving them feedback about progress

An ability to establish an appropriate schedule for the administration of measures, avoiding over-testing, but also aiming to collect data at more than one timepoint

### **Ability to help clients use self-monitoring procedures**

An ability to construct individualised self-monitoring forms, or to adapt 'standard' self-monitoring forms, in order to ensure that monitoring is relevant to the client

An ability to work with the client to ensure that measures of the targeted problem are meaningful to the client (i.e. are chosen to reflect the client's perceptions of the problem or issue)
An ability to ensure that self-monitoring includes targets which are clearly defined and detailed, in order that they can be monitored/recorded reliably
An ability to ensure that the client understands how to use self-monitoring forms (usually by going through a worked example during the session)

**Ability to integrate self-monitoring into the intervention**

An ability to ensure that self-monitoring is integrated into the therapy, both in the session and as part of practice assignments (or "homework"), ensuring that the agenda for the session includes regular and consistent review of self-monitoring forms
An ability to guide and to adapt the therapy in the light of information from self-monitoring

**Ability to develop hypotheses about a maintenance cycle  
and to use the maintenance cycle to set targets for intervention**

An ability to work with the client in order to develop hypotheses about how their thoughts, physical symptoms, behaviours and emotions inter-relate and feedback on themselves in a way which maintains the client's problems

An ability explicitly to discuss initial hypotheses about the maintenance cycle with the client, checking that the client understands the concept of the cycle and sees its potential relevance to their problems

An ability to work with the client to develop and (if relevant) modify hypotheses, and to arrive at a jointly-shared conceptualisation of the maintenance cycle

An ability to use the maintenance cycle to identify appropriate targets for intervention

## Problem solving

An ability to identify links between symptoms and problems facing the client, and hence to identify problems which may be appropriate for a problem solving approach
An ability to explain the rationale for problem-solving to the client
An ability to help the client to select problems, usually on the basis that problems are relevant for the client and are ones for which achievable goals can be set
An ability to help the client specify the problem(s), and to break down larger problems into smaller (more manageable) parts
An ability to identify achievable goals with the client, bearing in mind the client's resources and likely obstacles
An ability to help the client generate ("brainstorm") possible solutions
An ability to help the client select a preferred solution
An ability to help the client plan and implement preferred solutions
An ability to help the client evaluate the outcome of implementation, whether positive or negative
An ability to help clients test beliefs/assumptions which impede problem solving

**Ability to end therapy in a planned manner and to plan for long-term maintenance of gains after treatment ends**

An ability to terminate therapy in a manner which is planned, and to signal plans for termination at appropriate points throughout therapy
An ability to plan for maintenance of therapy gains after the end of treatment:
An ability to help clients identify and elaborate their concerns about termination (e.g. worry that that they need support to manage on their own, or that they will relapse)
An ability to help clients who have recovered identify problematic events which have led them to become depressed or anxious in the past
An ability explicitly to plan ways in which relevant coping strategies could be implemented to manage these events if they recurred in the future