

Chronic Fatigue and Chronic Fatigue Syndrome (CFS / ME)

Problem Specific Competencies for Cognitive Behavioural Interventions (Low Intensity)

(Rimes, Wingrove, Moss-Morris and Chalder, 2014)

The competences are designed to be used in conjunction with “basic” and “specific” CBT competences, and generic therapeutic competences and metacompetences (Roth and Pilling, 2007).

Low intensity materials: For use with booklets “Managing and Recovering from Fatigue: A Practical Approach” (Booklets 1 and 2) by Southwark Psychological Therapies Service and CFS Research and Treatment Unit, South London and Maudsley NHS Trust (Available on request). Information in these booklets is taken from the books “Overcoming chronic fatigue” by Mary Burgess and Trudie Chalder and “Coping with chronic fatigue” by Trudie Chalder; the latter could alternatively be used for Low Intensity interventions.

<p>Knowledge</p> <ul style="list-style-type: none"> • Understanding of difference between chronic fatigue and chronic fatigue syndrome (CFS / ME) • Awareness that diagnosis for CFS requires a medical professional to conduct medical tests to exclude other causes of fatigue. • Understanding of cognitive behavioural model and treatment for CFS / ME • Knowledge of prognosis and recovery issues in CFS (including aim of CBT i.e. helping person become expert in managing their problems with view to recovery: <u>improvement</u> in functioning not merely management) • Research evidence regarding other treatments for CFS / ME • Understanding how cognitive behavioural approaches may be helpful in chronic fatigue • Awareness of common unhelpful cognitive, behavioural and sleep patterns in people with CF or CFS / ME • Awareness of NICE recommendations for treatment of CFS / ME
<p>Establishing a working relationship</p> <ul style="list-style-type: none"> • Convey belief in reality of symptoms and empathy regarding resulting distress and impact • Elicit client beliefs and concerns about engaging in this form of treatment • Discuss possible barriers to treatment • Develop a collaborative approach to treatment • Ability to work with multifactorial model that avoids psychological / physical illness dichotomies • Ability to work with clients who have a strong physical illness attribution or initial desire to focus on identifying cause or “cure” • Ability to express empathy regarding any previous lack of understanding from others and to address potential impact of this on the therapeutic relationship • Ability to convey that frustration or distress about the fatigue is understandable • Awareness of possibility of perfectionism and how this may impact on treatment

Intervention

<ul style="list-style-type: none"> • Generic competences for problem-solving, relaxation training, behavioural activation, assertiveness training if appropriate
<p>Fatigue symptom psychoeducation and socialisation to the model</p> <ul style="list-style-type: none"> • Explain rationale for treatment including <ol style="list-style-type: none"> 1) activity and sleep monitoring 2) sleep management and activity / rest targets (effects of sleep changes and over-activity, under-activity or boom-or-bust behavioural patterns on symptoms)

Monitoring of activity to establish baseline
<ul style="list-style-type: none"> • Help client learn to use activity diaries to monitor activity and rest • Problem-solve difficulties with activity monitoring • Support client in identifying potentially unhelpful activity patterns including boom-or-bust, inadequate resting, inconsistent patterns of activity and rest over the day or week
Stabilisation of activity
<ul style="list-style-type: none"> • Help client understand rationale for rest being planned rather than in response to symptoms • Collaborative exploration of what constitutes rest for the individual • Collaborative planning of activity and rest schedule / targets • Review activity diaries and modify programme if appropriate to improve stabilisation
Planned increases in activity to work towards specific goals
<ul style="list-style-type: none"> • Collaboratively identify valued goals and associated activity targets • Convey that temporary increase in symptoms is normal response to increase in activity • Review progress towards target; identify and problem-solve any difficulties • Collaboratively set new targets as appropriate
Sleep management
<ul style="list-style-type: none"> • Use sleep diary to assess sleep onset, number of times waking, insomnia, getting up time, quality • Collaborative identification of sleep targets, e.g. set getting-up time, not sleeping in day, behavioural methods for dealing with worries in day or at night • Support client's review of progress; identify and problem-solve any difficulties • Support adjustment to sleep-related targets if necessary
Cognitive component
<ul style="list-style-type: none"> • Discuss difference between helpful thinking (such as problem solving) and unhelpful repetitive thinking (such as worry, rumination) • Check understanding / discuss how thoughts can be unhelpful (e.g. add to stress, lead restriction of activities, undermine intentions to stick to planned activity and rest schedule) • Check understanding / discuss how personal expectations / perfectionism may impact on stress and symptoms (e.g. via activity patterns) • If appropriate, discuss ways of managing unhelpful thinking patterns (e.g. shift to problem-solving, rewarding activities, or relaxation) and consider stepping up to high intensity therapy if unhelpful thinking continues to be a significant obstacle to change.
Future planning
<ul style="list-style-type: none"> • Collaboratively support client plan how to continue to work on goals in the future • If appropriate, collaboratively develop setback / relapse prevention plan including triggers or early warning signs

Reference

Rimes, K.A., Wingrove, J., Moss-Morris, R. & Chalder, T. (2014). Competences required for the delivery of High and Low-Intensity Cognitive Behavioural Interventions for Chronic Fatigue, Chronic Fatigue Syndrome / ME and Irritable Bowel Syndrome. *Behavioural and Cognitive Psychotherapy*. [For full reference please see journal website: http://journals.cambridge.org/jid_BCP]