Psychological treatments for Anxiety and Depression

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Improving lives
Plan of the presentation

• Summary of NICE recommended psychological interventions in the treatment of anxiety and depression

• Low intensity and high intensity interventions

• Principles of Cognitive Behavioural Therapy

• Access to psychological treatment in Bexley, Bromley and Greenwich
NICE recommended treatments

- Psychological therapies are safe and effective treatments
- Reduce symptoms in the short term
- Effective in the prevention of relapse
- Effectiveness extends beyond the termination of medication
- Range of psychological therapies, but mainly Cognitive behavioural therapy (CBT)
NICE Recommendations

- Different forms of treatment are recommended for people with different severities of problem (stepped care model)

- NICE is diagnosis based, but people don’t present with clear diagnoses, so need a person-centered approach.
Stepped Care Model

Step 1: All known or suspected presentations of the disorder

Step 2: Persistent subthreshold symptoms, mild to moderate presentations

Step 3: Persistent subthreshold symptoms or mild to moderate presentations with inadequate response to initial intervention; moderate to severe presentation

Step 4: Severe and complex presentations (inadequate response to multiple treatments, psychiatric co-morbidity or psychosocial factors): risk to life; severe self-neglect
Summary of NICE recommendations

- Mild to moderate presentations = try Low Intensity and/or High Intensity Psychological treatments in preference to medication

- Moderate to severe = try HI interventions before/in conjunction with medication Severe and complex = specialist mental health
Low Intensity Interventions

• Guided self help based on CBT models

• Computerised CBT (cCBT)

• Structured group physical activity programme

• Psycho-educational groups based on CBT models
Low intensity interventions

- Sleep hygiene
- Problem solving
- Panic cycle, anxiety and depression psycho-education
- Behavioural activation
- Cognitive re-structuring using thought records
- Behavioural experiments
High Intensity CBT Interventions

• Individual CBT

• Group CBT

• Trauma focused CBT (for PTSD)

• EMDR (for PTSD)

• Applied relaxation (GAD and panic)

• Exposure & Response Prevention (ERP) for OCD with CBT

• Behavioural Couples Therapy
High Intensity non CBT interventions

- Interpersonal Therapy (IPT) – for depression only, equal efficacy to CBT
- Brief Dynamic Interventions (BDiT) – for depression only, if client does not want CBT
- Counselling – for depression only, if client does not want CBT
<table>
<thead>
<tr>
<th>Step</th>
<th>Service Provider and Contacts</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>GPs, Health Professionals, Psychological Well-being Practitioners – 1 Contact</td>
<td>Watchful waiting, Signposting, health advice</td>
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<tr>
<td>Step 2</td>
<td>Psychological Well-being Practitioners – 4 – 8 Contacts</td>
<td>Guided Self Help, cCBT, Stress Control, Psychoeducation, Skills Groups</td>
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<tr>
<td>Step 3</td>
<td>Cognitive Behavioural Psychotherapists and Counsellors 6 – 20 contacts (average 10), 1:1 or group</td>
<td>CBT, Counselling</td>
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LI or HI or specialist team?

Depends on the individual’s ability to make use of the psychological intervention

The greater the severity or complexity of the problem the more (skilled) help they will need
How is CBT different from primary care counselling?

• Different model and theory of emotional distress

• Supported by cognitive science (attention, memory etc)

• Thoroughly researched

• Provides lasting effects

• Basic counselling skills are necessary but not sufficient
Basic CBT model:

Figure: The “hot cross bun” model. (Adapted from Greenberger D, Padesky CA²)
**Different perspectives**

<table>
<thead>
<tr>
<th>EVENT</th>
<th>A Friend is an hour late for dinner</th>
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</thead>
<tbody>
<tr>
<td><strong>Thought</strong></td>
<td>“How dare she do this to me! She is so inconsiderate and rude!”</td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td>Anger</td>
</tr>
<tr>
<td><strong>Possible Behaviour</strong></td>
<td>Tell her off or be unfriendly when she arrives</td>
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What do CBT based interventions do?

- They help people make sense of what they are thinking and feeling.
- They help people identify patterns and behaviours that might be maintaining their difficulties.
- They help people review the assumptions they are making about themselves, others and the world.
- They help people identify and practice doing things differently.
CBT aims to work on goals identified by the client that will make a substantial difference to their experience of anxiety or depression, how this impacts on their ability to function, and therefore their lives.

- It can be literally life-changing.
- It is not just tea and sympathy!
How do you know if someone is depressed?

• Feeling down, depressed or hopeless

• Have little interest or pleasure in doing things

• Ruminating about all the things that are wrong with themselves, their lives or the world

• Strong sense of ‘worthlessness’ or ‘uselessness’ and ‘hopeless’ about the future

• Concentration poor, memory problems, sleep and appetite disturbance
Step 1 - GPs, health professionals:

• Be alert to depression (particularly in people with past history of depression or a chronic physical health condition)

• Assess appropriately
Depression - Step 2: Persistent subthreshold symptoms, mild to moderate presentations

- If accompanied by anxiety – treat anxiety first
- Sleep hygiene
- Information about depression and active monitoring
- Low intensity psychosocial interventions:
  - Guided self help based on CBT models
  - Computerised CBT
  - Structured group physical activity programme
Depression Step 2 Drug Treatments

Do not use antidepressants routinely, but consider if....

