Speaking up for IAPT

The Improving Access to Psychological Therapies (IAPT) initiative and its place in the development of the full range of psychological therapies have been caricatured by John Marzillier and John Hall's two 'Opinion' pieces (May 2009). Readers who wish to understand the initiative, rather than their caricature of it, are referred to www.iapt.nhs.uk where they will find the Implementation Plan, the Commissioning Toolkit (including a description of the service framework), the curricula for training therapists, the Outcomes Toolkit, Commissioning for the Whole Community, Supervision Guidance, a Supervision Competencies Framework, the Equality and Diversity Toolkit, an Equality Impact Assessment, the LSE's evaluation of the two demonstration sites, plus other useful documents. Sadly, these are not referenced and are hardly mentioned by Marzillier and Hall.

In the short space available for a letter, it is impossible to itemise all the misleading statements in Marzillier and Hall's seven pages of opinion. However, it is important to mention that many of the 'Alternative Ways of Working' advocated by them are already part of IAPT. These include:

- training in, and respect for, the role of the therapeutic relationship (see the curriculum for high-intensity therapists);
- a broad-based, person-centred assessment that goes well beyond simply establishing a diagnosis (see Commissioning Toolkit, chapter 5);
- a decision tree that recognises that assessment and formulation can lead to either no-treatment, sign-posting to social and community support, psychological intervention, or help by another profession (see LSE Evaluation of Two Demonstration Sites);
- provision of a range of evidence-based therapies (see the Statement of Intent, plus the forthcoming details of a training programme in interpersonal psychotherapy and support for the importance of counselling);
- recognition of diversity (all IAPT services carefully monitor access by ethnic minorities and have been opened up to self-referral because this has been shown to be particularly helpful for equitable access; see Outcomes Toolkit, Equality Impact Assessment, the BME Positive Practice Guide, and the LSE Evaluation); and
- recognition that poverty and other social factors substantially contribute to depression and anxiety (hence the inclusion of employment advisers, debt counselling, and other social assistance in the IAPT services: see Implementation Plan and Commissioning Toolkit).

We should also mention that Marzillier and Hall's purported critique of the assumptions behind the Layard Report contains a number of errors. For example, IAPT low-intensity treatment is not defined as 'four sessions' but rather is characterised by a particular type of intervention (for example, guided self-help) that is typically delivered for 4–8 sessions but with flexibility to go beyond that. Similarly, it is not correct to say that CBT has been shown to be most effective for people who are only mildly or moderately anxious or depressed. On the contrary, many of the trials in anxiety disorders that find CBT superior to a psychological control condition (e.g. Clark et al., 1994, 2006) explicitly excluded cases that were mild or of short duration. The same applies to Hollon, DeRubeis and colleagues' recent trials of CBT versus medication in severe depression (DeRubeis et al., 2005; Hollon et al., 2005). Moreover, it is not correct to say that 'levels of uncompleted treatment in both research and practice settings' were not taken into account. The Layard Report uses 'intention-to-treat' rather than 'completers' analyses, and the IAPT programme itself has taken steps to assure that data is available for incomplete interventions by developing a new session-by-session outcome monitoring system. This means that even when patients drop out of therapy there is still data on their progress. This system is operating well, and the data from the demonstration sites has already shown its advantage over more traditional, less frequent, outcome monitoring, where missing data leads to overestimation of the value of a service (see LSE Evaluation). Marzillier and Hall's critique also seriously misrepresents the NICE guidelines on which much of the IAPT programme is based, for example to state that NICE 'privileges randomised controlled trials (RCTs) and minimises the value of meta-analytic studies' is simply not correct; NICE recommendations are predominantly based on meta-analyses of high-quality evidence.

The IAPT programme has already made a substantial contribution to improving the mental health of those suffering from a range of common mental disorders. Everyone involved in developing the IAPT programme believes that it is simply the beginning – not the whole story. Of course, changes will be made in the light of experience and the rigorous approach to outcome monitoring adopted by IAPT should facilitate that process. The efforts of applied psychologists (and the pages of The Psychologist) would be, we suggest, better focused on debating such developments rather than on misinformation. Such an approach will best serve the interest both...
IAPT – more pertinent questions

It is useful to see deeper consideration of the Layard proposals and the Improving Access to Psychological Therapies (IAPT) initiative (Marzillier and Hall, May 2009). The simplistic generalisations offered by Layard have clearly been very attractive to politicians committed to making sure they provide the ‘best’ without getting into the annoying intricacies of what that might actually mean. However, it is important to recognise that many of the limitations of IAPT have grown out of the policy structure in which health services currently operate. At present, NHS treatment developments primarily come from a central push to raise quality through the application of evidence, as recognised in the National Institute for Health and Clinical Excellence (NICE) guidelines. These guidelines undeniably have many benefits, but there is a danger that the result is a rigid emphasis on particular treatment models rather than on addressing differing individual needs.

