Research and CfD

Andy Hill

Head of Research

BACP

Towards an emotionally healthy society

Background

- CfD provides a definition of *counselling* as specified in the 2009 NICE guideline for depression

- Distinguishes the intervention from other interventions recommended by NICE for depression (e.g. CBT, IPT, DIT, BCC)

NICE recommendation for *counselling*

…for people who decline antidepressants, CBT, interpersonal psychotherapy (IPT), behavioural activation, or behavioural couples therapy, 'consider counselling for people with persistent subthreshold depressive symptoms or mild to moderate depression; offer 6–10 sessions over 8–12 weeks' (NICE, 2009, p16)

IAPT's recommendation for CfD

- *'Counselling for depression* is a manualised form of psychological therapy as recommended by NICE (NICE, 2009) for the treatment of depression. It is based on a person-centred, experiential model and is particularly appropriate for people with persistent sub-threshold depressive symptoms or mild to moderate depression. Clinical trials have shown this type of counselling to be effective when 6 - 10 sessions are offered. However, it is recognised that in more complex cases which show benefit in the initial sessions, further improvement may be observed with additional sessions up to the maximum number suggested for other NICE recommended therapies such as CBT, that is, 20 sessions'.

Model is supported by:

- Competence framework
- Training curriculum
- Text Book
- Training providers: Metanoia, Keele University, UCLAN, York St. John, University of Nottingham, Colchester Institute
- Developing programme of research

Papers presented at 2015 BACP Research Conference

- ***"A client focused perspective of the helpful/unhelpful aspects of Counselling for Depression"*** **Stacey Goldman**

- ***"What factors predict successful completion of the Counselling for Depression training programme?"*** **Catherine Hayes**

