Enhancing engagement with between-session work in Low Intensity Cognitive Behavioural Therapy (CBT) based interventions

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Background

- Between-session work is a core feature of Cognitive Behavioural Therapy (CBT) and acts as the vehicle to translate the contents of treatment sessions into cognitive and behavioural changes in everyday life.
- Low intensity (LI) CBT-based interventions are commonly the first treatments offered to individuals seeking mental health support via NHS Improving Access to Psychological Therapies (IAPT) services.
- LI interventions have been found to be both effective and acceptable to clients and practitioners [1-5] and contain a substantial amount of between-session work given the minimal amount of time spent in therapeutic sessions.

iapt — Improving Access to Psychological Therapies — **NHS**

Between-session work examples

Daily activity diary   Thought record   Phobia/fear hierarchy

Research into between session work

- Several meta-analyses have shown robust evidence in favor of between-session work, with findings holding constant across various disorders, clinical populations, and types of between-session work.

Effect of adding between-session work to therapy is medium and significant.
(d = 0.53; 95% CI 0.35–0.72, p < 0.0001) [6].

Linear association with between-session work compliance - outcome is small and significant.
(r = 0.26; 95% CI 0.19–0.33) [7].

68% versus **32%** of patients can be expected to improve when therapy involves between-session work [8].

- Authors encouraged research efforts shift to exploring wider questions within the topic, such as which factors determine a client's engagement with between-session work in CBT, however current findings are inconclusive.

Project aim & rationale

- Understanding the factors which affect client engagement with between-session work is essential, particularly when many individuals are engaging with LI interventions and therefore between-session work in the U.K via IAPT.

Project aim – Enhance client engagement with between-session work in LI CBT-based interventions by identifying predictors of engagement with between-session work and how and why these have an impact.

PhD methodology

Phase 1 – Systematic review & 'best-fit' framework synthesis

Aim – To develop a conceptual model of engagement with between-session work in CBT-based interventions.

Review question
- What are the predictors of engagement with between-session work in CBT-based interventions (incorporating client, practitioner, environmental, task-related and intervention characteristics)?

1 Protocol development
- Preliminary scoping searches
- Eligibility criteria development
- Search strategy development

2 PROSPERO submission & searches
- PROSPERO CRD42021251551
- Searches for relevant models/primary studies ran on MEDLINE, Embase, PsycINFO and CINAHL. Search for primary studies extended to Dissertations & Theses Global database

3 Title/abstract screening
- Articles exported to Endnote
- Articles imported into Covidence
- 2,759 articles in total to screen after duplicates removed

4 Full-text review
- All full-texts to be reviewed by PhD candidate
- Random 20% sample then reviewed by a second reviewer

5 Data extraction
- Performed in Microsoft Excel using structured tables
- Guided by recommendations from the Centre for Reviews and Dissemination and the Joanna Briggs Institute (JBI)

6 Methodological quality & bias assessment
- Separate checklists chosen matched to study design
- JBI Critical Appraisal Checklist for Analytical Cross-Sectional Studies
- JBI Critical Appraisal Checklist for Cohort studies
- JBI Critical Appraisal Checklist for Qualitative Research

7 Data synthesis
- Findings from primary studies mapped onto a priori framework constructed from identified model(s)

Phase 2 – Qualitative study

Aim – To interrogate the model developed in Phase 1 by exploring and comparing expectations, experiences, barriers and facilitators of engagement with between-session work from the perspective of both IAPT Step 2 patients and professionals.

1) Protocol development
- Research objectives defined
- Ontology/Epistemology: Constructionism/Interpretivism
- Methodology: Descriptive qualitative approach
- Data collection method: Semi-structured interviews

2) Sample & sampling methods
- Both patients and professionals must be over 18, English speaking and have capacity to give informed consent
- Purposeful/snowball sampling will be used

3) Ethics submission
- HRA/NHS REC application via IRAS required
- Interview guides informed by conceptual model, PPIE and supervisory team input

4) Recruitment stage
- Three proposed recruitment streams; approach IAPT potential stakeholders, utilize University research networks/partnerships, promote advertisements via social media

5) Data collection & analysis
- Data collection + analysis to occur concurrently
- 15-20 interviews with each participant group (patients & professionals)
- Data analysis method: framework analysis
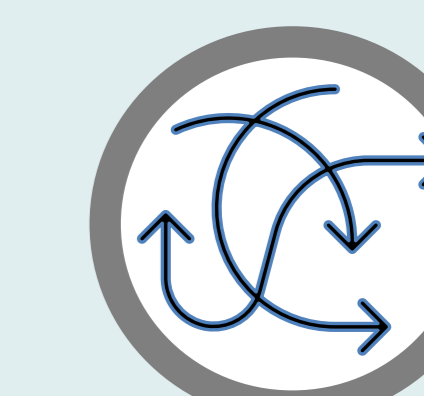
Working with PPI representatives

Current progress & future plans

Completed two units from the MClin Res Clinical Research course (CAES & QDA) in Year 1

YOU ARE HERE

Complete title & abstract screening

Initial meetings with patient and public contributors

Submit ethics application for qual. study late Nov/Dec 2021

References

[1] Lovell, K., Bower, P., Gellatly, J., Byford, S., Bee, P., McMillan, D., Arundel, C., Gilbody, S., Gega, L. & Hardy, G. (2017). 'Clinical effectiveness, cost-effectiveness and acceptability of low-intensity interventions in the management of obsessive–compulsive disorder: the Obsessive–Compulsive Treatment Efficacy randomised controlled Trial (OCTET)', Health Technology Assessment, 21(37), pp. 1-132.

[2] Andersson, G., Cuijpers, P., Carlbring, P., Riper, H. & Hedman, E. (2014). 'Guided Internet-based vs. face-to-face cognitive behavior therapy for psychiatric and somatic disorders: a systematic review and meta-analysis', World Psychiatry, 13(3), pp. 288-295.

[3] Cuijpers, P., Donker, T., Van Straten, A., Li, J. & Andersson, G. (2010). 'Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A systematic review and meta-analysis of comparative outcome studies', Psychological Medicine, 40(12), pp. 1943-1957.

[4] Gellatly, J., Bower, P., Hennessy, S., Richards, D., Gilbody, S. & Lovell, K. (2007). 'What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression', Psychological Medicine, 37(9), pp. 1217-1228.

[5] van't Hof, E., Cuijpers, P. & Stein, D. J. (2009). 'Self-help and Internet-guided interventions in depression and anxiety disorders: a systematic review of meta-analyses', CNS spectrums, 14(S3), pp. 34-40.

[6] Kazantzis, N., Whittington, C. & Dattilio, F. (2010). 'Meta-analysis of homework effects in cognitive and behavioral therapy: A replication and extension', Clinical Psychology: Science and Practice, 17(2), pp. 144-156.

[7] Mausbach, B. T., Moore, R., Roesch, S., Cardenas, V. & Patterson, T. L. (2010). 'The Relationship Between Homework Compliance and Therapy Outcomes: An Updated Meta-Analysis', Cognitive Therapy and Research, 34(5), pp. 429-438.

[8] Kazantzis, N. & Lampropoulos, G. K. (2002). 'Reflecting on homework in psychotherapy: What can we conclude from research and experience?', Journal of clinical psychology, 58(5), pp. 577-585.