• Past history of depression

• Subthreshold depressive symptoms present for 2 years

• Subthreshold depressive symptoms persist after psychological interventions
Depression Step 3 Mild to moderate

For those who have not benefitted from low intensity CBT provide:

• An Antidepressant (normally SSRI)

OR

• High Intensity (HI) psychological intervention:
  • CBT
  • Interpersonal therapy (IPT)
  • Behavioural activation
  • Behavioural couples therapy
Depression Step 3

Moderate to severe depression provide:

- Anti-depressant medication AND HI Psychological intervention (CBT or IPT)

People with mild to moderate depression who decline recommended treatments above offer:

- Counselling
- Short-term psychodynamic psychotherapy
Depression Step 4

Complex and severe depression:
(Significant risk of self-harm, have psychotic symptoms, require complex multi-professional care, or where an expert opinion on treatment is needed)

• Refer to specialist mental health services
Step 2

Low intensity psychosocial interventions:

- Structured group physical activity programme
- Group-based peer support
- Individual guided help CBT
- cCBT
Depression and chronic physical health problem CG 91

Step 3

High Intensity Psychosocial interventions:

• Group based CBT
• Or individual CBT (if declined group)
• Or behavioural couples therapy
How do you know if someone is anxious?

• Obvious signs of anxiety – shaking, sweating, changes in breathing, lack of eye contact, quick get away

• Worries playing on their mind, will be predicting the dangers (and thinking how they won’t be able to cope)

• Marked avoidance of fear provoking situations

• Checking, reassurance seeking
Anxiety disorders:

- Panic and agoraphobia
- Social phobia (shyness +++)
- Health Anxiety (Hypochondriasis)
- Simple phobias (heights, spiders etc)
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Generalised anxiety disorder
Diagnosis appropriate if a patient presents with anxiety or significant worry and attends GP frequently **AND** also......

- Has a chronic physical health condition

**OR**

- Does not have a physical health problem but are seeking reassurance about somatic symptoms

**OR**

- Repeatedly worries about a wide range of issues
Step 1 - Identification and communication of diagnosis

Step 2 - First line intervention:

Low Intensity Psychological Interventions based on CBT

- Individual non-facilitated self-help
- Individual guided self-help
- Psycho-educational groups
Step 3 (Marked functional impairment or has not improved after Step 2)
Offer either:

• Individual HI psychological intervention (CBT, applied relaxation)

Or

• Drug treatment
GAD and Panic

Step 4 (Complex, Treatment refractory GAD and very marked functional impairment or high risk of self-harm)

- Refer to specialist mental health services
Step 1 and 2:
Awareness, recognition and assessment

Step 3 – Initial treatment:
• Brief individual CBT (including ERP) with self-help materials (for OCD)
• Individual or group CBT (including ERP)
• SSRI or combined treatments
• Single session ‘de-briefing’ is NOT recommended

• Stepped care model is NOT recommended

• First line treatment is trauma focussed CBT (Individual HI) Offer 4 weeks after trauma

• Consider drug treatment for sleep disturbance
PTSD >3 month duration

• Trauma focussed psychological treatment (CBT or EMDR) on an individual basis

• Do not routinely offer non trauma focussed interventions (such as relaxation or non-directive therapy)

• If limited improvement, consider:
  • Alternative form of trauma focussed psychological treatment
  • Pharmacological treatment in addition to CBT
Complex Trauma

Multiple traumatic events, extreme trauma (war atrocities, torture, murder), dissociation, severe functional impairment, high risk of self-harm, co-morbid problems

- No specific recommendations, but usually need specialist input
Summary

Mild to moderate presentations = try LI and/or HI Psychological treatments in preference to medication

Moderate to severe = try HI interventions before/in conjunction with medication

Severe and complex = specialist mental health
Effective delivery of Psychological treatments

• Delivered by competent practitioners

• Based on relevant treatment manuals

• Receive regular high quality supervision

• Use routine outcome measures

• Monitor treatment adherence
Improving Access to Psychological Therapies (IAPT)

- Government led programme to train people to deliver LI and HI CBT treatments

- Recognition that effective psychological treatments were not available in primary care

- Clinical assurance process
Therapist is key

• Biggest variables in outcome are due to the type of therapy and the expertise/competence of the therapist

• All IAPT practitioners and therapists are appropriately trained, qualified and have fortnightly clinical supervision (minimum)

• All IAPT practitioners and therapists are expected to keep up to date with new research and techniques
Severity

• IAPT services work with people with **mild to moderate** difficulties

• Oxleas specialist mental health services are available for people with more severe or complex problems

• Psychological therapists deliver NICE recommended treatments in secondary care
Local IAPT services:

- Greenwich Time To Talk
  GP or Self referral Tel 020-3260-1100

- Being Well in Bexley
  GP or self referral via website [www.beingwellinbexley.org.uk](http://www.beingwellinbexley.org.uk) or Tel 0208 303 5816

- Bromley Working For Wellbeing
  GP referrals only
Thank you

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