The central question posed by Layard – how to help people on incapacity benefit – is an important one. It is also a subject that (as Marzillier and Hall point out), requires a response of far greater complexity than IAPT has thus far been able to offer. From community work to a mix of therapies there is clearly ongoing research and practice in many relevant areas. NICE, for all its strengths, does not necessarily offer a system capable of capturing this range, nor of providing strategies to deal with thorny social issues. Given this, perhaps the primary lessons of Layard are twofold. Firstly, as IAPT eloquently demonstrates, the NICE guidelines can lead to unhappily limited answers to complex problems. Secondly, in the face of such problems, a central challenge for psychologists at the present time is to think about how to develop systems that will foster more innovative, creative and above all appropriately sophisticated solutions.

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Paul Gilbert (‘Moving beyond cognitive behavioural therapy’, May 2009) poses the pertinent question as to whether we should be working with individuals at all or with communities. Intuitively, the latter would make more sense to me. And yet, in my experience, many clinical psychologists are working only or mainly with individual clients, irrespective of their predominant approach (e.g. CBT, psychodynamic, CAT, EMDR, IPT).

Although clinical psychology places central importance on social relationships (as Gilbert reminds us), in their day-to-day clinical practice, many clinical psychologists seem to focus exclusively on dyadic relationships. When working with adults, individual therapy tends to be prioritised over family, group or community work. Alas, the new IAPT movement, with its focus on one-to-one CBT sessions, is no exception.

Considering that the developmental process occurs within a socio-economic/political milieu, which inevitably permeates the psychology of the individual, therapies that focus on the individual and treat her/him separately from her/his social contexts, seem naively reductivist. However, this kind of thinking, which conceptualises individuals in some way as separate from their social contexts, is dominant in Western societies. It privileges the individual over the group and values rationality, autonomy and, by implication, choice.

Choice is commonly predicated on a construction of the individual, who engages in rational decision making, and considers and compares the costs and benefits of his/her actions. Considering the privileged position of both individualism and rationality in Western societies, it is perhaps not surprising that CBT has emerged as a dominant model of psychotherapy. Yet choice is also premised on our values (and beliefs, which, at times, can be irrational). The decision to offer more individual therapy (in this case CBT) at the expense of group and community work seems more like a value-based rather than an evidence-based choice (which ironically is also predicated on values). Whether such approach will be cost-effective and alleviate human misery remains debatable.

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CORRECTION

Being adult about humour

The recent debate about gender and teaching (Forum, April and May 2009) has been instructive in revealing how hard it is to have an intelligent and mature debate about these issues.

On the one hand, the raising of legitimate concerns is viewed by Sallie Baxendale as an ‘attack’ (Forum, May 2009). On the other hand, the headlines chosen by The Psychologist suggest a difficulty in addressing these issues without resorting to ill-advised humour. For example, ‘Not amused’ is the headline accompanying Mary Boyle and Pippa Dells letter (Forum, April 2009) about Andy Field’s article ‘Can humour make students love statistics?’, March 2009 – presumably implying some reference to Queen Victoria’s oft-quoted ‘We are not amused’ [Editor’s note: I can assure you this was not intended]. It is ironic that Boyle and Dell anticipated this reaction in the first line of their letter when they noted that women could be seen as prudish or humourless when raising such concerns. This compounds the problem noted by Boyle and Dell in the choice of heading for the box in Field’s article: ‘Bringing lap dancers to the lecture theatre’. Interestingly, in the original article, Andy Field discussed the possible effect of gender stereotypes on how students might perceive the use of humour by tutors. Moreover, in the conclusion to his article he suggests avoiding sexual themes in teaching. It is a shame, then, that the lap dancing study was given such prominence in his article. It is also a shame that, in his response (Forum, May 2009), he argues that Boyle and Dell’s focus on gender obscures the need to create a good teaching environment. Surely these aren’t incompatible objectives?

Andy Field notes that the intended target of his humour was the idea of the researchers obtaining grant funding for their study. However, one presumes that students would probably also laugh at the introduction of the topic of lap dancing, whether that was...
intended or not. Humour can be quite tricky for this reason. Indeed, advertisers are increasingly using humour to undermine potential criticisms of sexist imagery (Gill, 2009).

