

Choice In Psychological Therapy

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IAPT Therapies- the basics.

- Nice recommended treatment for anxiety and depression.
- Stepped Care model.
- CBT low intensity PWP
- CBT high intensity
- + 5 non CBT therapies
 - EMDR
 - Counselling for Depression (CfD)
 - Interpersonal Therapy (IPT)
 - Dynamic Interpersonal Therapy (DIT)
 - Couples Counselling for Depression

Why Choice..?

- NICE recommends different therapies
- One size doesn't fit all eg counselling for bereavement
- Lack of knowledge or research
- Increases engagement and commitment
- Improve outcomes? Prevalence and Recovery
- More cost effective both for clients and services.
- Improves Patient Experience

IAPT Expectations

- All the recommended therapies are provided. 2014 Adult IAPT Workforce census report states “ the report will be used to develop/maintain a range of NICE approved therapies.
 - IPT 17.5%, Couples, CfD, DIT 5% each.
 - “Not all therapies are effective for everyone”
 - “Patients are given enough information and helped to make a choice”
 - “There will be patient feedback”
- (Which Talking Therapy for Depression- DoH Doc)

HEE Planned Investment

- To be informed by the Workforce census 2014
- Working with NHS England to commit to ensuring that planning will enable us to develop a sustainable workforce to deliver care (IAPT recommended therapies)
- “To offer CPD to therapist from 4 other modalities recommended by NICE” (IAPT Education, Training and Development Strategy)

Is this being followed through strategically by services and commissioners???

What are Barriers?

- Lack of strategic oversight
- Patchy provision-some services offer choice, others don't
- External and internal barriers
- Accessing Training
 - IPT- HITs accessing the training
 - Couples Counselling- previous knowledge and experience required
 - CfD- lack of qualified supervisors
 - DIT- existing psychodynamic knowledge and lack of supervisors
 - EMDR- equity of access.
- Fidelity to the model once trained
- Lack of supervisors
- Clinical Population indicated versus actually seen
- Lack of promotion

Feedback from PWP masterclass

What would help you to promote choice in your role?

- To have some awareness training on how these non-CBT models can help rather than being trained in these models per se.
- Some skills training and tips to enhance step 2 therapy
- To know what is available locally.
- To know what happens to a referral made to step 3 in order to help future decision making and improve referral decisions
- To have information leaflets on the various therapies
- Utilise NHS choices as a resource as to what is available where

Promoting Choice

National Action Plan

- Urgent need to obtain and publish data at local level.
- For all services to capture therapy type.
- Break down of wait by therapy type.
- Break down of clinical outcomes therapy type.
- Collect data on patient preference.
- Choice of therapy training for therapist.

Promoting Choice

Local Action Plan

- What is available and where (a directory)
- Sharing our resources
- Parity of esteem eg. Choose and Book
- How can commissioners support this?
 - Pressure on resources
 - Local waiting times affected
 - Allocation of prevalence

Useful links

Details of Commissioned courses available on PPN website:

<http://www.nwppn.nhs.uk/index.php/our-work/education-and-life-long-learning/iapt-courses>

Adult IAPT Workforce 2014 Census report

www.iapt.nhs.uk/silo/files/2014-adult-iapt-workforce-census-report.pdf