



Symposium 2

IAPT's care pathways for distress: Where now? Where to?

A view from the New Ways of Working for Psychological Therapists Project?

Professor Graham Turpin
Head of Department of Psychology,
University of Sheffield

National Advisor, Education and Training, Improving Access to
Psychological Therapies Programme, NMH DU.

g.turpin@shef.ac.uk



Aims of today's talk:

- Briefly overview the New Ways of Working for Psychological Therapists Project
- Share some conclusions from a workstream looking at the translation of NICE guidance into the provision of psychological therapies
- Reflect on some of the discourse and tensions within the workstream about psychological therapies and the nature of evidence?
- Discuss the implications of this work, alongside current IAPT developments, for expanding choice across psychological therapies.



New Ways of Working

- Originally undertaken through NIMHE Workforce and the last of a series of projects that focused on Psychiatry, Pharmacy, AHPs, Primary Care Staff, Social Work and Applied Psychologists.
- Looks at fit between client needs/ care pathways **and** the fitness for purpose of the workforce.
- Key issues have been identification of relevant competences, job flexibility, use of senior staff, supervision, development of new roles, career frameworks, etc.



NWW for PT

- Project for Psychological Therapists started summer 2008 at the request of several professional bodies.
- Project chaired by Roslyn Hope and Jeremy Clarke
- 5 workstreams including “NICE & choice”, workforce and training, career frameworks, teams, and child psychotherapy & CAMHS.
- Workstream 1 concerned , amongst other topics, critically implementing choice and NICE guidance - chaired by Graham Turpin and Peter Fonagy



NWW for PT

Membership of the workstream included:

Co-Chairs	University of Sheffield	Graham Turpin
	UCL	Peter Fonagy
NICE1	UCL	Steve Pilling
IAPT	IoP	David Clark/ Stephanie Gray
NSP	BACP	Nancy Rowland/Mick Cooper/ Suky Khele
	BPS	Marge Callanan
	UKCP	John Monk Steel
	BABCP	Steve Kelleth
	HCPsych	Chris Mace/ Susan Mizzen
	BPC	Julian Lousada
	Arts Therapies	Anna Maratos
	BARCA	Nick Cooper
	The Tavistock	Leezah Hertzmann, Joanna Rosenthal
	CCRR	Viveka Nyberg, Jenny North
IPT	Tavistock & Portman	Alessandra Lemmal/ Roslyn Law
CAT	ACAT	Deborah Pickavance
Relate		Nick Turner
Group therapy	IGA	Marcus Page/ Jenny Potter
Family /systemic AFT		Peter Stratton/ Judith Lask/ Lorraine Davis-Smith
APP couples section		Monica Lamman
MHPF		Judi-Anne Dumont-Barter
Skills for Health		Nikki Hale
Regulation/ HPC		Nick Clark / Diane Waller

1 Not in official capacity

A robust discussion was had by all



Emergent themes and conflicts

- The social construction of distress vs over-medicalisation
- Individual formulation vs diagnostic categorisation
- Access to a variety of care pathways vs allocation to individual treatment protocols
- Practice-based evidence vs evidence-based practice
- Individual vs group vs couples vs family interventions
- Social influences and community interventions



Emergent themes and conflicts

- Discussions were wide ranging.
- Themes and conflicts reflected genuine differences in opinion.
- Many were irreconcilable and represented fundamental differences in approach, training and philosophy.

But areas of consensus also emerged:



Consensus was achieved:

Effective choice requires:

- that a range of evidence-based therapies are locally available,
- that service users are fully informed about the nature of individual therapies and their effectiveness,
- that the provision of choice takes into consideration aspects of cultural acceptability, gender, location, and ways of delivering therapies (individual, group, self-help, books vs web-based, telephone etc).
- the need to be outcome and recovery-focused.



Consensus was achieved:

Clinical guidelines should:

- Help allocate resources towards treatments shown to be effective by research and/or in practice and away from less effective treatments
- Lead to the avoidance of harmful or ineffective therapies
- Improve access through the development of more effective service delivery systems



Consensus was achieved:

Relationship between NICE and the evidence-base within psychological therapies:

- Routine patient-reported outcome data should always be collected and that methods should be used to characterise the type of intervention employed and the competence/fidelity with which it was delivered.
- The routine collection of outcomes through the IAPT programme offers a unique opportunity to examine the translation of Evidence-Based Practice into Practice Based Evidence.
- The routine collection of outcome data might enhance the competence and effectiveness of individual clinicians through appropriate feedback and supervision.
- An expert panel should be established through NICE to consider how the full range of high quality evidence could be used in order to ensure within the NICE guideline development process, that effective interventions are identified and efficiently and competently implemented



Consensus was achieved:

Identifying a range of psychological interventions indicated by NICE for treatment of anxiety and depression, together with management of chronic conditions. These include at Step 3:

CBT (Anx & Dep); Behavioural Activation (Dep)

IPT (Dep)

Some forms of humanistic counselling (e.g. Rogerian or Process -Experiential approach) (Dep)

Behavioural couples therapy (Dep)

Some forms of Short-term Psychodynamic Therapy (Dep)

Important caveats and conditions apply



Consensus was achieved:

The context of therapies and future research

- Modalities such as couple, group and family therapy are considered and evaluated in comparison to individual therapies in depression and anxiety as well as other disorders
- That new therapies based on integrative principles (e.g. Cognitive Analytic Therapy) and the practice of integrative therapies are adequately researched and supported in developing a future evidence base



Consensus was achieved:

Research and training

- All psychological therapy training should include teaching on evidence-based practice and more general research methods within the field.
- Consideration is given to establishing a National Psychological Therapies Institute to oversee the development and promotion of research strategy and funding within this area.
- The Institute could focus on supporting individuals to develop research projects on therapies not currently supported by NICE and, through Fellowships, to develop expertise in psychological treatment research, to conduct pilot studies, and to conduct small scale RCTs
- The risks and benefits associated with such a development to be carefully assessed?



Conclusions

- Processes such as New Ways of Working bring constructively together different professions and professional bodies, together with service users and careers, and policy makers.
- Organisations and alliances such as the New Savoy Partnership also have similar aims.
- Although it is important to recognise and debate our differences...
- It is equally important to identify and celebrate those matters upon which we agree...
- We can then present a more united front to the external world including policy makers and government...
- In doing so, we then move forward with the Statement of Intent for IAPT



Thank you

g.turpin@shef.ac.uk