Given the fact that sexual discrimination still exists in many areas of life (e.g. consider the small percentage of heterosexual rape cases reported by women and successfully prosecuted) perhaps psychologists should try to use material that subverts stereotypes rather than inadvertently reinforcing them. A more socially relevant and engaged approach to teaching might also be of more interest to students. Moreover, surely, one of the lessons of the last 30 years of stand-up comedy is that it is possible to be funny without reinforcing gender stereotypes? Perhaps readers of The Psychologist could suggest humorous examples of research that does just that.

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Reference

Andy Field reports (Forum, May 2009) that he received many messages of support for his article ‘Can humour make students love statistics?’ (March 2009); the article included a box on the use of an evolutionary psychology study of men’s responses to lap dancers in Field’s statistics teaching. But we also received many messages of support for our criticism of this section (Forum, April 2009).

Contrary to Field’s assertion, we certainly would not argue that ‘as a man, he is incapable of understanding the power dynamics’ in this particular issue. We did, however, point out that his account in The Psychologist showed no awareness of them. But perhaps our argument could have been spelled out more clearly. If psychologists are to incorporate popular culture in their teaching, and Field is surely right that they should, we need openly to acknowledge that some aspects of popular culture are strongly contested. The lap-dancing industry is a particularly good example; it is contested partly because of its attempts to make heterosexual men’s purchase of sexual services a ‘normal’ part of mainstream culture and local communities. It is in topics like these that humour is likely to function, in complex social and psychological ways, to avoid or deflect discussion of more serious and threatening issues (and we don’t mean methodological ones) or to allow discussion only in a disguised form. Perhaps some of the student contributions that Field described as ‘entertaining’ were of this sort. Given this, it is particularly important to ask who has the power publicly to define a topic as involving humour and to recognise that the experience of presenting such topics, and the reception they receive, is very likely to be influenced not only by the group membership (age, ethnicity, sex, sexuality, etc) of the lecturer and their audience but by the relation of this membership to the topic under discussion.

Finally, and again contrary to Field’s assertion, we agree with him that The Psychologist should publish articles that encourage reflection and debate about good teaching practice. It was the lack of reflection in Field’s original piece on issues we see as crucial in teaching that led us to write in the first place.

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FORUM THE REAL WORLD

Although it did not receive extensive coverage in the UK, earlier this year a new book by George Akerlof and his colleague Robert Shiller, Animal Spirits, found its way on to the New York Times top-200 book list. The title is a reference to an observation by Keynes that the behaviour which led America into, and out of, the Great Depression was the product of social factors (attitudes, beliefs and norms) rather than ‘raw’ economics. Picking up on this point, the subtitle of Akerlof and Shiller’s book is How Human Psychology Drives the Economy, and Why It Matters for Global Capitalism.

Had it been penned by social psychologists, this subtitle might have been seen as provocative hyperbole. What is significant, though, is that Akerlof is not a psychologist, but a Nobel Prize-winning economist, famed for his work on the capacity for differences in the information available to buyers and sellers to interfere with efficient trading (the so-called ‘lemons’ problem).

In Animal Spirits, Akerlof and Shiller expand upon Keynes’s original insight and clarify its relevance for the world today. In particular, they focus on the importance of five key psychological elements for a range of range of contemporary economic concerns – from cycles in the real-estate market and global recession, to job insecurity and poverty. What is interesting too, is that these five elements are not narrowly abstracted from one particular branch of psychology. Instead, the authors draw broadly and boldly upon a full range of previous research and theory. Thus at the more cognitive end of their analysis they discuss the way in which wage negotiations and expectations are driven by the nominal value of money rather than its true purchasing power (the so-called ‘money illusion’). At the more discursive end, they focus on the importance of stories as a key driver of large-scale economic processes. It is impossible to explain the more dramatic movements of markets, the authors contend, without reference to the socially shared narratives that people draw upon to make sense of the economic world around them.

Akerlof and Shiller’s book is a fascinating and compelling read. It offers an accessible treatment of a range of economic issues that are the topic of everyday news stories, but which (strangely) always seem to be just beyond the bounds of one’s comprehension. For psychologists, though, it reminds us that the authority of our work does not derive from its scientific isolationism but from its capacity to be woven into larger tapestries. These tapestries know little of the petty prejudices that contaminate the review process, of the fetishisation of psychological method, or of the impeccable trivia that consume so many journal pages. They also remind us that, unless we overcome these impediments ourselves, it will be left for scientists in other disciplines to show us the importance and power of our own.

