Irritable Bowel Syndrome (IBS)

Problem specific competencies for Cognitive Behavioural Interventions (Low Intensity)

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

These 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: the manual[1] "Managing your IBS symptoms: A practical approach" by Rona Moss-Morris and Leone Didsbury and a relaxation CD with progressive muscle relaxation and visualisation.

Knowledge
• Symptoms of irritable bowel syndrome (IBS) • Basic knowledge of digestive system in relation to IBS symptoms • Knowledge of "red flag" symptoms • Research evidence about development and maintenance of IBS including role of infection, stress, cognitive and behavioural factors • Cognitive behavioural approach to understanding symptoms and disability in IBS • Basic knowledge of the other validated treatments, including anti-spasmodic medication • Knowledge of prognosis for IBS and likely impact of CBT based interventions • Ability to liaise and communicate effectively with medical professionals when needed
Establishing a working relationship
• Convey understanding of distress and impact associated with symptoms • Ability to discuss potentially embarrassing symptoms, cognitive and behavioural factors sensitively using language preferred by client • Elicit client beliefs & concerns about engaging in this form of treatment • Discuss possible barriers to treatment • Use multifactorial biopsychosocial 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" • Awareness of potential beliefs about psychological weakness or expression of emotions that may impact on therapeutic relationship and process of addressing emotional issues in therapy

Intervention

Generic behavioural competencies
To be used if appropriate: • Problem-solving • Relaxation training • Sleep management • Behavioural approaches to worry • Assertiveness training
IBS-symptom education and socialisation to the model
• Introduce guided self-help approach to managing IBS symptoms • Convey information about IBS-related symptoms, the digestive system and stress, relating to client's own symptoms • Normalisation of signs and symptoms. • Address common myths about bowel movements, diarrhoea, constipation. • Rationale provision: Help client understand how a multifactorial model of IBS that incorporates unhelpful thinking patterns and behavioural responses may apply to their symptoms / disability and how addressing these may help • Begin to increase the range of factors included in client's understanding of their symptoms / disability where possible & appropriate

Self-monitoring diaries

- Provide rationale for self-monitoring diaries
- Support client in use of self-monitoring diary to monitor pain, stress, diarrhoea, constipation, size and regularity of meals and behaviour changes relating to symptoms
- Support client in identifying patterns in diary
- Support client to identify links between symptoms and thoughts, feelings or behaviours
- Collaboratively set goals in relation to information gained from diaries (see below)

Diarrhoea

- Check understanding / discuss information about diarrhoea
- Support client to set carefully graded targets relating to diarrhoea (e.g. stopping anti-diarrhoea medication, use of anti-spasmodic medication, addressing safety behaviours including avoidance, checking, rushing to toilet or trying to empty bowels before urge)
- Support monitoring & adjustment to diarrhoea-related target(s) if needed

Constipation

- Check understanding / discuss information about constipation if appropriate
- Support client to set carefully graded targets relating to constipation if appropriate (e.g. reducing straining, stopping medications for constipation, addressing other safety behaviours).
- Support monitoring & adjustment to constipation-related target(s) if needed

Diet

- Support client in setting targets for their diet (in line with current dietary advice), for example targets about meal size, frequency, regularity, healthy eating and / or reintroducing avoided foods

Exercise

- Check understanding / discuss relationship between exercise and IBS symptoms
- Support client to set graded exercise targets if appropriate
- Support monitoring & adjustment to exercise target(s) if needed

Cognitive component

- 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.

Activity patterns

Support client to:

- Identify any unhelpful activity pattern ("boom or bust", consistent over-activity, consistent under-activity), potential impact of this on physical symptoms
- Identify targets for changing an unhelpful activity pattern
- Review progress; identify and problem-solve any difficulties
- Monitor & adjust activity pattern target(s) if needed

Behavioural stress management

- Check understanding of rationale for relaxation training in relation to IBS symptoms including fatigue / sleep-related symptoms
- (Generic competences: relaxation training, problem-solving, behavioural strategies for addressing worry e.g. worry periods; assertiveness training)

Sleep management

If sleep disturbance, support client to do the following:

- Use sleep diary to assess sleep onset, number of times waking, insomnia, getting up time, quality
- Set sleep targets, e.g. set getting-up time, not sleeping in day, behavioural methods for dealing with worries in day or at night

• Review progress; identify & problem-solve any difficulties • Monitor & adjust sleep-related target(s) if needed
Future planning
• Collaboratively support client plan how to maintain improvement & work on future goals

[1]The manual is currently unavailable due to a large NIHR-funded trial (ACTIB) which is using this manual to investigate the clinical and cost-effectiveness of this approach.

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]