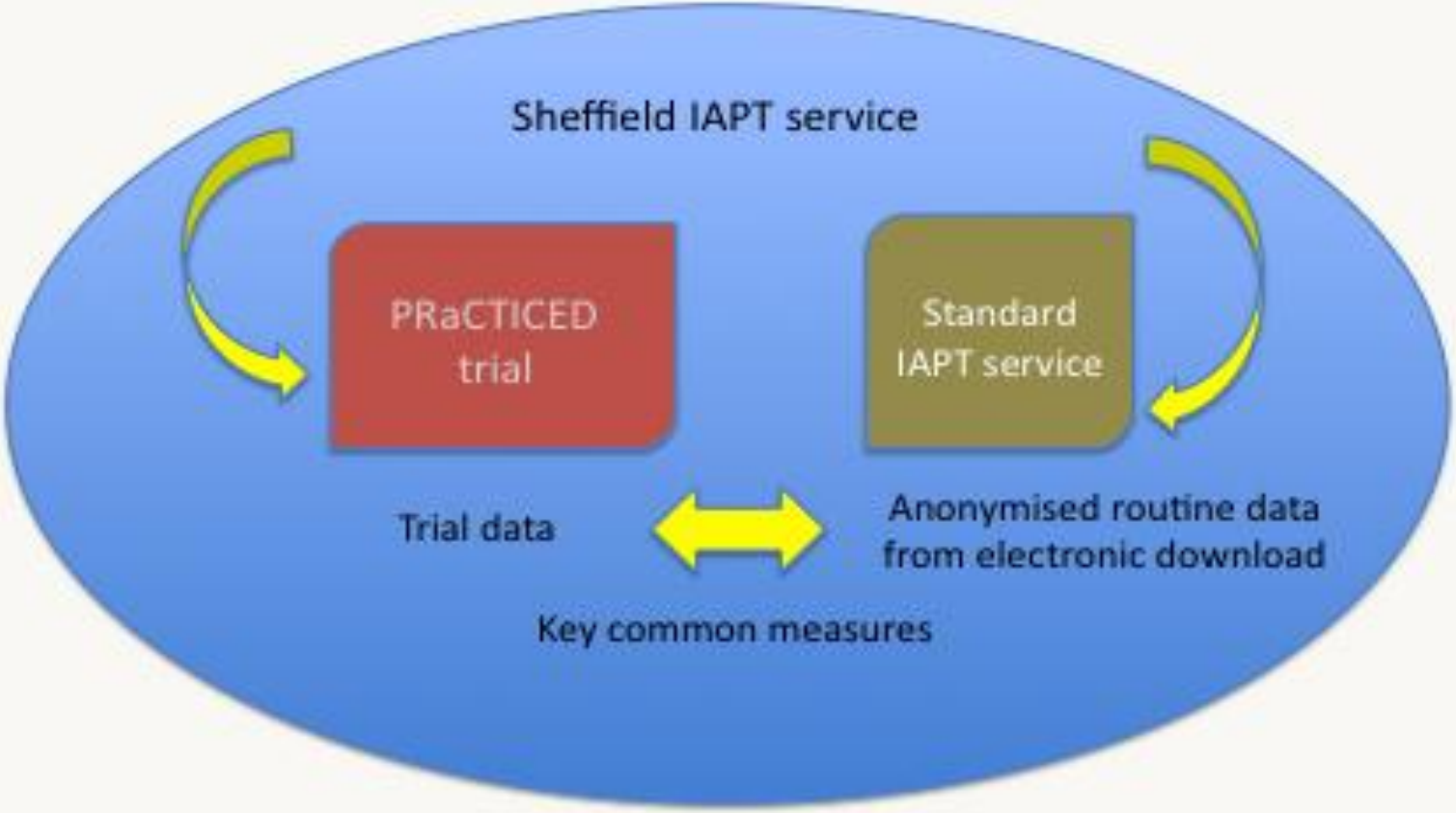
PRaCTICED TRIAL

Pragmatic **Ra**ndomised **C**ontrolled **T**rial assessing the non-**I**nferiority of **C**ounselling and its **E**ffectiveness for **D**epression (PRaCTICED)

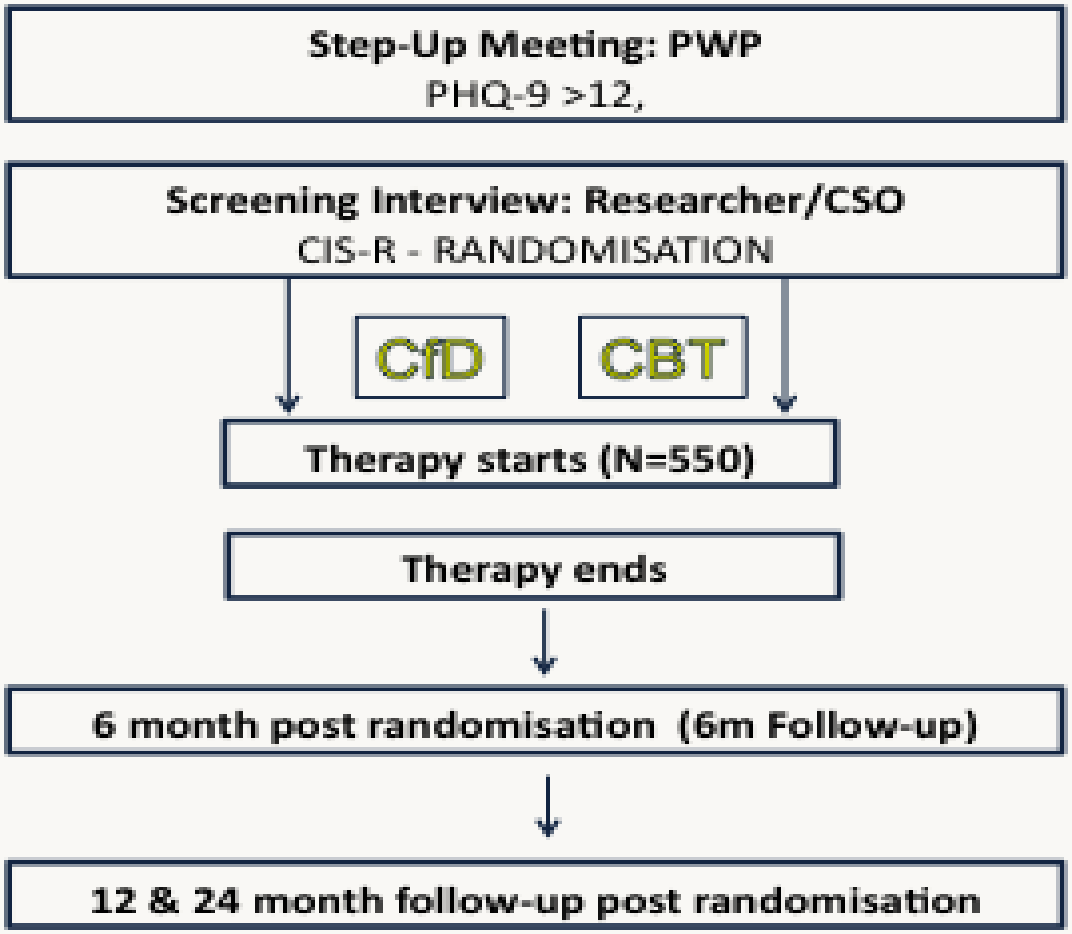
- Funded by BACP Research Foundation
- Start date: January 2014
- 18-months data collection
- End date: December 2016
- Report due mid-2017