Steve Reicher is at the University of St Andrews. Alex Haslam is at the University of Exeter. Share your views on this and other ‘real world’ psychological issues – e-mail psychologist@bps.org.uk.
Statutory regulation – where next…?

The Society's campaigns to prevent registration by the Health Professions Council (HPC) and to protect the title 'psychologist' have been ineffective. The HPC is expected to open its register on 1 July. The HPC has already over-ruled the Society's advice about the level of language proficiency required for registration as a practitioner psychologist. It may next overrule the basic rules about training and qualifications on which chartering has been based.

So this is a good time to start unpacking what HPC registration will mean for individual psychologists. From the beginning of July, HPC will control two generic and umbrella titles and seven adjectival titles but not any other titles, including 'psychologist'. It will determine what constitutes competence to practise in those seven domains of the profession through approving programmes of education and training and will only register psychologists competent in one or more of those domains.

The intended relationship between the HPC and practitioners who are legitimately not registered is not clear. For example, neuropsychologists are a special case. Those not eligible for one of the protected titles will still be able to call themselves 'neuropsychologists' precisely because it is not protected. Chartered psychologists with no adjectival title are another special case. The Minister, speaking at the House of Commons committee, said: 'If the BPS is unable to allow those people to use the titles associated with full membership in its divisions, it is difficult to give them automatic right to do so without further consideration by the HPC.' So, for three years, they will have the option of applying for one of the seven protected title via the HPC's grandparenting procedures. Does that mean they are obliged to seek HPC registration? What happens if they do not? The Society has expressed the view that disbarring these psychologists from professional practice except by registering under one of the protected titles is a 'restraint of trade'. Could they,

**FORUM WEB CHAT**

Are scientists too critical of their media-friendly colleagues? Physicist and TV presenter Kathy Sykes certainly thinks so. Writing in New Scientist magazine, she accused scientists of wishing for more mainstream science coverage while simultaneously taking pot shots at those researchers, journalists and film-makers who attempt to engage with the public.

While healthy debate can improve science communication,’ she wrote. ‘I think we should all shut up a bit, and stop the more rabid criticism altogether.’

She went on to defend programmes like Horizon, which have been accused of dumbing down, and she also sprang to the defence of New Scientist itself, which came in for a storm of criticism recently after carrying the cover headline ‘Darwin was wrong’. Horizon attracts viewers who usually wouldn’t watch science, she argued, and readers enabled by the New Scientist magazine cover would have discovered scientists agreeing that Darwin was right on the fundamentals. To those who are troubled by the way others communicate, Sykes had a simple message: ‘…why not spend less time ranting and get out there and communicate in ways you do like.’

Not everyone welcomed Sykes’ intervention. The Lay Scientist blog, for example, argued that presenters like David Attenborough and programmes like Coast show that science can be communicated in an entertaining and accurate fashion without dumbing down [see http://layscience.net/node/539]. The Lay Scientist was particularly incensed by Sykes’ defence of the ‘Darwin was wrong’ cover. ‘So it’s okay that the headline cover was basically a lie, because the article said something completely different,’ he wrote. ‘This has to be one of the most hare-brained justifications for this practice that I’ve ever seen.’

On a related note, there was also chat on the web recently about a possible ‘crisis in media psychotherapy’ – to quote The Guardian’s Lost in Showbiz blog [tinyurl.com/cuc2iw]. There, columnist Marina Hyde linked the recent tribulations of spin–doctor cum psychotherapist Derek Draper (embroiled in the Damian McBride e-mail scandal) with the woes of celebrity psychiatrist Raj Persaud (found guilty of plagiarising) and the demise of This Morning counsellor Beechy Colclough (accused of inappropriate conduct with clients).

Responding on her blog [www.drpetsra.co.uk/blog/?p=830], psychologist Petra Boynton argued that the problem of maverick media psychologists has been around for years, and that the blame lies as much with journalists as it does with the psychological professions. Boynton said journalists tend to seek an expert, any expert, who will provide the quote they want, rather than actually listening to the expert advice and comment of those with the appropriate qualifications. ‘Sadly what we’re seeing with the cases of Derek Draper and Raj Persaud are not a few psychs-gone-bad as The Guardian seems to believe,’ Boynton wrote. ‘What we’re seeing is the ongoing effect of our media to encourage “experts” to act in increasingly unethical and inappropriate ways and rewarding that behaviour as it has suited the agenda of countless magazines, newspapers and television programmes.’

