

SFHPT02

Develop a formulation and treatment plan with the client in cognitive and behavioural therapy



Overview

This standard shows how the cognitive and behavioural therapist works collaboratively with the client to help them understand how their problem developed and what maintains it using a base of theory and evidence. The therapist and client work together to develop a plan for therapy based on this formulation which is acceptable and motivating for the client and adapts to new information and circumstances.

This standard describes therapeutic practice that has been shown to benefit adult clients engaged in cognitive and behavioural therapy for healthcare reasons, particularly depression and anxiety disorders (see reference in the additional information section on page 5). To apply this standard, practitioners also need to take account of the multiple problems and complex co-morbidities that individual clients may bring to therapy. Cognitive and behavioural therapy should be offered as part of an explicit and structured approach agreed within the treatment team and with the client.

Users of this standard will need to ensure that they are receiving supervision and that their practice reflects up to date information and policies. This standard should be understood in the context of the Digest of National Occupational Standards for Psychological Therapies.

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Performance criteria

- You must be able to:*
- P1 adopt a style that is consistently open, curious and collaborative and is supportive, validating and respectful of the client
 - P2 adopt a therapeutic style that accommodates the client's strengths, cultural background, life stage and cognitive ability
 - P3 explore cognitive and behavioural models for therapeutic work that validly apply to the client's combination of problems and co-morbidities
 - P4 adapt your style to the effects on the client of any prescribed medication, non-prescribed drugs or alcohol
 - P5 review and revise formulations and treatment plans consistent with emerging clinical information
 - P6 help the client develop hypotheses regarding their current situation and generate potential solutions for themselves
 - P7 appraise the client's beliefs about the problem, what they believe can be changed and the likely impact of these beliefs on motivation for treatment and subsequent relapse prevention
 - P8 link the covert nature of problems with the overt presentation of symptoms and problems client
 - P9 develop and share theory based formulations that:
 - P9.1 are consistent with a thorough assessment of the client's present and accumulated combination of problems and co-morbidities
 - P9.2 are at the appropriate level of complexity for the client
 - P9.3 are sensitive to the impact that they may have on the client and their participation in therapy
 - P9.4 acknowledge the client's strengths
 - P9.5 can be used to guide the practice of therapy
 - P9.6 help the client gain an understanding of how their perceptions and interpretations, beliefs and attitudes relate to their difficulties
 - P9.7 identify the main cognitive themes that will be addressed in therapy
 - P10 plan therapy that is consistent with the evolving hypotheses and is likely to help the client to:
 - P10.1 identify and modify unhelpful thinking and behaviours
 - P10.2 recognise and change unhelpful underlying cognitive patterns
 - P10.3 develop the skills to reflect on their thoughts, feelings and behaviour from a mindful and compassionate perspective

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Knowledge and understanding

You need to know and understand:

Formulation

- K1 the maintaining factors specified in the cognitive and behavioural model
- K2 techniques of questioning and collaborative discussion
- K3 the use of guided discovery
- K4 established models for writing cognitive and behavioural therapy formulations

Principles and practice of cognitive and behavioural therapy

You need to know and understand:

- K5 cognitive and behavioural models of depression and anxiety disorders and their underlying mechanisms
- K6 the principles underlying cognitive and behavioural approaches to common psychological problems
- K7 how cognitive and behavioural models are translated into treatment
- K8 evidence based cognitive and behavioural techniques used in treatment of depression and anxiety disorders
- K9 the psychological and social difficulties presented by clients with common psychological problems
- K10 coexisting problems and their interaction
- K11 the range of cognitive and behavioural therapy models and treatment plans that can be employed
- K12 the main goals of treatment for the client's psychological problems
- K13 the stages of human development throughout a life span and how they affect people and their needs
- K14 the impact of social relationships and environment on health and wellbeing
- K15 the changes in cognitive ability and the impact that age related transitions have on interpersonal networks
- K16 the effects and impact of prescribed medication, non-prescribed drugs and alcohol on the client's health and wellbeing
- K17 how to adapt your communication to the client's individual needs

Working together in cognitive and behavioural therapy

You need to know and understand:

- K18 verbal and non verbal behaviours
- K19 listening skills
- K20 effective and ineffective interpersonal behaviours
- K21 personal self awareness
- K22 how to engender trust
- K23 how to develop rapport

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- K24 professional boundaries and codes of conduct
- K25 how to 'read' and interpret the client's emotional reactions
- K26 possible sources of therapeutic impasse

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Additional Information

External Links

This standard is derived from research reported in Roth A D and Pilling S (2007) *The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders*. Department of Health/University College London.

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: To be confirmed

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