- Pragmatic
- Within Sheffield IAPT service
- Randomised Controlled Trial
- Counselling for Depression (CfD) vs. Cognitive Behaviour Therapy (CBT)
- Non-Inferiority
- Moderate and severe depression
- Cohort data

Trial nested within a routine practice: Comprehensive cohort design



Patient throughput



Non-inferiority trial

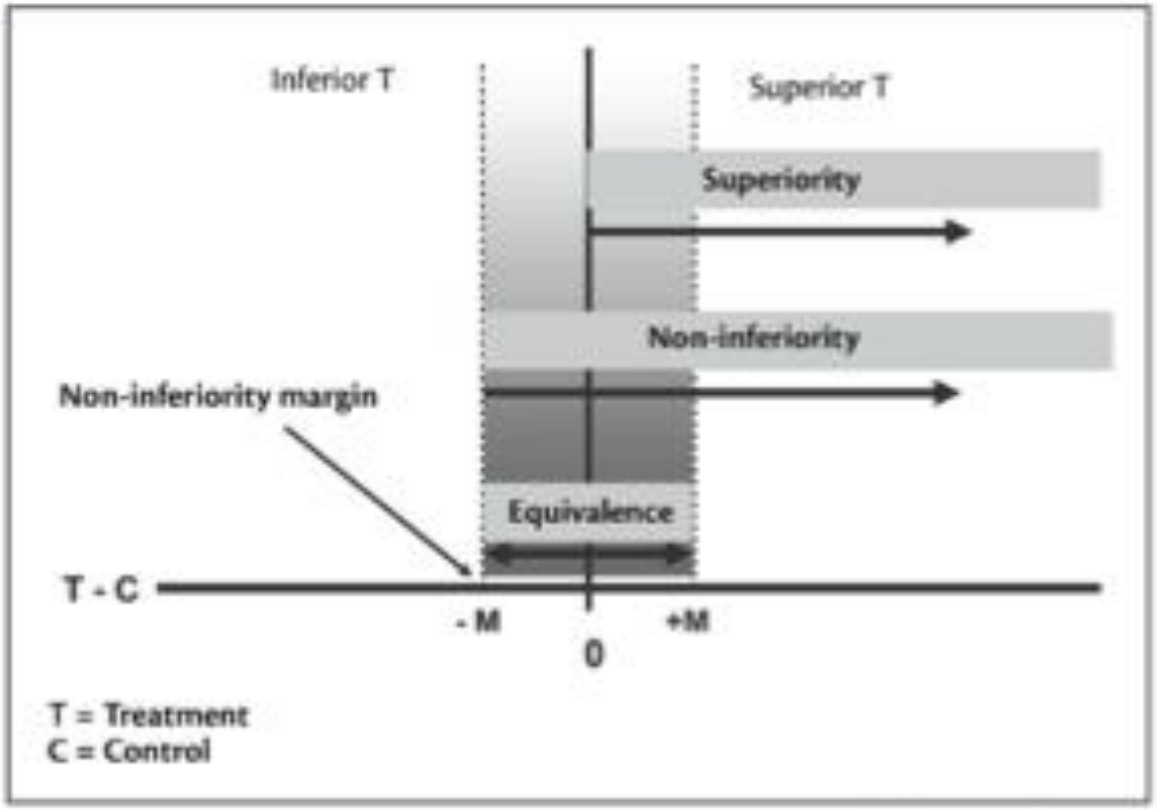


Figure 1 – T: treatment; C: control. T is superior to C if the confidence interval of the difference is entirely at the right of zero, non-inferior if entirely at the right of -M and equivalent if contained in the equivalence zone between -M and +M

Index of non-inferiority is 2 points on PHQ-9

Non-inferiority trial requires 550 to start treatment – 275 per treatment arm

Pre-treatment, post-treatment, and follow-up measures

- Trial requirement
  - CIS-R (moderate or severe depression)
  - Beck Depression Inventory-II (BDI-II)
  - CORE-OM
  - EQ-5D
  - Service receipt
  - Resilience
  - Preference/expectation

- IAPT service requirement (mandatory)
  - **PHQ-9** (and at each session) – primary outcome
  - GAD-7 (and at each session)
  - WASAS

Additional data collection

- Competency ratings (Oxford Centre for Cognitive Therapy/ University of Strathclyde & Metanoia)
- Measure of patient preference & resilience
- Process studies on initial 3 sessions/Third-party ratings of alliance as a predictor of change (PhD student)
- Brief individual telephone exit interviews
- Selected telephone interviews at end of therapy to elicit personal accounts of the change process (DClinPsy projects)
- Parallel research on phenomenon of the effective practitioner