Generally speaking, perhaps Boynton is right. But as regards the specific cases at hand – Draper, Persaud and Colclough – it’s surely worth clarifying that it wasn’t their work as ‘media psychologists’ that landed them in trouble. Draper came unstuck via his political work, not his magazine column; Persaud’s plagiarism was in journals, not his radio shows; while Colclough’s misdemeanours were in practice, not on TV.

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like neuropsychologists, continue practising under a non-protected title of their choice?

How many employers will feel confident that the HPC is the right body to regulate the training and conduct of their staff and will impose HPC registration as a condition of employment? How much of the work of professional psychologists will, by legislation, require a ‘registered psychologist’ as opposed to a ‘psychologist’? And how many psychologists will decide that HPC registration offers them no personal benefit and they can practise without it?

For example, will chartered psychologists without adjectival titles work to fit the Procrustean bed of the seven protected titles in order to gain registration or will the HPC act as an environmental pressure for evolution outside itself? Counselling psychology, health psychology, and sport and exercise psychology have all evolved during my professional lifetime, only seeking and achieving formal recognition within the Society after the evolutionary process, not before it.

Bearing in mind the Society’s remit ‘to promote the advancement and diffusion of a knowledge of psychology pure and applied’ but the ineffectiveness of its registration campaigns, we, its members, need a significant change in its culture and two urgent actions. Firstly, we need assertive promotion of psychological services provided by psychologists. We must provide leadership concerning the roles and responsibilities that can be undertaken by newly qualified professional psychologists, and we need to be able to advise those who are entering the professional psychology training about the career pathways open to them. Secondly, as a consequence of the title ‘psychologist’ not being protected, we need reliable guidance concerning the legitimate practice of psychology and provision of psychological services outside the seven domains. How can the profession ensure that psychologists’ creativity is not inadvertently stifled by the statutory roles and functions of the HPC?

When statutory regulation was first up for consultation, I remember the huge effort and collaboration that occurred. I really valued the fact that psychologists of all varieties came together in great numbers to argue the problems inherent in the HPC project. Unfortunately it appears we gave up when we realised that the government ‘consultations’ were by and large cosmetic, thanking us for our input but leaving the framework pretty much unaffected by the key concerns we voiced.

Although as a discipline our membership of the HPC may be a foregone conclusion, there are still issues for individual members to ponder. What do we think of the project? Does it seem ethical? If it does, we will be grandparented onto the register no problem, but what about those concerned about the project?

While client protection is cited as the main grounds for regulation, this argument has never been shown to be a valid one. Some argue that this position is in effect a fear-based fallacy that has been drawn on to pressure certain responses from us (a bit like ‘weapons of mass destruction’ in the run up to the Iraq war). It is based on the ever-growing premise of ‘guilty until proven innocent’ that seems to pervade British political life.

There is also a ‘safety first’ feeling to it all, a culture that has embedded itself in many contexts and has already interfered with good practice. Ticking boxes and monitoring all activities has come to be an acceptable part of practice, yet it is based on the illusory belief that we can control everything. The frameworks as they stand demonise the unknown and expect it to be eradicated. Is this not a delusional belief to foist upon our clients?

The regulation framework also risks ironing out the rich diversity within our field so that we conform to a limited view of what constitutes ‘best practice’ rather than develop our own unique style of work and the ability to tailor this to the needs of individuals. While attractive, the act of applying a predetermined set of principles to a particular client overrides their individuality and the assessment of what will work for them. ‘Best practice’ has overwhelmingly becoming a macro-economic label rather than an ethical or therapeutic one.

As ethically minded individuals, how do we discuss the issues so that we can act on our conscience? How do we come together to discuss this before we simply allow ourselves to be sucked up into a system that may well offer limited and dubious benefits but potentially cause profound damage to therapeutic psychology, facilitating defensive practice primarily concerned with protecting the practitioner from complaint. What do individual practitioners do in relation to concerns such as these? I for one am certainly unclear on our professional body’s degree of support for those who might want to take a stance of ethical non-compliance. Will the ‘BPS’ work with insurance companies so that they recognise that it would be inappropriate for them to write statements such as ‘protection as long as practising from manual A, B or C with clients diagnosed with X, Y and Z’ into our insurance cover? While our professional body’s immediate future may be clear, I suspect that many individuals are left feeling very unclear.

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