The investigators: Expertise & allegiance

CPSR, University of Sheffield group

- Michael Barkham (CI) – Clinical psychology
- Dave Saxon – Trial Manager – data expert & statistician
- Mike Bradburn – medical statistician
- John Brazier – health economist
- Gillian Hardy – clinical psychology & process studies
- Steve Kellett – CBT trainer/IAPT service
- Sue Shaw – service user
- Glenn Waller – CBT (competency)

Sheffield IAPT service

- Simon Bennett – IAPT service

National group

- Peter Bower (Manchester)– research design
- Michael King (London) – research design
- Steve Pilling (London) – NICE/policy
- Lynne Gabriel (York St John) – CfD training/competency
- Robert Elliott (Strathclyde) – EFT training (competency)

CfD trainers:
Trish Hobman & Lynne Laycock

International advisors:
William B Stiles, Louis Castonguay, Wolfgang Lutz

CfD PRN (survey)

Approx. 30 members:- 21 respondents:

- From all regions of England: East of England (29%), South East (19%) and North West (14%).
- Half of respondents work as a Step 3 HI Therapists; 35% working in ‘other’ roles including as self-employed counsellors.
- Just over half of respondents are employed by IAPT

- 85% have completed the CfD training, with a further 5% currently undergoing training.
- 94% are currently working as a CfD practitioner
- 90% routinely collect client outcome data
- Reasons for joining PRN: to build the evidence base (90%), opportunities to get involved in research (85%), networking (85%), and sharing best practice (75%)

Plans for the CfD PRN

1) The experience of training in CfD:

A brief survey with follow-up telephone interviews to gain some in depth understanding of how counsellors have experienced CfD training.

2) Exploring how to collect individual anonymised outcome data from PRN members. This could build evidence of the effectiveness of CfD in routine settings.

NAPT Data

- secondary analysis of data collected as part of the National Audit of Psychological Therapies (NAPT) published in November 2013.
- analysis centres on 51,190 individuals who received a step 3 intervention within an IAPT service.
- Study aimed to look at the choice of NICE recommended therapies in IAPT and the outcomes of the different therapies

Headline Findings

(NICE recommended therapies for depression:- CBT, counselling, psychodynamic, IPT, couples counselling)

- Of 114 services: 15 (13%) offered only 1 type of therapy and just 1 (0.9%) offered all 5 recommended therapies
- Of 51,190 clients 69.3% received CBT (n=35,451), 29.2% received counselling (n=14,935)

- IPT, couples therapy and psychodynamic psychotherapy were each undertaken by less than 1% of clients.
- CBT was the most commonly undertaken intervention across all age groups; however, this did decline with increasing age: 75.3% of 18-24 year olds undertook CBT compared to 58.5% of 75-100 year olds. Generally, undertaking counselling increased with age, with 23.4% of 18-24 years olds receiving the intervention compared to 40.7% of 75-100 year olds.

- The most common number of treatment sessions attended was between 1 and 10 for all psychological therapies (n=37,100, 72.5%).

- CBT was most commonly offered for all problems, apart from ‘other diagnosis (non-anxiety or depression)’ for which counselling was most commonly offered (n=450, 40.4% and n=651, 58.4%, respectively).

Outcomes on PHQ (CBT + Counselling)

Treatment Completers:

- data available for 39916 clients (n = 27726 CBT, n = 11470 Counselling) with pre and post data on the PhQ-9.
- initial levels of severity for depression, as defined by score on the PhQ-9 were comparable for CBT and counselling

Comparison of recovery rates for CBT and Counselling

	CBT	Counselling
Recovered – passed clinical significance (CS) and reliable clinical improvement (RCI)	11122 (40.1%)	4332 (37.8%)
Improved – passed RCI only	2819 (10.2%)	1296 (11.3%)
Unchanged – Passed neither	12792 (46.1%)	5436 (47.4%)
Deteriorated – Passed RCI in negative direction	993 (3.6%)	406 (3.5%)
Total	27726 (100%)	11470 (100%)

Mean no. of sessions for those achieving RCI

Initial level of severity	CBT	Counselling
Mild (0 - 9)	9.45 (6.01)	7.19 (4.26)
Moderate (10 - 15)	9.28 (6.15)	7.62 (4.97)
Moderately Severe (15 - 20)	10.1 (6.05)	8.15 (5.60)
Severe (20+)	10.9 (6.24)	8.77 (5.48)

Efficiency

The mean number of sessions for those achieving both reliable and clinical change varied between CBT and counselling, with clients accessing counselling typically improving in 7 sessions whereas on average CBT clients achieving reliable and clinical change attended for 9 sessions

andy.hill@bacp.co.uk